

## Combined Neurology-Psychiatry Curricular Requirements

This document enumerates the **minimum** curricular requirements for combined ACGME-accredited programs in neurology and psychiatry, as approved by the American Board of Psychiatry and Neurology (ABPN) and American Osteopathic Board of Neurology and Psychiatry (AOBNP). This information was collated from the ABPN and AOBNP on April 23, 2025 and will be updated as needed.

1. Total duration:
  - a) Six years (72 months) of education and training in combined neurology-psychiatry.
  - b) Additional time outside of the minimum requirements must be customized per the mission of the program and the individual needs of each resident.
  - c) This time must be equitably allocated between the participating specialties such that the resident acquires the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties.
  
2. PGY-1:
  - a) Six months of internal medicine with primary responsibility in patient care.
  - b) Two months of rotations in emergency medicine, family medicine, internal medicine, and/or pediatrics (each rotation should be no less than one month).
  - c) PGY-1 rotations may not be used to meet neurology requirements specified below.
  
3. Inpatient psychiatry:
  - a) Six months, and no more than 16 months.
  - b) Residents must have significant responsibility for the assessment, diagnosis, and treatment of general psychiatric patients who are admitted to traditional psychiatry units, day hospital programs, research units, residential treatment programs, and other settings where the patient population is acutely ill and represents a diverse clinical spectrum of diagnoses, ages, and gender. Patient services must be comprehensive and continuous, and allied medical and ancillary staff must be available for backup support at all times.
  
4. Outpatient psychiatry:
  - a) Twelve months of organized, continuous, and supervised clinical experience in the assessment, diagnosis, and treatment of outpatients with a wide variety of disorders and treatment modalities, with experience in both brief and long-term care of patients.
  - b) This longitudinal experience should include evaluation and treatment of ongoing individual psychotherapy patients, some of whom should be seen weekly under supervision, with significant experience longitudinally following patients for at

least one year as clinically indicated; exposure to multiple treatment modalities that emphasize developmental, biological, psychological, and social approaches to outpatient treatment; and opportunities to apply psychosocial rehabilitation techniques, and to evaluate and treat differing disorders in a chronically ill patient population.

- c) No more than 20 percent of outpatients may be child and adolescent patients; this portion of education may be used to fulfill the child and adolescent psychiatry requirements, so long as this component meets the requirements for child and adolescent psychiatry below.
5. Child and adolescent psychiatry:
- a) Two months of organized clinical experiences.
  - b) Residents must be supervised by child and adolescent psychiatrists who are certified by the ABPN/AOBNP or who are judged by the Review Committee to have acceptable qualifications.
  - c) Residents must be provided opportunities to assess development and to evaluate and treat a variety of diagnoses in male and female children and adolescents and their families, using a variety of interventional modalities.
6. Consultation/liaison psychiatry:
- a) Two months in which residents consult (under supervision) on other medical and surgical services.
7. Emergency psychiatry:
- a) The emergency psychiatry experience must be conducted in an organized 24-hour psychiatric emergency service, a portion of which may occur in ambulatory urgent-care settings but not as part of the 12-month outpatient requirement.
  - b) Residents must be provided with experiences in evaluation, crisis evaluation and management, and triage of psychiatric patients.
  - c) On-call experiences may be part of this experience, but no more than 50 percent.
8. The following curricular components may be additional rotations or incorporated into the inpatient or outpatient requirements above (must describe in block diagram notes):
- a) Geriatric psychiatry:
    - i. One month of organized experience focused on the specific competencies in areas that are unique to the care of the older adult.
    - ii. These include the diagnosis and management of mental disorders in patients with multiple comorbid medical disorders, familiarity with the differential diagnosis and management (including management of the cognitive component) of the degenerative disorders, and understanding of neuropsychological testing as it relates to cognitive functioning in the older adult and the unique pharmacokinetic and pharmacodynamic considerations encountered in the older adult, including drug interactions.

- b) Addiction psychiatry:
    - i. One month of organized experience focused on the evaluation and clinical management of patients with substance use disorders, including dual diagnosis.
    - ii. Treatment modalities should include detoxification, management of overdose, maintenance pharmacotherapy, the use of psychological and social consequences of addiction in confronting and intervening in chronic addiction rehabilitation used in recovery stages from pre-contemplation to maintenance, and the use of self-help groups.
  - c) Forensic psychiatry:
    - i. This experience must expose residents to the evaluation of forensic issues such as patients facing criminal charges, establishing competence to stand trial, criminal responsibility, commitment, and an assessment of a patient's potential to harm themselves or others.
    - ii. This experience should include writing a forensic report.
    - iii. Where feasible, giving testimony in court is highly desirable.
  - d) Community psychiatry:
    - i. This experience must expose residents to persistently and chronically ill patients in the public sector (e.g., community mental health centers, public hospitals and agencies, and other community-based settings).
    - ii. The program should provide residents with the opportunity to consult with, learn about, and use community resources and services in planning patient care, as well as to consult and work collaboratively with case managers, crisis teams, and other mental health professionals.
9. Clinical adult neurology:
- a) Eighteen months with management responsibility for patient care.
  - b) This must include 6 months of inpatient experience with clinical teaching rounds five days per week.
  - c) This must include 6 months of outpatient experience.
10. Longitudinal/continuity outpatient neurology:
- a) This experience must occur throughout at least 30 months of the program.
11. Clinical child neurology:
- a) Three months, which must be under the supervision of a child neurologist with corresponding ABPN/AOBNP certification.
12. Electives:
- a) Three months of electives in fields related to neurology.
13. Settings:

- a) Residents must have exposure to and understanding of evaluation and management of patients with neurological disorders in various settings, including an intensive care unit and an emergency department, and for patients requiring acute neurosurgical management (describe in block diagram notes if not evident).
14. Neuroimaging:
- a) Residents must have experience in neuroimaging including, but not limited to, magnetic resonance imaging, computerized tomography, and neurosonology (describe in block diagram notes if not evident).