AADPRT EXECUTIVE COUNCIL
2013 ANNUAL MEETING – FT LAUDERDALE HILTON MARINA

Present: Kathy Sanders, President; Adrienne Bentman, Secretary; Bob Boland, Program Chair; Mike Jibson, Treasurer; Rick Summers; Past President; Sheldon Benjamin, Past past President; Sid Zisook/Deb Cowley, BRAIN Conference ; Art Walaszek/Brian Palmer, Development Committee; Adam Brenner/Donna Sudak, Psychotherapy Committee; Tony Rostain, Model Curriculum Committee, Candlee Dickey, Regional Reps; Sandra DeJong, Recruitment Committee; Arden Dingle, CA Caucus; Jed Magen, GME Comm.; Bruce Levy, Academic Psychiatry Governance; Bob Rohrbaugh, Subspecialty Committee; Tami Benton/Isis Marrero, Membership Committee; Sandra DeJong, Recruitment Comm.; Lucille Meinsler, Administrative Director

Caucuses: Consuela Cagande, IMG Caucus; Melissa Arbuckle, Assist/Assoc PD Caucus;

Invited Guests: Chris Thomas/Louise King, Psychiatry RC; Sid Weissman, AAMC/CAS Liaison; Larry Faulkner, ABPN; Marty Drell, AACAP; Mona Signer, NRMP; Paul Summergrad, AACDP; Laura Roberts, Academic Psychiatry; Deb Hales, APA; Sandra Sexson, APA CMEL; Janis Cutler, ADMSEP

WEDNESDAY, MARCH 6, 2013

Call to order/Minutes approved: Kathy Sanders
This meeting has the most registrants ever!

Annual Meeting: Bob Boland
We are tracking the weather. Thus far, all of the plenary speakers will be arriving on time.

BRAIN Conference: Sid/Zisook/Deb Cowley
2013 Conference – Treatment Resistant Depression. Program Chairs – Deb Cowley, Grace Thrall, Sid Zisook. Both large and small groups were used to teach research literacy. The Conference went very well. Grace Thrall is sorely missed. She has had an enormous impact over the years on evidence-based practice and teaching. Sid asked how the organization might honor her contributions – a plaque, a teaching award, or an AADPRT award for teachers? Discussion included the need for criteria recognizing teaching skills. AAP has awards for both junior and senior educators. The complexities of competion among institutions, the specialness accorded the winner, and the small number of members who might be eligible. This raised the possibility of opening the award to teachers not just to members or to members rather than leaders. Contributions in workshops and on the listserv could be included. Or it could honor "teacher of teachers". We need a group to consider these ideas and to make a proposal.

Three (3) papers from the Pre-meeting/BRAIN Conference have been accepted for publication (in press).

The Tracking Committee (Jane Eisen, Ron Reider, Art Walaszek) have begun collecting data on MD/PhD residents at selected programs.
Richard Balon has agreed to head a committee to create a listsev for past, present, and future BRAIN Scholars to communicate and network.

Plan:
1. Plan the 2014 Annual Meeting BRAIN Conference
2. Complete assessments and papers from the 2013 Conference
3. Develop scholar tracking and communication projects.
4. Begin planning how we will finance the BRAIN Conference without R-13's

Action Item: Form a Task Force to consider the issues and develop a proposal regarding an award for "Teacher of Teachers". Deb Cowley and Sid Zisook to organize a group to consider the possibilities and get back to Steering/EC.

Finance: Mike Jibson
Have not yet done the January, 2013 reconciliations because of the number of January PayPal payments. If one examines the 2011-2013 year-year graphs of AADPRT funds, the curves are very similar. We operate with roughly 1.5-2 times savings over expenses.

We have approximately $455-458K in assets. Our expenses run $431-466K. The Office Operations side of the budget runs $58K to the positive. Meeting Expenses run $41K to the negative. Office operations 58+ and meeting 41minus. Difference in years is cost of meeting in California vs. Austin and number of non-paying attendees in Disney. Projected revenues and expenses have been on target for the past 2 years. When there are more attendees, we lose money on the meeting. Institutional dues cover the cost of the coordinators. We will have most of our bills by the May meeting.

The auditors, Garcia, Garman & Shea, PC, noted no transactions entered into by the Association during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period. They encountered no significant difficulties in dealing with management in performing and completing the audit

Action Item:
1. California as a meeting site is too costly.
2. Lucille will calculate the per-person cost and the resident/coordinator costs for the 2011- 2013 meetings.
3. Consider increasing annual meeting costs to cover fellowship costs if needed– Michael/Lucille

Development Committee: Art Walaszek/Brian Palmer
The focus of this discussion was on raising money to support awards and fellowships. There was the beginning of a discussion regarding exploration of the sale of AADPRT educational products.

External sources of funding for the Awards (Henderson, Ginsberg, IMG) - We requested that members of the EC donate 1hr of their time. In 2011 we raised $3600. and in 2012, $2650. We have begun to solicit money from international medical schools for the IMG award. We reviewed a proposal for philanthropic fund raising from a consultant. It would be very expensive to purchase this consultative expertise. The proposal suggested that we be explicit about what we are raising money for and that we be realistic about what causes people will donate to. People donate to recognize someone or something. As many departments, residencies, and medical schools also solicit, we are in a sense, "competing with ourselves". Were our requests to members and to the EC repeated often enough, at the right.times, and for the right causes? Did solicitation of the Past Presidents occur? We need to build a culture of giving…..or should we just raise dues?

Conflict of Interest (COI) - Monitoring for COI among annual meeting presenters. The AADPRT COI policy and the leader listings are posted on the website.

Plan:

1. Development Comm. to discuss with Lucille the best times to encourage/remind donation.
2. Tie requests to thanks for the work AADPRT does on behalf of PD's. Examples: Liaison with the ACGME (clarifying Duty Period rules, posting draft of the Milestones, Milestone Survey response)
3. Follow up of EC request for donations by the Committee and by the President or her designee.
4. Solicit donations from the Past Presidents

AAMC/CAS: Sid Weissman

Two major issues – Milestones and the change in the NRMP.

Funding – will likely be a reduction in GME funding by 2-5%.
There will be 29K medical school grads in 2020. This will mean that more medical students will not get their first choice of fields. Some IMG's are better than AMG's and some AMG's will not get residencies at all. All of this may have an impact on our fill rate and who we get. Sid believes that there will be an examination of the length and cost of medical education. Are there other and more flexible sources of funding? Search for these belongs with the AAMC and the APA.

Affordable Care Act – there will be an increased need for healthcare providers but not necessarily for psychiatrists. Increases in the mental health field may be in other disciplines and for physician extenders. Psychiatry organizations need to be more active in describing the role of psychiatry as the leaders in mental healthcare. Should AADPRT and the APA partner in this advocacy?

The APA will be getting a new medical director and will become a new organization.

How can AADPRT help its members manage this accelerating rate of change?

ACGME: Chris Thomas/Louise King
The Milestones are in draft form. The results of the ACGME Survey are being analyzed. There will be a meeting of the programs that piloted the milestones and the CCC process at this meeting on Friday at lunchtime. There will be a spring meeting of the Working Group in Chicago to process the various surveys and to develop assessment tools. The Milestone process is ahead of schedule. It is expected that there will be a "final" draft version in September. The deadline is December. They go live July 3, 2014.

They made many missteps in the rollout of the new ADS and the Duty Hours. They wish the Milestone rollout to be much more transparent.

NRMP All-in - Chris proposes that we recategorize both the adult and CA program descriptions. Make psychiatry a categorical-type program. This will affect 5-6 large programs. They, like everyone else will have to fill PG2 openings in an ad hoc (rolling) fashion rather than through the Match. Eliminate the possibility that CA psychiatry can begin in the PG1 year.

Combined Training – this is slowly moving toward resolution. For the first time, in the fall, 2012; combined programs were entered into the ADS system, half time for each of 2 fields. This will allow residents to be tracked, to participate in the resident survey and the NAS which will ensure accredited training. Chris recommends making sure that → enter into ADS as ½ time psych. Put them into increased complement request to RC for Combined training. Go to DIO first.

ACGME continues to post combined programs as non-accredited. They plan to accredit these residents and then approve these programs. However, the accommodation has now shifted to Larry Faulkner and the ABPN. He wants to make psychiatry-combined programs tracks leading to board certification in one field. His ideas may not be acceptable to combined programs.

When CA training starts – for those who go directly from medical school into CA training. This conflicts with the general psychiatry requirements for 4-months of primary care in the PG1 year. It puts these residents off-cycle. It causes trouble with the PreCERT System. ABPN is requesting that CA training not begin before the PG2 year. It is likely that this will go into effect with the new CA RC requirements. Milestone measurement will also confront this problem. This guideline modification will not affect the Peds Portal programs, the Combined Adult-CA programs in which CA training begins in/after the PG2 year, or the Triple Board programs.

Fellowship Program Requirements – go into effect July, 2013. There will be program director protected time requirements for the first time of <=2 fellows → 10hrs, >2 fellows, 15hrs.

Institutional CLER visits will focus on QI. Essential for training QI to promote lifelong learning.

Future of GME funding and workforce troubles: >60% fellowship positions are unfilled. How can the ACGME accredit programs on paper only without the Fellow Survey results or the Milestone entries? A sub-committee of the Psychiatry RC is looking at allowing PG4 residents to begin their fellowships in the PG4 year at program director discretion. The benefits are: preservation of Medicare Part B at 100% rather than 50%, free up stipends to other levels of training, at PD discretion related to Milestone acquision, fairness, fears that the government may take away the PG4 year, resident/fellow could do research half-time over 2 years.

ACGME Liaison Committee: Adrienne Bentman, Adam Brenner, Kim-Lan Czelusta, Art Walaszek

The AADPRT Milestone Survey has been sent to all members. It was sent to the CA PD's because these are the Level 1-3 milestones that will prepare the residents they will admit to their programs. If there is knowledge/skills/asttitudes not represented the Working Group needs to know and it informs them about the milestones that will be written for CA. It also supports transparency in the process. Survey Monkey allows analysis by various demographic variables requested at the outset. Anticipated problems with milestone implementation: there have been no content validity studies, the added time of residents, faculty, program directors and coordinators is unfunded, the training of faculty will be a project and is unfunded, and there is no IT system that goes bedside to ADS and to the electronic evaluation systems. Who is going to examine whether this is educationally sound, useful, and produces better physicians? Has there been an effort to estimate the cost of faculty development, time, clerical needs etc.?

NRMP All-in Status Update: nobody is using the S Program which is used to recruit MS4's into the PG2 year from medical school. The only thing the 6 Advanced programs worry about is uneven playing fields where they must recruit PG2's through the R system, while all others can recruit in a rolling admission fashion. Suggestion made to include discussion of this in the Regional Caucus meetings. An advantage of the R Match system, is that applicants no longer feel pressured to decide before they have interviewed at all of the programs they want to. Alternatively, it forces other applicants to wait until March to learn their future.

PG4 Fast-track to Fellowship: AADPRT needs to be involved in this process. Do we have adequate answers to why these fellowships are not filling? We do need geriatric psychiatrists in the workforce and on healthcare teams. We lobbied the ABMS very hard to get these fellowships. Will programs open more fellowships to keep their residents and get the GME dollars leaving more open positions?

Will fellows be more likely to stay in their home program for continuity? Will only 2.5 years of training in general psychiatry be adequate? Will the psychotherapy milestones be achievable in only 1-2 years? Will 1-2 years of continuity be adequate for adult training? How do we conceptualize the learning in the PG4 year? How will PG4

consolidation of knowledge and skills occur while learning a new field? Would pilots be beneficial rather than a change in requirements?

Action Items:
1. The incoming president will initiate a Milestone Assessment Tools TF
2. The AADPRT President will chair the ACGME Liaison Comm.
3. Evaluate the timing of an assessment of an estimate of the time/cost of implementing and maintaining the NAS process. Unsure when this should happen as one gets faster as one learns.
4. New president to tell Chris Thomas to request the change to Categorical for the 2013-14 NRMP Match.
5. Refer discussion of the PG4 Fast-tracking to the Regional Caucuses for discussion and report back.

Model Curriculum Committee: Tony Rostain
Model Curriculum submissions were placed in three categories, accepted for posting, revisions needed and does not meet curriculum requirement. The topic requests should be primarily directed at Milestone needs.

Plan: Tony will confer with Sahana (IT) to get the process back on track.

Information Committee: Sahana Misra
With this meeting we now have our own meeting/workshop evaluation and CME system. The cost proposal (bid) was approved by the SC and the system is up and running. One can access it via the Home Page and members will also receive an email with link. We have money reserved for system tweaks if needed. The Psychotherapy Committee has a spot on the website for posting of links to their suggestions. The migration of the listservs has been completed. The Model Curriculum application and review system needs to be fixed. There will be ongoing clean up and the updating of documents.

Where do people go? VTO gets 820 hits/month. Coordinator site gets 440 hits/month.

Regional Representative Caucus: Chandlee Dickey
Review of the topics for the Regional Caucus meetings: Experience of programs recruiting PG2's through the NRMP R System, impact of GME funding decline on programs and fellowships, PG4 Fast-tracking benefits and downsides, Milestones – what are the anticipated difficulties in implementation, curricular needs, assessment tool needs.

THURSDAY, MARCH 7, 2013

ABPN: Larry Faulkner
A new director has been appointed Director of the APN CA: Paramijit T. Joshi, MD

Psychiatrists will remain board-eligible for 7 years post-residency before they have to complete additional requirements. These will include #3 successful CSV's and 24 self-improvement credits through PIP/MOC.

Fees for the exam have been reduced by 10% and are expected to go down by another another ~7%. Part 2 Oral Exams will end in 2015-16.

Questions remain about whether departments choose to help prior graduates from their program and from other programs, how much one charges (up to the department). The ABPN has no responsibility for these departmental decisions.

ABPN Faculty Fellowship Program – is a new ABPN-sponsored program. The ABPN is looking to select members for the Selection Committee. Fellows will receive $50K/year for 2 years. The program will start in 2014. One faculty member each from psychiatry and neurology.

PG4 Fast-track into Fellowship – ABPN has not yet had their discussion about whether the fellowship year will count toward the required 48 months of general training.

Combined programs - unlikely will be any new Combined programs. ABPN is encouraging the conversion into tracks with the dominant program being the one the resident would become boarded in and the track would remain just that. Working with the ACGME on this issue.

Plan: New president to discuss the history and process with Mark Servis, head of the Combined Program Caucus.

AACAP: Marty Drell
AACAP is involved in the "Back to the Future" project lead by James McIntyre.
What can the academy do to assist its members to survive and thrive? What do we need to do, what is realistic, what cannot be done?
Creation of Pediatric Homes and various other forms of connection and integration. Both parties need skills development.
Marty has a 2yr term.

Action Item: AACAP International membership status discussion will take place in May.

NRMP: Mona Signer
All-in: this year there were 242 additional positions. The number of unfilled positions remained the same. All unpopular fields did well in the match. Highly qualified IMG's were offered positions in match. The number of programs filling outside the match is not known. The overwhelming majority of programs participated in the match.

There were 63 R positions. She is interested in who these applicants are.

The Match process takes 3 weeks. Emails are sent to applicants and programs who did not certify. Applicants who matched in the osteopathic match are withdrawn. There is lots of checking for odd ball situations. The algorithm takes 5 min to run. The Couples Matches needs a lot of checking. The SOAP is not a 2nd Match because there time for applicant interviews or the extensive NRMP checking system.

Match violations – pending review

If Psychiatry is reclassified by the ACGME as Categorical, we can all recruit PG2's outside the Match.

Program Chair Nominating Committee
Members – Sandra Sexson, Sahana Misra, Jim Lomax, & Melissa Arbuckle

GME Task Force: Jed Magen
Other members - Paul Summergrad, Leonard Marquez
GME update sent this week. We will need to make alliances with other fields.
Must work with DIO's to make sure that cuts are fair. It is unclear whether the 4 Common Competencies will be identical in all specialties. The GME TF advises caution in this.

AACDP: Paul Summergrad
All dollars are declining. Should we do a cost analysis of the milestones?
VAH funding is stable. DMH - cut backs. Uncertainties – funding.
Medical patients with chronic psychiatric problems are very expensive as are psychiatric patients with chronic medical problems.

Academic Psychiatry: Laura Roberts
The governance agreement is out of date. Needs to be updated

Academic Psychiatry Governance Board: Bruce Levy

Ongoing issues from the past – Should Acadademic Psychiatry remain with APPI or move to another publisher (Springer). APPI is engaged in discussion of online advance publication, more staff support, more marketing. A retreat is planned.

Bruce will be stepping down as the AADPRT Liaison.

Action Item: New president to appoint a replacement.

Psychotherapy Committee: Adam Brenner/Donna Sudak

Looking for members for the Psychotherapy Committee. Tips excellent!

Plan: Develop Psychothepy assessment tools once Milestones are finalized

Subspecialty Caucus: Bob Rohrbaugh
Problems: Programs without PG4's would be very different. Which Level 4 Milestones might fellowships take on - leadership, scholarly project. Loss of the PG4 year will make the continuity necessary for psychotherapy training difficult. Capacity for consolidation of knowledge and skills will be limited. This will cause us to more clearly conceptualize the goals of the PG4 year. Milestones would guide the mandates of advanced training. If approved it would require re-envisioning fellowship training.

IMG Caucus: Consuela Cagande
What are the challenges for programs with many IMG's and what do the programs, program directors and IMG's need? What are the current Visa delays and their impact on the resident, their training, and the program?

Membership Committee: Tami Benton/Isis Marrero
On Thursday evening a Workshop on the Disciplinary Process was held. There was a large sign up but a small turnout. Legal counsel came in to participate. Surprising how many new members and how many questions they have. This year the NTD breakfast and the mentor meetings were combined. This setting was not the best for 1:1 interaction. Deb Cowley gave an excellent talk on the Nuts and Bolts of being a PD.

There was lots of confusion among the NTD's regarding workshops designed for them, the Early Career WS, and the Lifer's WS. A change in registration will help.

Plan: Consider new ways to manage the time. Should there be a Thursday evening offering? How best to reduce the confusion of the Thursday WS's for the NTD's? Where best for NTD's to meet their mentors?

Assistant/Associate Training Director Caucus: Melissa Arbuckle
The Caucus size is growing. Many have been in their roles for a long time. The group sponsors the Early Career WS. They have published an article – early career and long-career assistant/associate Training Directors are satisfied in their jobs. Job satisfaction declines at 4 years dur to lack of time to do job and lack of role clarity.

Recruitment Task Force: Sandra DeJong
Completed "Recruiting the Next Generation of Psychiatrists: Talking Points" - 7 arguments in favor of a career in psychiatry

NRMP All-in – see ACGME/Chris Thomas
"Bridging UME and GME" joint workshop (APA, ADMSEP) accepted at AADPRT, APA, ADMSEP

Action Item: Post this paper on the website

CSV Task Force: Mike Jibson
Based on feedback, have developed a new set of anchors for the CSV and have added annual exam anchors as well. Have attempted to incorporate Milestone language as well. Awaiting ABPN approval of new form.

Completed Survey with ABPN and just completed results. Intend to publish.

5 professional quality videos were completed 1 yr ago. They have not been rated by experts to date.

Plan: 1. Post new form on web once approved by ABPN. 2. Complete expert rating of videos. 3. Post video materials on web. Username and password for each institution. Not downloadable.

AAP Update: Mike Jibson
AAP-AADPRT co-sponsored workshop on measuring the ACGME milestones.

APA: Deb Hales
New medical director. Looking at integrated care. Psychiatry Update (Board review) Focus – get the Competencies into this.

APA Council on Med Ed Liaison: Sandra Sexson
CPT coding and impact on training.

AADPRT/APA Presidential Symposium Update: Rick Summers
Scheduled for Monday afternoon at APA. Topic: DSM5 and residency education. Forum for discussion.

Child & Adolescent Psychiatry Caucus: Arden Dingle
CA Residencies will begin using ERAS in 7/14. The CA Caucus Nominating Committee selected Shashank Joshi as its new Chair

ADMSEP Update: Janis Cutler
Membership is growing. Officers serve for one year. Focus is evidence base for education. They encourage multi-institutional projects. They will review the Milestones

for LCME curricular integration at L1. Faculty who are members of AAP, ADMSEP, AADPRT teach medical students.

Action Item: Should there be a ADMSEP & AADPRT Task Force on L1

Wrap-up: Kathy Sanders

SATURDAY, MARCH 9, 2013

Regional Representatives:
Slot loss – About 8 CA/subspecialty slots lost. Others seemed at risk. Some States are providing funding others have cut funding. Stay on this for the year.

Action Item: How can we get more reliable information on this?

Milestones –
Report to the regional caucuses by those who participated in the ACGME CCC Pilot: Takes a lot of time, 30-45min preparation time and a median of 25-35min discussion time/resident. The process is painstaking and time consuming as is the prep. There is a steep learning curve. PD's feel they need help in PBLI, Neuroscience Curriculum, evaluation, and faculty development. Benefits –can provide much richer feedback to residents, everyone likes the anchors. Some wish they were on a continuum L1-5 for all. Program deficiencies are clearer. Who is on the CCC? Is the PD the chair or is that a COI. Discussion suggested that it is a PD responsibility. Programs administer the CSV an even bigger potential COI. PD's want Apps across platforms by ACGME. Will we have access to our dashboard? Milestones are a road map but requirements are so time intensive and detailed in a resource limited environment. Will we just become more ineffective? Need assessment tools and data management.

Action item: Can the members have access to the various Survey data from the ACGME and from AADPRT?

PG4 Fast-tracking -
Problems/suggestions:
Need ACGME requirements for the PG4 year.
There will be problems that attend to the loss of more members from the PG4 class – there will be fewer residents to pick one's Chief from and fewer Chiefs in programs that have more than one, and fewer to serve as rotation supervisors and oncall supervisors as required by the ACGME.
This sends the message to various parties that the PG4 year is not necessary.
Potential negative effect on CA recruitment.
PG4's with advanced skills and the ability to supervise free attendings to do many other things – generate income, conduct research, teach, mentor, and supervise.

Residents do not enter fellowships because this delays payment of their student loans and fellowship training and certification does not get them jobs nor do they earn more money unlike IM and surgery.
Please do not enact the Milestones untested and the PG4 fast-track in the same year!
Could one get credit towards one's fellowship for subspecialty work in the PG4 year?
Economics – is this a choice between the loss of fellowships or loss of the PG4 year? To fulfill the public health need could we just have residents spend more time in addictions and geriatrics?

Members if the Fellowship Caucus were ambivalent. They would like to fill their slots. They feel geriatrics and addictions fill a public health need. The PD's want PG5's especially Forensic Fellowships.

A July, 2014 deadline is completely unrealistic. Get timeline from Chris Thomas and put breaks on it.

Action Item: Create a Task Force to study this and make recommendations. EC volunteers include Chandlee Dickey, Isis Marrero, Bob Boland, Bob Rohrbaugh, Sahana Misra. Adrienne Adams from the Regional Reps. Bob will inform members of the Fellowship Caucus.

Oncall -
Action item: new president will send scenarios to Chris Thomas and report to members.

ABPN Exam Videos – need more examples from the ABPN.

Residents Caucus:
Mostly comprised of chief residents. Wanted the following in their SBP Curriculum – CPT coding, writing of PN's that will get reimbursed, how to get patients insurance, how to supervise an APRN. Things that interfere with "away" electives – state license requirements, salary, other costs, absence of a PLA, malpractice coverage.
Can resident have access to the Model Curriculum?

Action Item: Information Comm. Will look into Chief Resident access to the Model Curriculum

Nominating Committee:
Sandra DeJong is the nominee for Program Chair

Wrap-up: Kathy Sanders

Respectfully submitted,

Adrienne Bentman, MD
Secretary, AADPRT, 2012-13