AADPRT Executive Council Meeting March 8, 2006

<u>Members Present:</u> Drs. Lisa Mellman, David Goldberg, Bruce Levy, Chris Varley, Dorothy Stubbe, Gene Beresin, David Kaye, Lee Ascherman, Sheldon Benjamin, Grace Thrall, Rick Summers, Mark Servis, Sandra Sexson, Deb Cowley, Dorothy Stubbe, Adrienne Bentman, Evaristo Akerele, Joseph Layde, Sid Weissman, Sid Zisook, Kathy Sanders, Ron Rieder

Administrative Coordinator: Lucille Meinsler

Review of Minutes: September minutes were reviewed and approved.

<u>Treasurer's Report:</u> Rick Summers reported that the organization has a positive financial balance. The auditing and accounting process begun a year ago has set up financial controls and a budgeting process for next year. Total revenues so far this year are \$219,949 and expenses to date \$142,991. A small positive balance is anticipated at the end of the fiscal year after expenses for the annual meeting are settled. Current assets for AADPRT total \$454, 816. Online registration for the annual meeting is fully implemented and successful. The online membership process is still evolving and the Central Office is working on getting credit card capability for online financial transactions.

<u>Physician Workforce:</u> Sid Weissman reported on the growing consensus that the country is facing a continuing physician shortage, and not the surplus once projected during the early days of managed care. The AAMC reports a need to increase enrollment in medical schools while reliance on IMGs to address the shortage continues. The osteopathic schools are also expanding to meet the physician shortage need.

Task Force on Training Director Retention: Co-Chairs Debra Katz and Paul Mohl reported from the Task Force. The ACGME statistics indicate that general psychiatry training director annual turnover is 9.9% and child psychiatry training director turnover is 14.5%. This is much better then most other specialties. Smaller subspecialty programs have higher rates of training director turnover. David Kaye's survey in 2002 of training directors who had recently left their position provided interesting feedback on reasons for their departure, including lack of support from the chair and the department. Child training directors also mentioned lack of support from the general training director. Paul and Debra are conducting a follow-up survey of 12-14 training directors, including phone conversations, to further investigate reasons for departure. They will look at the membership database to get more information on the rate of departure of new training directors to determine how aggressively to proceed with the task force activities.

ACGME Conference: Debra Katz reported on her attendance as our representative at an ACGME meeting on health care improvement in Orlando. The focus was on patient safety and medial error, with relatively limited content of direct relevance to residency

education. There was discussion of the value of continuing to send and support a representative to this meeting, with suggestions for future utilization of the meeting activities.

NPTC: There was a final meeting of the NPTC in November 2005. Ron Krasner reported on the proceedings. The NPTC members endorsed increasing research literacy and improving research mentoring in residency training, and increasing residency training flexibility. The importance of outcome and evaluation measures for tracking the effect of these potential changes was also endorsed by the NPTC. There is a projected decrease in NIH funding for research training in the future. Lisa Mellman commented on the positive effects of AADPRT in shaping the final outcome of the NPTC initiatives.

RRC: Sandra Sexson reported on recent RRC meetings. One new development being actively considered is the use of resident portfolios to track training. There was concern expressed about the demonstrated value of portfolios. There was discussion of the evolving relationship between the ACGME and the ABPN, including potential interactions. There has been a delay in the process of soliciting feedback on the new RRC essentials, as the structure of the written essentials is being standardized across all specialties. Patient Care and Medical knowledge competencies will be in the Special Requirements while the other four core competencies will be in the Common Requirements. A potential RRC requirement to require Associate Program Directors for larger programs was discussed and language that specifies protected time to support these positions endorsed. Other projected changes, including the incorporation of the AADPRT wording of the psychotherapy competencies under Patient Care competencies, were discussed. Implementation of the new Essentials will be January 2007. Coordination of AADPRT input to the RRC was discussed. A three year general and child psychiatry training proposal for pediatrics, internal medicine and family practice graduates from AACAP is under consideration as a pilot training program.

Regional Representative Questions: David Kaye presented the proposed regional representative questions for the regional caucus meetings. The question about the new ABPN Part 2 format elicited a broader discussion of the issues around this upcoming change which replaces the former video portion of the exam. Revisions to broaden the question about AADPRT surveys were suggested. It was decided that fewer required or core questions would be better in facilitating caucus discussion and networking, so only 3 questions (RRC site visit, ABPN change, psychopharmacology curriculum) were designated as essential questions, with the others being optional for the caucuses.

ASCP: Sid Zisook presented the recent activities of ASCP in developing a more advanced and interactive psychopharmacology curriculum in collaboration with AADPRT. A decision has been made that there will be no support from the pharmaceutical industry in developing and disseminating the curriculum. The workgroup is meeting at the Annual Meeting to decide whether to proceed with further curriculum development.

<u>Fourth Year Task Force:</u> Adrienne Bentman reported on plans to develop a survey to assess the fourth year and later write a position paper based on the results of the survey. A suggestion was made to collect data on the value of the fourth year in development of core competencies.

Respectfully submitted,

Mark Servis Secretary