American Association of Directors of Psychiatric Residency Training

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Christopher Thomas, MD
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Dear Dr. Thomas,

Thank you for the opportunity to continue our collegial dialogue about the important issues facing psychiatry residency training. I am responding to your email of 11/4/13 which followed our AADPRT PG4/Fast Track letter on 10/20/13. We recognize the important tensions in this discussion and appreciate the opportunity to comment on the four "hypotheticals" you raise which could be included in the General Essentials to support fast tracking into geriatrics, addictions and psychosomatic medicine.

Our previous letters to you on 6/10/13 and 10/20/13 emphasized our lack of support for the PG4 Fast Track proposal based on: untested Milestone implementation; uncertain resident knowledge and skill acquisition in the setting of reduced time and continuity of care for patients and families; the negative impact on recruitment in smaller, rural, community-based, and public sector programs whose graduates contribute disproportionately to workforce needs; and the worry that this will not solve our psychiatric workforce needs for either general or subspecialty-trained psychiatrists.

Members of the AADPRT Steering Committee and Executive Council have reviewed the previous letters and your email outlining four hypothetical scenarios. We recognize the four proposed points attempt to mitigate our concerns, but we believe each has important potentially negative consequences which we detail below:

1. **Residents could only enter fellowships in the PG4 year in the sub-specialty training programs affiliated with their General Psychiatry Program (at the same institution).**
   Response:
   a) Applicants for PGY1 positions considering sub-specialty training will apply preferentially to programs with many fellowship options and positions. These are customarily large academic programs. This would significantly disadvantage programs with fewer fellowships or no fellowships. These are often small, rural, community, and public sector programs whose graduates often work in the underserved settings where they trained. This could add to the mal-distribution of psychiatrists nationally.

2. **The option to enter into fellowships in the PG4 year is the decision of the General Psychiatry Program (Not all programs must offer Fast Track).**

   Response:

   a) Residents will apply for a PG4 fast track fellowship position in the fall of their PG3 year. Program directors will decide on their eligibility based on their milestone acquisition and CCC discussion at the end of their PG2 year. This decision will be based on evaluations completed by faculty new to milestone assessment, on an untried CCC process, on untested milestones, and with little "feel" for resident progress in this new system.

   b) There will be enormous pressure on program directors to allow individual residents to fast track, and we fear this could easily become a "rubber stamp." Pressures for program directors to support their residents' application to PG4 fast track positions would likely come from the fellowship program directors and chairs to fill their fellowship spots, from chairs and DIO's to reduce costs, and from residents to support their aspirations and earlier entry into the job market. Now, both empty PG4 and empty fellowship slots will be at risk for defunding. These pressures will be difficult to resist and the program director will have difficulty relying on specific performance criteria as they would, for example, in considering whether a resident is ready for graduation. Graduation eligibility decisions will now be made by fellowship program directors, shifting a major responsibility onto those who are not used to and may not have the overall perspective to make them.

   c) Fellowship programs will likely feel compelled to offer fast tracking as an option in order to remain competitive, so there is not likely to be much choice about this in reality.

3. **The option to enter into fellowships in the PG4 year is only possible if the resident has completed all core requirements by the end of the PG3 training (the PG4 for the resident is an entirely elective year).**

   Response:

   a) See #2a above

   b) If a resident accepted into a fast track position during the winter of PG3 were found to be unable to complete all core training requirements with milestone-level proficiency, the program director would be obligated to change his or her mind about the approval to fast track. This would be too late to recruit either PG3 or PG4 applicants into the now empty fellowship position.

4. **The General Psychiatry Program Director has the authority to approve or deny any individual resident's request to apply to fellowship in the PG4 year.**

   Response:

   a) See #2b above.

We are pleased that the Psychiatry RC recognizes many of our concerns and has responded with these considered hypothetical scenarios. However, the scenarios do not change AADPRT's original position.

Though the scenarios keep resident progression in the home institution, place authority for applicant eligibility in the hands of the general program director, and will likely result in the filling of more fellowship positions; they do not eliminate the problems outlined in the letters of 6/10/13 and 10/20/13. They do not address the concerns about untested faculties and milestone acquisition. They add an additional major change in psychiatric education to those already occurring at this time, including the NAS, the Milestones, and 3-year medical schooling.

In addition to these concerns about the hypothetical scenarios, the Fast Track proposal risks siphoning off residents headed to non-ACGME, research-based fellowships, likely further privileges large academic programs with many associated fellowships and risks augmenting the inequities of psychiatrist distribution nationally. Finally, and most importantly, the proposal does not solve the problem of workforce needs.

AADPRT continues not to support PGY4 fast tracking into fellowships other than child psychiatry, but does support continued study of the issue. We are very worried that the fast track solution to open fellowship slots could cause long-term damage to the field as a whole. As previously discussed, we believe that a better alternative to preparing psychiatrists for the future is to increase the educational focus on psychosomatic medicine, geriatric psychiatry and addictions in the adult residency years.

We are pleased, as always, to have the chance to engage in this important professional discussion.

Warm regards,

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