AADPRT Executive Council Meetings
March 12 - 15, 2014

Wednesday 3/2/13

Attending: Adrienne Bentman (President, Chair ACGME Liaison Comm.), Chris Varley (President-elect), Bob Boland (Secretary, Executive Office Transition TF), Mike Travis (Treasurer), Art Walaszek (Program Chair), Kathy Sanders (Past President, Chair – Program Chair Nominating Comm), Rick Summers (Past past President, Chair – APA's CMELL), Melissa Arbuckle (Model Curriculum-Milestone Toolkit), Sheldon Benjamin (Liaison to Academic Psychiatry/ governance, spokesperson-Combined Programs), Adam Brenner (Psychotherapy), Deb Cowley (Assessment Tools TF), Kim-Lan Czelusta, Sandra DeJong (Recruitment), Sallie DeGolia (Assistant/Associate Program Directors), Chandlee Dickey (Regional Reps), Jane Eisen (PG4 Fast Track TF), Mike Jibson (Assessment Tools TF), Shashank Joshi (CA Caucus), Jed Magen (GME), Isis Marrero (Membership), Sahana Misra (Information), Brian Palmer (Development), Sanjay Rao (for IMG Caucus), Bob Rohrbaugh (Subspecialties), Tony Rostain (Model Curriculum), Sandra Sexson (AAMC/CFAS), Asher Simon (Assistant/Associate Program Directors), Mary Kay Smith (Global Psychiatry), Donna Sudak (Psychotherapy), Sid Weissman (AAMC/CFAS), Sid Zisook (BRAIN Conference)

Unavailable: Claudia Reardon (Integrated Care TF)
Absent: Tami Benton

Invited Guests: Tamara Gay (ADMSEP), Deb Hales (APA-Education), Larry Faulkner (ABPN), George Keepers (Chair-elect, Psychiatry RC), Louise King (Psychiatry RC), Saul Levin (APA Medical Director/CEO), Carol Regan (Coordinators SC Chair), Chris Thomas (Chair, Psychiatry RC), Eric Vanderlip (Resident Caucus)

1. **Program Chair Report (Walaszek)**

   Dr. Walaszek thanked Lucille Meinsler, Melissa Arbuckle and the BRAIN team.

   Plan: Updated attendance numbers will be forthcoming.

2. **Brain Conference Report (Zisook)**

   It was noted that next year will be last funded year. There was large number of late registrants, causing added unanticipated expenses and Dr. Zisook recommended considering increasing the late registration fee.

   Plan: 1. Discuss sources of funding for BRAIN Conference after 2015 2. Chris Varley to discuss various financial and logistical issues with Chair. These issues will be presented to the EC and a decision made regarding registration fees.

3. **Treasurer (Travis)**

Reviewed finances (see Finance report). Discussed need to anticipate increased expenses in coming year due to Executive Office Transition. Dr. Travis noted there is some cushion to cover expenses. Should additional funds be needed, we will need to discuss raising annual dues. Annual Meeting - Dr. Travis presented some projections regarding increasing the registration fee should that be required. If late fee is adjusted, this could serve additional role of decreasing the number of late registrants and the complications for space, food and other provisions which arise.

Plan: 1. More regular monitoring of the costs of the Executive Office Transition with respect to current finances and expected income. Make a decision regarding the need for dues increases prior to the summer member registration season. 2. Review the income/expenses/sources of unexpected costs to determine whether an increase in Annual Meeting fees is required.

4. **Development (Palmer)**

Dr. Palmer announced that the coordinator award will be named after Lucille Meinsler. Has raised more than $4K so far. Noted that there should be 100% participation from the EC.

5. Fellowship Update (Varley)

Dr. Varley reviewed the impressive list of awardees. Noted some challenges, including meeting deadlines for awards, funding the awards in the future, and how to handle one person being nominated for and winning multiple awards. Group agreed that multiple nominations should be allowed, however an individual can only win one.

Plan: Will be responsibility of president-elect to oversee that an individual can win only one award.

6. AAMC/CFAS Liaison (Drs. Sexson and Weissman)

Discussed the AAMC meeting, which focused on funding and workforce issues. 2018 will be the year of approx. parity between numbers of med school graduates and number of residency positions. There is great pressure on residencies/hospitals, many of whom are over the cap. Message given to field is that we have to be active and advocate for our field with a consistent message. It was noted that as an organization, we cannot lobby, however individuals can. Any response to this by our organization, the group suggested needs to be phrased in terms of education.

7. ACGME/Psychiatry RC Update (Dr. Thomas and Keepers and Ms. King)

Milestones: the ACGME has completed the pilot for assessment tools developed by working group. There is a new CA and Fellowships Milestones Working and Advisory Groups now being formed. They will begin the process of developing milestones for CA and the subspecialties. The General (Adult) milestones are on ACGME psychiatry web page. The expectation is that all general psych programs will begin the process of collecting information that can inform CCC's to make milestone assessment determinations this coming Nov-Dec and report them to ACGME. He stressed we do not have to have all the assessment tools completed as the people doing the ratings are the

CCC, but he hopes to see the incorporation of milestones as part of assessments. Programs will not be judged solely on the basis of milestones. It is understood that this is a new and developing process for programs. Other types of data will be used as well. The faculty survey is also part of the data stream. Such data will take into account individual variations in faculty and resident (e.g. disgruntled) survey entries.

Question arose about de-identifying resident data. Dr. Thomas was not clear on exactly how individual data is tracked and will get back to us on this. Ms. King noted that the ACGME is considered to be a peer reviewed organization and that data is not discoverable. (Note this is addressed on: http://www.acgme.org/acgmeweb/Portals/0/le_PublicRecordsActs.pdf)

Issues arose regarding revisions of specialty (general (adult) and CA) general essentials:

> Discussed issue of whether the chair of department sponsoring program must be a specialist in that area and board certified. Stance of the ACGME is that this cannot be a program requirement. The psychiatry RC has sought to have this overturned by appeal, but there is no appeal process for requirements. This is currently being discussed with leadership and is, apparently a concern for other specialties as well.
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> We reiterated the AADPRT stance that if board certification is a measure by which residencies are measured, then the chairs must be as well.
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> Question arose regarding what can be double counted. Determined not to be a requirement but rather part of the FAQs. Psychiatry RC, however, felt that this was an important issue.
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> Will be revising and responding to ACGME Requirements Committee and then send out a draft for public comment over the summer with a 45 day period of comment. They will give ample notice as to when posted. Will make revisions and comments for board approval. They are hoping to make winter meetings (February 2015) for board approval and then go into effect for July 1st 2015. They agreed to send a draft to us as soon as it is available and before the public release date.

Categorical status of psychiatry: Psychiatry was approved on a ACGME focused revision to be a categorical residency; therefore 2nd year recruitment will not require NRMP All-in match in 2014-15.

Subspecialty milestones: These are taking longer than planned. Still forming workgroups, and a super-committee of all the subspecialties to allow for parallel development of the 4 common milestones. They are expecting to meet in June – one face to face meeting, the rest will be by teleconference. The hope is to have a final draft by December of 2014, and begin collecting information July, 2015. Recommend that all subspecialists on general group be considered for subspecialty groups. Format of milestones will still be the same, w/ twice yearly CCC meetings and 5-level milestones.

Child psychiatry: A number of child programs still accept applicants straight out of medical school. The new program requirements will state that child psychiatry trainees

cannot begin before PGY2 year. This process will also obviously be affected by milestones.

PG4 fast track: The RC received our letter, survey synopsis and results. They appreciate our views and opinions. There is an ongoing process w/ the ABPN who have convened a retreat on this and other subspecialty issues. This proposal will be discussed at the April RC meeting. Dr. Thomas was clear that this initiative began with him. He is concerned about challenges regarding GME funding, and the IOM report regarding physician need in various underfilled subspecialties. He suggested that there needs to be an open discussion among educators looking at alternatives in order to do the best with the resources we have.

Membership of ACGME: The Psychiatry RC will invite in public members w/ expertise in areas we find helpful. They will not be involved in review of programs, but will be voting members on policy issues.

Osteopathic programs: There are 18 psychiatry AOA programs, 3 of which have joint accreditation already. In addition there are 8 child and adolescent AOA programs. Plan is to incorporate a DO member into the committee. Existing programs will be grandfathered, but will have to meet same requirements as current MD programs. Only exception: program directors will not be required to have ABMS accreditation – the requirements will allow the appointment of a co-director who is ABMS-certified.

Dr. Bentman thanked Dr. Thomas for his collegial and collaborative spirit during his chairmanship of the RC.

Plan: Dr Keepers will update us at the May EC meeting regarding – the release date for the Milestones Working Group assessment tools, the time line for the CA/Fellowships Milestones Working Group work products and the opportunity for AADPRT member feedback (survey), the RC's decision regarding PG4 Fast Tracking, the time lime for the Adult and CA general essentials revisions and the timing for a member survey, an update on the requirement that department chairs be ABPN-certified, an update of resident de-identification on the Milestones WebADS.

8. Model Curricula/Milestones Tool Kit (Drs. Rostain and Arbuckle).

They noted there have been high quality submissions, but a small number. Some options discussed, such as giving priority to accepted curricula for workshops. Other options to encourage submissions discussed as well as the possibility of using video demonstrations of curricula.

9. Information Committee (Dr. Misra)

Dr. Misra discussed ongoing IT issues, including availability of webmasters (both have "day jobs"), current salaries, fees for maintenance and additional projects.

Plan: Dr. Varley and Misra agreed on plan to work with webmasters to discuss plan going forward.

Dr. Misra noted other IT issues, including plans to videotape plenaries at meeting, piloting of group discussions on the listserv, possible enhancements of virtual training office.

10. Meeting Location (Dr. Bentman)

Dr. Bentman discussed the importance of keeping our eye on our mission, and that we have members with many views. Acknowledged that there may be some issues important enough to be considered as part of meeting location decisions. Some Council members felt that it had been a positive experience to allow a space for EC members to voice their opinions.

As part of the post meeting CME form there will be questions regarding meeting selection issues, including fact that meetings have been chosen through 2018

The group complimented Adrienne for her adept handling of this issue.

Plan: Review the Meeting Location Issues Survey at the May EC. Decide next steps for this issue.

11. Region representative reports (Dickey)

Discussed agenda for regional rep discussion, including: site selection issue, GME update, PG4 fast track issues, experiences with CLER visits, preparation for milestones, and the preCERT process.

Thursday 3/13/14

12. ABPN report (Dr. Faulkner).

Discussed issues around combined training: The ABPN decided to put together a study group to come back w/ recommendations to the Board in July or October. He does not believe that the Board will eliminate combined programs; however these programs present a dilemma. Dr. Faulkner's recommendation to the Study Group is to submit their recommendations to the field for comment before submitting final recommendations to the Board.

Crucial Issues Forum, convened by ABPN: topics will include new subspecialties, fast tracking, MOCs. AADPRT as well as the subspecialty organizations are all invited to send a representative. Goal will be to see what the field thinks about opening new subspecialties in psychiatry and neurology. This group will not make decisions, just inform a discussion. Going forward there may be other crucial issues forums: e.g. content of residency training, such as PGY1 year, requirement for neuro in psych and vice versa. clinical skills evaluations.

4th year fast track: He wants to see what the field thinks. He is aware of the AADPRT recommendation.

Maintenance of Certification: Question of whether one needs to do MOC in one's primary specialty to have subspecialty status. This is currently expected in all subspecialties except Child Psychiatry.

Faculty fellowship program: These were awarded to Michael Jibson and Melissa Arbuckle in psychiatry. There were an outstanding group of applicants.

Senior Resident Fellowship: Selected residents will spend time at the ABPN and work on projects relevant to ABPN. ABPN will pay their salary and expenses. The first round of nominations came from sitting directors; however plan is for every other year to have the nominations to come from AADPRT, who will be asked to send a slate of 3 suitable candidates. The group agreed that this was a good plan.

He acknowledged a request to move the board exam from September to later in the year, and will be asking program directors for feedback on this. He noted that the exam cannot be given at multiple times during the year (because of # of questions needed).

A question was raised regarding subspecialties and whether advice should be solicited from policymakers. He answered that there was currently no such plan.

Question raised regarding the relevance of PRITE to ABPN exam. There will be a meeting between PRITE and ABPN members. He advised us to be careful before taking on vignettes, as this is a very complicated, labor intensive and expensive process.

Question raised regarding preCERT. Is there a way to make preCERT data available to the (Child Psychiatry) receiving program? He did not know and said he would have to discuss with IT people at Board.

Question regarding whether there are additional subspecialties being proposed in psychiatry? He answered yes, for example one devoted to autism and related disorders. He noted that to break even, any exam has to be administered to at least 164 people. Thus the question hinges on whether would be critical number of graduates.

13. Combined Programs (Dr Benjamin)

He noted that there is great concern among combined program directors regarding the future of these programs. Dr. Benjamin reported that he queried training directors on the listserv and got a small but positive response regarding combined programs. All the same, it is believed that these concerns are affecting recruitment.

Dr. Benjamin presented at the ACGME, who agreed to remove language saying that combined specialties are not accredited. Some have suggested treating combined programs as a major and minor, but residents and program directors are not enthusiastic about this as it misses point of "combined training."

It was noted that in incoming APA president, Dr. Summergrad, has been advocating for combined programs**.**

14. Executive Office Transition Task Force (Dr. Boland)

The ongoing plan to recruit a new admin director was described, as well as ongoing plans to settle on a candidate and interview that person, first in a group teleconference, then in person. Noted he would have more to report at next EC in May.

Dr. Bentman also discussed some of the plans at the AADPRT meeting designed to honor Lucille Meinsler's crucial contribution to this organization.

Plan: 1. Update on Exec Office Transition 2. Final Salute to Lucille!

15. Recruitment and NRMP Task Force (Dr. DeJong)

Dr. DeJong discussed the creation of talking points for recruitment as well as FAQ's regarding DO's and IMGs (see agenda attachments). Noted that part of the charge in AADPRT is to protect potentially vulnerable residents.

Discussed ongoing issues regarding All-in policy, particularly how it does not pertain to subspecialties, despite a "gentleman's agreement" between subspecialty programs. Noted changes in general psychiatry second year policy (as noted by Dr. Thomas above).

16. GME Update (Dr. Magen)

GME cuts have mainly affected fellowships so far, rather than residencies. Next budget wishes to cut 10% of GME budget and use it to fund "high need" specialties. In the past psychiatry has been one these. That said, he noted this budget is unlikely to pass as is. He recommended transparency with residents and cultivating a good relationship with one's Chair.

Question raised about IOM report. He noted that it will stress importance of evaluating quality, and the importance of primary care.

Question raised about the HRSA mechanism. Noted that it is a mechanism to fund specialties, but the timing is not practical as it does not match the ACGME accreditation schedule.

Plan: Request an update to members in the spring.

17. Regional Representatives (Dr. Dickey)

Dr. Dickey updated the committee on the regional reps lunch discussion. Noted some concerns about degree of transparency and methods for advancement in the organization. Group discussed need to make clearer ways for members to become involved.

Plan: To SC and then EC for general discussion.

18. Academic Psychiatry Governance Report (Dr. Benjamin)

Described the journal move to new publisher (Springer) felt it was a positive move both for authors and reviewers. Noted there is a hotlink on our website giving full access to the journal for AADPRT members.

19. Psychotherapy Committee (Drs. Brenner and Sudak)

Discussed their work on milestone assessment, including pilot done at AAP which will be presented at AADPRT as well. Discussed potential plans for dissemination of this tool (involves patient videos, so may be limitations).

20. Subspecialty Committee (Dr. Rohrbaugh)

Discussed the question of how connected subspecialty members feel, including in light of AADPRT's stance on fast tracking.

Plan: Dr Bentman will attend the Subspecialties Caucus at the meeting

21. APA update (Drs. Levin, Hales, and Ms. Kroeger)

Discussed APA's advocacy role, including on GME funding. Discussed Fast tracking issues and importance of AADPRTs opinion on this. Discussed initiatives in integrated care, educating others who may think that primary care doctors can fill psychiatry's role. Discussed importance of "inoculating" medical students against negative portrayals of psychiatrists. Also discussed importance of Foundation, PAC and 100% club.

22. Assistant/Assoc Training Directors (Drs. DeGolia and Simon)

The early career workshop was a success. They discussed potential issues for the AD caucus.

23. IMG Caucus (Dr. Rao)

Discuss plan to have an IMG Summit at the APA Mtg. Plan to create a position paper and hope that AADPRT will endorse this paper. The position will be that every constituency that is part of American workforce now should be represented in future training.

Plan: Dr Varley or AADPRT SC designee to attend the Summit. Will need to read the paper before signing but in support of the general concepts

24. Membership (Marrero)

Dr. Marrero re-presented the new membership status of Emeritus to members of the EC. The proposed definition is: "an AADPRT member may become emeritus after the member has ceased their scientific or medical occupation for which they received

remuneration (i.e., income based on professional services has ceased or is less than 10% of full-time occupational income). Upon approval by the Executive Council, an emeritus member will receive discounted dues for the membership (amount pending dues review for all membership statuses). In order to qualify for this category, members should have had an institutional or affiliate membership for a minimum of seven (7) years."

Motion to approve this new membership status was unanimously approved.

Dr Marrero will be presenting proposal for Emeritus Status as a new membership category at business meeting and then submit to electronic vote after the meeting. She also discussed the new training director program which had occurred – setting not ideal (would have preferred tables), but went well.

Action Item: Submit for a vote to voting AADPRT members in the spring

25. ADMSEP (Dr. Gay)

Dr. Gay described the medical educational scholars program (modelled after AAP master educator). They are graduating first cohort this year. Other items of discussion included ADMSEPs interest in integrated care, clinical simulation, role of EPAs in psychiatry, and the mission of ADMSEP – is it to educate all medical students about psychiatry or to recruit talented medical students into psychiatry. Dr. Gay suggested they are devoted to both.

26. Global Psychiatry Caucus (Dr. Smith)

Discussed role of this caucus, which is now in its 3rd year. A survey was done, however low response rate.

27. Child and Adolescent Caucus (Dr. Joshi)

Reported that the ERAS forms were rated positively, and that there was a substantial increase in number of applications. Suggested that the process of upload and receiving general program director's information could be improved. A suggested form that could be filled out by general program directors is included in the caucus report.

Saturday 3/15/14

28. Regional Reps (Dr Dickey and Regional reps)

Dr. Dickey and the regional reps reported on the information learned during the regional meetings. Issues included:

Meeting location (Dr. Surber): In general, groups were grateful to leadership for taking this issue seriously. Acknowledged the difficulty of predicting future issues well in advance of meeting decision. The groups were interested in practical issues as well as

social. Suggested the forming of a location advisory committee – not just for politics, but to weigh all factors.

GME (Dr. Kinzie): Reported about 24 spots lost nationally, with 58 potential gains for a net gain overall. 1 program, a triple board program, is closing.

Fast Track (Dr. Adams): Worried that fast tracking would favor older, established programs with established fellowships. In general discussion was in line with previously voiced AADPRT concerns.

Faculty Survey (Dr. Heyneman): Some technical problems, including a delay in getting results. Also ending survey on a Saturday was not ideal. Some issues expressed regarding, who included, how many, and how chosen. Questioned whether core faculty was properly chosen. Concerns about applicability of questions to non-hospital based faculty or faculty not directly involved in leadership. On the positive felt the survey was good and short. Question raised of whether program directors can send out pre-survey "FAQs" to faculty, generally agreed there was no reason they could not.

Motion (Dr. Sanders) AADPRT create letter to ACGME voicing concerns about Faculty Survey. Also liaison to OPDA. Motion passed unanimously.

Milestones: A number of programs have already changed assessment tools. Some voiced requests for collaborations with industry.

AADPRT leadership: Some members voiced desire for more transparency. Some felt leadership can be cliquish at times. Suggested some ideas, such as videotaping meetings, mentorship programs, information as to how to advance in the organization, and keeping web site up to date regarding news and information. Group did seem to feel leadership did a good job in handling site selection issues. Discussed how listserv could help with communication back to regional reps and members at large. Discussed how mentorship program had been functioning well in past but may need improvement currently – steering should deal with this. Noted that regional reps can take minutes to send early feedback to members. Some question raised of whether EC should be at regional meetings. Suggested that Dr. Dickey could create document on how to get involved in the organization.

The group recognized members rotating off the EC: Drs. Summers, Cowley, Rohrbaugh, Marrero, Benton, and Czelusta.

29. EC Breakfast

Discussed issues raised at breakfast. Noted that most were practical issues, including communication with members, how to relate to other organizations, how to keep new and nearly new members feeling welcome.

Motion (Dr. Sudak). Continue EC Breakfasts. Passed unanimously.

30. Resident Caucus (Dr. Vanderlip)

There were 2 resident caucus meetings here. Main theme was loan repayment. Suggested establishing a clearing house w/ APA for repayment plan opportunities. The second meeting was more informal. Dr.Vanderlip suggested inviting the resident trustee-elect rather than current resident trustee as they will have full year on the APA board.

31. Nominating Committee for Program Chair (Dr. Sanders)

Dr. Sanders announced that the 2016 Program Chair will be Dr. Donna Sudak.

32. Coordinator Caucus Chair (Carol Regan)

Ms. Regan reported on ongoing coordinator issues, including TAGME, terms for chairmanships, and how to emphasize professional development. Noted that the number of coordinators attending was at a high of 337 members. Noted that the recruitment workshop went well and many attendees were coordinators. Suggested that the new training director's symposium should include coordinators.

The meeting was adjourned on 3/15/14 at 8:45 AM.

Bob Boland MD