

AADPRT
EXECUTIVE COUNCIL MEETING
March 12, 2005

Call to Order

David Goldberg called the meeting to order at 7:15 am

Members Present: Drs. Andrews, Benjamin, Bentman, Beresin, Cowley, Goldberg, Jacobs, Kaye, Krasner, Levy, Mellman, Moreno, Pato, Rostain, Servis, Sanders, Stubbe, Thrall, Tinsley, Varley, and Weissman
Administrative Program Coordinator-Lucille Meinsler

Nominating Committee-Levy

Bruce Levy, chair of the nominating committee announced the slate of nominations who, pending their election, will take office after annual meeting in 2006:

President Elect-Mark Servis

Secretary-Deb Cowley

Treasurer-Rick Summers

Program Chair-David Kaye

Business Meeting

The agenda for the Business Meeting was discussed with the following issues to be highlighted: Treasurers report, Report of the Information Committee, Report on the current state of the fellowships, and a summary of the issues from the regional representatives. An announcement should be made that Lucille will be sending an email to the membership directing them to the RRC letter posted on our website.

RRC

Lisa Mellman and David Goldberg met with Mike Ebert. The result of this meeting is that the RRC Task Force will take AADPRT's RRC Recommendations and add specific changes using RRC language. The rationale for 9 months minimum for inpatient training and for psychotherapy requirements will be added as well. This will be sent to the RRC.

Recognition of David Goldberg

The EC joined together to recognize the efforts of David Goldberg both for his presidential year and for the preceding decade when he was Executive Director.

One Year Appointments

David Goldberg announced that Mark Jacobs and Tony Rostain will be rotating off the EC. They were thanked for their service.

American Society of Clinical Psychopharmacology (ASCP)/AADPRT Joint Venture-Psychopharmacology Curriculum

David Goldberg provided a summary of this venture. The 3rd iteration that is out in field costs \$500 per program. The partnership with ASCP is to develop a 4th iteration that will be finished in 3 years which will add a piece in psychopharmacology competency, a

piece on neuroscience, and piece on pedagogy. It would, however, be a huge undertaking to add a learning module. Steve Stahl has graciously offered his materials to be imbedded.

Regional Reps-Kaye

David Kaye reported that at lunch with the regional representatives several questions were posed: ACGME site visits in terms of the new pif, use of the psychopharmacology curriculum, the role of evidence based medicine, subspecialty training and recertification, transparency in AADPRT, and AADPRT fellowships. Reports followed from all regions:

Region 4 (Midwest)-Catherine Woodman reported that there was concern about RRC pre-site visit surveys especially regarding inhouse call. There were requests for more curricula to be posted on the web, and there was concern about an Illinois state bill for psychologist prescribing privileges.

Region 5 (Southeast)-T. O. Dickey and Guy Palmes reported “ditto” regarding the surveys and noted there was a request for more email alerts from president on all issues. Fellowships should be open to child programs.

Region 7 (Far West)-Nancy Winters said “ditto” about the surveys. She reported the group asked there to be priority emails e.g. re: fellowships with links to the website. The IMG award is not adequately defined, and there is not enough child psychiatry.
Region 2 (New York)-Victor Fonari and Diane Sacks reported their region feels AADPRT is helpful and responsive, and this meeting is one of the best to deal with internal tensions. The website is good, and to this group, recertification responds to fiscal pressures.

Region 3 (Mid-Atlantic)-Ed Volkman and Bill Sonis reported that their region feel AADPRT should take over the ASCP Program and distribute it for free. They reported a suggestion from the group that the regional caucus should be held on first day of meeting and issues reported back at the end of the meeting. They also feel that fellowships should take program size into account. They recommended a Chief Resident listserv. Regarding RRC site visits, physician site visitors are greatly preferred, and the ACGME survey should be stopped.

Region 1 (New England)-Dorothy Stubbe reported that the ACGME surveys residents directly online and results given to the ACGME directly prior to site visit. She reported that the region’s training directors felt that the psychopharmacology curriculum was not terribly useful to use because of the issue of which slides to use. She heard from the group that the fellowships were neglected this year due to overwork.

Region 6 (California)-Mary Ann Schaepper-She agreed with many of the preceding observations. She also reported on California’s Prop #63, \$800mil/year to mental health educators to collaborate and meet midyear.

A discussion of the issues presented ensued resulting in several ideas: addressing the ACGME, working more with the RRC, improving communication through an upgraded website and a chief resident listserv, increasing transparency in the organization, posting committee reports on the AADPRT website, dispensing more information, encouraging more participation, and sending more group emails to regions.

Respectfully submitted,
Ronald F. Krasner, MD
Secretary