AADPRT Executive Council
Thurs. September 10, 2009 5:00pm-9:45pm
Friday, September 11, 2009 8:30am12:00n

Present: Sheldon Benjamin, Adrienne Bentman, Tami Benton, Deb Cowley, Jeff Hunt, David Kaye, Bruce Levy, Lucille Meinsler, Sahana Misra, Ron Rieder, Don Rosen, Kathy Sanders, Mark Servis, Sandra Sexson, Dorothy Stubbe, Rick Summers, Chris Varley, Art Walaszek, Sid Weissman, Catherine Woodman.

Present by Phone: Steve Schlozman. Unsuccessful attempts were made to teleconference with Michael Jibson, Tony Rostain, Michael Jibson.

Thursday afternoon/evening:

Call to Order

The meeting was called to order and committee members introduced themselves.

March EC Minutes:

The March EC meeting minutes were approved.

Annual Meeting (Kathy Sanders)

The Mindful Leader seems to be a timely topic.

The Sunday panel will be about Health Care Reform and Graduate Medical Education. Nancy Neilson, MD, the Past President of the AMA will be on the panel, and we are looking into inviting a federal government representative as well.

We will make sure there are enough hotel rooms if more people than usual bring their families because of the Disney location.

Because this will be the last meeting with a Saturday night dessert reception and Sunday morning panel, should we do something special to recognize this? The possibility of a special reception on Saturday night was discussed.

The NTD Symposium will begin on Wednesday evening and the breakout groups will take place on Thursday morning. There will be a Child CSV Training on Thursday morning which will precede the Adult CSV Training.

There was a discussion about how to use the meeting for the organization's political purposes. Richard Nakamura, the Scientific Director at NIMH, might be a good person to invite. Jim McDermott, MD is a child psychiatrist who is in Congress might be another person to consider inviting.

Pre-Meeting (Deb Cowley and Ron Rieder)

There is little coordination between the premeeting planning and the overall meeting planning. Last year there were problems along these lines – the premeeting information was late to be available for the website, and it was hard for Lucille to coordinate faculty, etc.

We are ending the 5 year cycle of funding for the R13. This is the last year funded. Sid Zisook will take over the responsibility to apply for the next grant, and we will apply by April to attempt to get funds beginning in 2011. The NIMH has been reluctant to fund 5 year grants, but Sid thinks it is worth trying for this. The NIMH will want to see data that there has been a substantial impact on the field. Michele Pato is working on outcome data to demonstrate impact. Ron suggests that NIMH wants more researchers, and we could consider a premeeting focusing on this. NIMH is also focused on T2, the application of clinical research in the real world, and how to change clinical practice. Do we want to see ourselves as an agent for implementing T2 change?

It is also possible that NIMH may not fund a premeeting in the future and we will need to keep in mind other funding mechanisms.

The NIMH organizes a Brain Camp and they will continue to do this.

Is it desirable to "team up" with NIMH (i.e. have an R13 grant) on the premeeting and lose some of the control of the content? There was support for shaping our proposal in a way that is consistent with NIMH's goals. Developmental Disorders and Neuroscience are two of their funding priorities.

Sid Zisook is looking for new people to participate on the committee that will make the grant proposal.

<u>Action items:</u>

- The group supported for the NIMH grant application, attempting to target NIMH priorities that are relevant to our work.
- The group supported Sid Zisook's call for volunteers to help work on the new R13 grant proposal.

Future Fall EC Meetings (David Kaye)

David reported that the Steering Committee supports dovetailing the Fall EC meeting with the AAP/AACDP meeting in the future. The 2010 AAP meeting is in Pasadena, CA in late Sept. In the past, ABPN helped support the travel costs for EC members who are examiners, but there are fewer examiners on EC. We could try to time the fall EC with AAP for a couple of years and see how this works out. There have been some important interactions with ABPN with the conjoint meetings, including the discussion about CSV, and there is some possibility that CSV training will take place at the ABPN exams in the future. This would push us to keep the fall EC with the ABPN for the next year, and then consider the move the following year.

Action items:

- We will talk with Larry Faulkner about the potential synergy between the ABPN and EC meetings, especially focusing on the issue of future CSV training at ABPN meetings.
- We will consider moving to coordinating with the AAP meeting in the future, and David will talk with Debbie Hales about this for the future.

Future Annual Meetings (Sheldon Benjamin, Lucille Meinsler)

The 2011 Annual Meeting will be in Austin, TX and this will be the first year without the Saturday night stay. We have signed a contract with the San Diego Bayfront Center for 2012, close to the airport and have just signed with the Hilton in Ft. Lauderdale for 2013. There was a fair amount of feedback at the last meeting about the importance of the hotel being close to the airport, and near restaurants. We are looking at a Hilton property in Phoenix for 2014. The 2012 through 2014 negotiations are taking place with the shorter meeting schedule, finishing at 2:00pm on Saturday.

RRC Task Force (Gene Beresin, Jeff Hunt, Adrienne Bentman)

The priority-setting exercise we underwent last year established the importance of a proactive approach to RRC revisions. Gene Beresin will lead our effort, with Jeff Hunt focusing on Child Psychiatry and Adrienne Bentman on Adult Psychiatry. The next iteration of the RRC requirements will be in 2012. The RRC's timeframe is to look at the essentials in about a year, and then engage in a process of review, input and consideration which will take about a year and half. The RRC has been very welcoming of our input, and it was noted that there are several training directors currently on the RRC.

The initial meeting of the RRC committee considered the following issues: the structure of the task force, the charge from the president, the scope of the work (include the PIF, the site visitors' training and their forms?), the timeline of the work, and other broader questions about the impact of the financial environment,

the role of the competencies going forward, issues facing specific types of programs, e.g. small programs.

A number of potential foci for the committee were discussed:

- The RRC should be able to report out the most common areas of citations.
- Don reported that the RRC is interested in making the requirements and PIF more aligned.
- As they are moving more toward outcomes, it is not clear how the RRC will let go of old requirements.
- The ACGME is moving toward a focus on milestones. They are expected to become part of the common program requirements. The OPDA will be looking at the potential changes in the common requirements (as well as the IOM report). There is a movement toward making the common requirements broader and the program essentials more narrow.
- An important question is whether we are ready to have the RRC lift the specific requirements. At the time of the last RRC revisions, it became clear that our members were very wedded to the timed requirements. Do we want to advocate keeping timed requirements while we are building milestones? In the last process, there was an open-ended survey and then subsequently a more focused survey.
- There is a tension between milestones that will be based purely on educational issues for residents, and the need for planning for the clinical work to be done. It is likely that the changes will be incremental rather than radical.

The suggestion was made to solicit volunteers from the membership in the committee(s) It will be important to make sure people do not advocate for specific issues of personal importance to them.

<u>Action items:</u>

- Soliciting volunteers from the membership for the RRC Committee was encouraged.

Finance Committee (Don Rosen)

Don Rosen, the treasurer reviewed the assets, revenues and expenditures.

Don suggested that AADPRT spread its assets across three banks because the FDIC insures funds up to $250K per depositor, and this will allow the organization to be entirely protected in case of bank failure. There are some periods over the year when our total funds balance is over $500K because of cash flow related to membership and meetings.

There was a discussion about whether it would be worthwhile to move some of the funds to a longer term CD to earn a higher interest rate.

Don pointed out that AADPRT has no Directors and Officers Insurance. Going forward, hotels are requiring that we have meeting insurance. Several members suggested other which other organizations to contact to learn about their insurance coverage.

Action plan:

- Don and Lucille will implement a plan for spreading AADPRT funds across three banks to keep all funds under FDIC protection.
- The group agreed that the Steering Committee is empowered to investigate the insurance issues and make a decision on the specifics of the insurance policies.

Resident Application Guidelines (Chris Varley)

Chris reviewed the history of the resident application guidelines project. The project started with the observation that there were some problems with the application process – cancellations of interviews by applicants with late notice, irregularities in reporting of academic activity, and potential plagiarism of personal statements. The guidelines project began with trying to make suggestions about the ethical issues involved in residency application. Chris asked for suggestions about the language, and thoughts about where the document should be distributed. David pointed out that a document for the resident applicants would be a valuable and we could partner with CORF on this.

Several other issues were suggested for inclusion, including out of match offers.

Concern was raised about whether the wording in the document raises the concern about restraint of trade issues. Several members suggested and supported rewriting the document so that there are guidelines for applicants and guidelines for program directors.

Chris' thorough and conscientious work was recognized.

Action items:

- The project of developing guidelines for applicants was encouraged. The group thinks the documents needs more work before release and David Kaye will collaborate with Chris on this.

Fellowship Planning Task Force (Sheldon Benjamin)

The group adopted the cost-saving plans decided at the last EC meeting: downsize the two fellowships to 5 winners each, change the Friday evening dinner to a reception, and continue to cover three nights in the hotel. The applicants will be selected based on region, but regions would be combined differently each year based on the number of applicants to maintain an even regional distribution. This will be announced to training directors. We are now

funding the fellowships ourselves because of the absence of pharma funding.

The IMG fellowship criteria were re-written to focus on education, and the mentorship component is still taking place at the annual meeting. The problem is that some of the applicants are already junior faculty level.

Action items:

- The EC supported the plans outlined above.

Development Committee (Art Walaszek, Michael Jibson)

The committee now is focused on developing funding sources other than pharma. Art updated the EC on the guidelines approved in May about exhibitors at the annual meeting. He noted that the document describes three strata of potential conflict of interest. There are two minor edits to the document since May. Art will be working with Lucille to try to expand the exhibitor base. Putting the guidelines on the website might help to increase interest.

Ron pointed out that it is important to make sure that exhibitors be made to feel welcome at the meeting, and that the geography of the exhibits be consistent with the exhibitor guidelines.

Action items:

- The EC endorsed making the exhibitor guidelines available on the website.

Membership Committee (Adrienne Bentman, Tami Benton)

The membership renewals have gone out. The number of individual members and coordinators is up, and the number of institutions is stable. Programs are paying their dues earlier, but there are still a substantial number of program paying late.

The feedback from the NTD symposium was favorable – speaker evaluations were good, the topic ratings were even higher. Themes included wanting more specific information about pragmatic issues, and too many returning training directors.

At the next NTD symposium, there will be another “fact-based” talk on the institutional issues (within the academic center) and the important institutions we work with, e.g. ABPN, RRC. Should there be a new training director’s manual?

Action items:

- The EC supported the changes in the NTD Symposium recommended by Adrienne and Tami.

Child/Adolescent Caucus (Dorothy Stubbe)

There was a premeeting before this EC meeting of the Child CSV group. This group is developing action items about the CAP CSV using the adult CSV work as a guide. There will be a training workshop at the AACAP meeting this fall, including videos and an audience response system. This material will also be presented at the AADPRT annual meeting in a training workshop. The CSV process will begin July, 2010.

Larry Faulkner suggested the possibility of using adult and child psychiatry CSV materials to train faculty for in-residency clinical assessment at the 2010 ABPN board exams.

The CAP TD's expect that applicants will have passed three exams, although some applicants may apply having only passed two. This can be dealt with by having adult TD's provide an explanation for a resident's having only passed two exams; they may be reasons other than competence issues for only passing two exams. Some noted that this is the beginning of a new system and we will have to see how it works out.

The CAP CSV group may gather data parallel to the adult CSV process.

This is the first year of the CAP Common Application. The feedback has been generally good. There are some technical problems with downloading the application. The group suggested including a request for pictures and birthdates (optional).

There are four post-pediatric psychiatric portal programs in the US, and one more possible application. There need to be several additional programs to make this a successful pilot. Tami pointed out that the funding is the biggest difficulty and some programs are converting CAP spots to PPPP spots.

There will be a new nominating process for the Child Caucus Chair that is modeled on the AADPRT nominating committee procedure.

Action item:

- The EC expressed appreciation for the extensive work of the Child Caucus on the Child CSV, CAP Common Application, and supported the new procedure for selecting the new chair of the Child Caucus when Dorothy steps down.

CSV Task Force Update (Rick Summers, Michael Jibson)

The CSV Task Force had a conference call in early August, and they are planning on stimulating a listserve discussion about how programs are

implementing the CSV over the next month, and following this up with a short survey in the months before the annual meeting. Michael Jibson is working on analyzing the data from the CSA Workshop at the last Annual Meeting. He is including a factor analysis of the data to look for predictors of a passing grade. The Clinical Skills Committee wants to sponsor another workshop at the next Annual Meeting which will include reporting the results of the survey, experiences of a couple diverse implementation experiences, and raing of another video.

Action items:

- The EC supported the listserve discussion, survey plans, and the workshop at the next meeting, and expressed interest and enthusiasm for the scholarly approach taken by Michael Jibson and colleagues.

Friday Morning:

We began the morning with a brief mindfulness experience led by Kathy Sanders. The breathing was good!

Subspecialty Caucus (Catherine Woodman)

Geriatrics, Forensics, PSM, and Addictions are the areas in which we have subspecialty caucuses. These caucuses are relatively small. The timing of our meeting is poor for Geriatrics because the AAGP meets just after our meeting. PSM and Addictions doesn't send many people to the AADPRT meeting. Many who attend the PSM caucus are not actually TD's, but are general training directors and others who are interested in PSM. The subspecialty-specific (e.g., AAGP) meetings are well attended, but they tend not to focus on the educational and regulatory issues.

Catherine asked the group for ideas about increasing subspecialty TD attendance at AADPRT. Several suggestions were made:

- Rotating the focus between the four subspecialties each year and targeting programming for that area for the year, and using the TD to recruit the subspecialty TD's.
- Identify an AADPRT representative to each subspecialty to do outreach and determine the area's needs.
- TD's who go to the subspecialty meetings could "spread the word" about the value of attending the AADPRT annual meeting.
- Contact leaders of the subspecialty organizations and ask them about the needs of these groups are, and highlight some of our resources, e.g. the NTD Symposium at the annual meeting.

Action items:

- AADPRT members, coordinated by Catherine Woodman, will contact subspecialty organization leaders to assess the educational needs and potential interest in our organization.

Workforce Committee (Steve Schlozman by teleconference)

The committee is planning a conference call. Steve reviewed ADMSEP's new mission statement, which includes the recruiting function along with the central goal of teaching medical students. He asked for ideas about how to interface with the many other organizations that are also involved in workforce development. The goal is to develop an effective working group that will involve various stakeholders to develop joint projects to improve recruitment to psychiatry residency training.

There is a possibility that psychiatry may be included under the primary care rubric of National Health Service recruiting. It appears that it will be possible for psychiatrists to find more positions and more opportunity for loan forgiveness under new legislation (American Recovery and Reinvestment Act of 2009). There is a one page description of this opportunity which could be made available to medical students.

Steve distilled some essential findings from the NRMP data about psychiatry applicants: relatively poor performance on USMLE, the lowest AOA rates, lack of volunteer and research experience in the field which they apply to. These are somewhat surprising. It is not clear what the significance of this is.

George Romero, a movie producer of a variety of movies entitled "__ of the Dead," has agreed to attend the APA and speak about Zombie movies. This is part of a recruiting effort into psychiatry.

Action items:

- David Kaye will contact Maureen Shick at the ACP to discuss possible joint projects.
- Art Walaszek will find out who will be a good contact person at AAGP.
- Steve Schlozman will distribute additional materials to the committee about the NHS opportunities.
- Steve will organize the efforts of the Workforce Committee to develop new projects to boost recruitment into psychiatry.
- Steve will look into positive factors that distinguish applicants to psychiatry, e.g. frequency of Gold Humanism Award winners.

Regional Representatives (Sahana Misra)

Sahana reviewed the major topics discussed with regional representatives and summarized at the March meeting: 1) CSV and the issues involved in training faculty at home, especially focusing on inter-rater reliability, and looking for more guidance on this; 2) the IOM report and support for the AADPRT position on this; 3) support for AADPRT expanding the virtual training office, including curricula and sample PIF's; 4) Match issues; 5) Enthusiastic support for the premeeting ,

and support for continuing this even if paid attendance was required; 6) enthusiastic response to the Mentorship Program, with a suggestion that the mentor make the initial contact rather than having the mentee do this; 7) Chief Resident Training and the possibility of a toolbox for chiefs on the website or regional meetings for chiefs; 8) Regional Caucus meetings were regarded as too short, and most regions suggested extending the meeting by 15-30 minutes.

It is not clear how much activity there is on the regional listserves. The tradition has been that the regional caucus role has been to provide information and receive it, rather than develop projects.

Deb pointed out that a Chief Resident Toolkit would be a wonderful resource and regions should be encouraged to work on this.

Action items:

- Sahana will contact the Regional Reps for this year to begin to orient them to the major ongoing issues identified at the annual meeting, and see what new issues have emerged. She will also communicate about the changes in the fellowships.
- There was encouragement for members, and regions, to take initiative to develop projects, e.g. the Chief Resident Toolkit.

APA Council on Med Ed Liaison (Sandra Sexson)

Sandra circulated a report updating on the APA Division of Education. She reviewed the new APA organization, which consists of nine councils with most of the old committees disbanded. The new Council on Med Ed and Lifelong Learning will take on some of the functions of the committees disbanded – including medical student education, awards, workforce, CME, administrative psychiatry, and annual meeting scientific program committee. The Council will still meet twice per year and there will be quarterly telephone meetings. Appointees will have particular designated roles, and liaison roles with AADPRT, ADMSEP, AACDP, and AAP.

The APA JRC (Joint Reference Committee) sits between the Assembly and the Board. Assembly activity is filtered by the JRC and parceled out to the Councils, and this same body is also the gateway to the Board. Carol Bernstein will be the chair of the JRC in her role as Vice President of APA.

Important current Council on Med Ed issues are: 1) Residents' Bill of Rights; the JRC responded to the residents who proposed this by noting that this was not relevant for the APA; instead the residents were directed to the ACGME; 2) Council has been asked to develop an educational Program for training programs and general practitioners on telepsychiatry; 3) Policies addressing violence toward residents in training programs; there was an inquiry about developing an action paper about this; the Council will review whether the safety policies

required in every program and meet this need.

There was support for collaborating with APA on reviewing safety policies in residencies and possibly developing a model policy.

There was an identified need for learning specific CBT protocols for treating specific illnesses. We do not have a good process for helping practitioners learn about specific psychotherapies. There would need to be workshop followed by online follow-up.

Action items;

- The EC will look for ways to collaborate with CORF on issues related to resident safety.
- The EC supported the Council's review of safety policies for residents.

CORF

There was no discussion about CORF.

Information Committee (Bob Boland)

Rick Brandt has readied the website for the annual meeting, and continues to work on the website infrastructure. There are a number of items that should be password-protected. Bob will remind some of the presenters from the 2009 Annual Meeting to provide their materials for uploading on the website.

Action items:

- Bob will work with Rick Brandt and key speakers from last year's annual meeting to make sure that the main presentations are on our website.

AAMC/CAS (Council on Academic Societies) (Sid Weissman)

Darrell Kirch has completely changed the senior leadership of the AAMC. There is now a team structure. The AAMC has three councils: Council of Academic Societies (CAS), Council of Deans (COD), Council of Teaching Hospitals (COTH). The AAMC has been advocating an expansion of the Medicare cap; it is not clear if the possible expansion focused on primary care will be helpful to psychiatry. AAMC has been relatively quiet right now on Health Care Reform, waiting to see which bill emerges from committee strongly.

Sid also reported on some important changes at the APA. He is in charge of an APA task force on the relationship with industry, and there has been a 75% decrease in advertising revenue that is not expected to substantially change. It is not clear what other new revenue sources will be found. There has been a freeze on hiring and talk of furloughs. The APA Annual Meeting will now involve more invited submissions, and there will be a topic-focused review process of

submissions. A new APA workgroup will evaluate some of the presentations. There will be content tracks, e.g. child psychiatry or PSM. Sid suggests there may need to be a permanent "editor" for the annual meeting, as though it is like a journal.

Coordinators/TAGME (Lucille Meinsler)

There are 302 coordinators with AADPRT membership, and there is an active listserve. There has been a request for a CAP coordinator's listserve. Lucille is working on developing a strong content-based program for coordinators at the annual meeting. 11% of the coordinators are certified by TAGME. Certification exams will be given again at the meeting. Some coordinators are reporting that their GME offices are using the certification to develop new job descriptions. It is possible that ACGME will be interested in coordinator certification in the future.

ABPN (Larry Faulkner)

Larry thanked the group for the collaborative spirit and productive work together on the in-residency evaluation process. He thanked us for developing the curriculum and training tools. This is a project that will take many years to come to fruition. The goal is to steadily improve the process over the years.

The CAP CSV group met yesterday and made substantial progress in developing the curriculum and evaluation forms.

The first computerized certification examination (the single exam comprising the former Parts I and II) will be administrated in the fall, 2011, and this exam is being constructed currently. This will involve innovative clinical vignettes. Much of the exam will be like the old Part I, but half or so of the exam will be clinical vignettes. This will be more than standard multiple choice question; rather there will be innovative stimuli of clinical material, including video and audio and perhaps scans. The neurology computerized exam was administered last year, and had this new type of material. This was felt to be successful. 90% of the candidates passed the Neurology exam, which was several percent higher than the previous first time takers of the previous exam. The first time takers pass rate has been in the upper 80's for psychiatry in the past. We expect a similar rate for the new exam in psychiatry as was seen in neurology.

The "old timers," meaning those who completed training prior to the CSV, but who are not board certified, will have until 2012 to pass Part I. They will have until 2016 to pass Part II, when the last administration of Part II will take place. Anyone who wants access to the new CSV format can do this beginning 2014 for adult psychiatry and 2015 for child psychiatry. This presupposes they can get credentialed for the exam. It is possible that there will be a significant increase in requests for help in preparation for the exam. Whether or not whether TD's agree to help these candidates receive CSV is voluntary. Only sitting general

adult program directors can conduct CSV. TD's can charge for this assessment if they choose. Larry suggests that programs plan in advance how they will handle these requests. The ABPN will clarify two issues: 1) over what period of time can these candidates take clinical skills assessments; 2) how long will CSV be valid for these post-residency candidates?

Larry clarified that it has not yet been decided whether candidates will need an overall passing score on the new exam, or whether they will have to pass all three parts of the exam (Part A is basic neuroscience (approx. 20%), Part B basic psychiatry (approx 30%), Part C is clinical psychiatry (approx. 50%). The maximum allowable time for the exam is 9 hours, including lunch, though most will use significantly less time. The certification examination will be in given in the fall so that residents will be clearly credentialed. The estimated cost will be the same as the old two part exam together, which is approx. $3000. There will be some examples of the new clinical exam materials posted on the ABPN website when it is available.

It was suggested that the ABPN exam writers communicate with the PRITE exam writers, as the PRITE exam is the means through which many residents become oriented to the type of material on the ABPN exam. It is hoped that the PRITE will morph into an exam more like the ABPN exam. As a field, we are probably not as good at writing exam questions that assess competencies in systems based practice or professionalism; at this point the exam will be presented in a new format but will not be dramatically different from the current content.

Action item:

- This new information about the changes in the ABPN should be disseminated to the field. David Kaye will ask the ABPN to do so, or as an alternative, AADPRT will distribute the information.

Match Violation Issue

Bruce Levy reported on the recent events that provoked match violations for a number of programs. Nine psychiatry programs were cited by the NRMP for interviewing an applicant switching from Neurology who had not formally withdrawn from the previously matched programs, even though neither the applicant nor the programs had done anything with inappropriate intent. It was clear that none of the programs involved, and virtually no one in the field, would have known that it was necessary to check the NRMP database (Applicant Match History function) before interviewing an applicant to check they are not matched with another program, or if they were matched, that they have received a waiver. It was noted that this is not relevant to fourth year US medical students, only to those who could have been in the match before. AADPRT has written a letter to the programs involved, and to potential applicants, indicating that the programs cited should not be seen in a negative light, as this was a technicality that most were unaware of. Sandra suggested that a letter be sent to the RRC to make

sure these events do not prejudice accreditation.

Action item:

- David will get clarification of the NRMP's interpretation of a situation in which a resident matches to another program for the PGY1 year and then applies for psychiatry residency for the following year. Does the resident need to apply for a waiver if they are intending to transfer? Or are they able to apply for transfer and be interviewed because contracts are only one year at a time?
- The letter from AADPRT written by David Kaye will be sent to program directors and the ACGME.

IMG Caucus, Other Caucus Reports

David Kaye summarized the IMG and other caucus reports. David reminded us about the IMG Institute at the APA, which is very helpful. There is a question about the impact of the CSV process on IMG's.

The VA group is formally becoming a caucus.

Action item:

- Rick Summers will contact Raghu Rao to discuss including IMG concerns in the work of the Clinical Skills Task Force.

Model Curricula Committee (Tony Rostain)

This committee evolved out of the priority-setting exercise with the recognition that the membership regards curriculum development as an important task. David reviewed the report prepared by Tony Rostain that laid out plans for the committee.

Art suggested that organizing the curricula around competencies might be more immediately relevant than content-focused topics. Deb suggested that the membership should be surveyed to determine in which areas they are interested in new curricula. Several members suggested there should be a framework for organizing the curricula before developing the specific curricula. Should the committee name reflect that the function will be to collect and distribute curricula rather than develop new curricula?

Action items:

- The committee should consider a name that reflects its function more accurately.
- We will solicit the membership for interested members to participate in the committee.

New Business

Should we require all EC members to fill out a conflict of interest disclosure as part of leadership participation in the organization?

Action item:

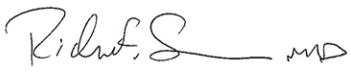
- Studying this issue and developing a procedure will be a function of the Development Committee. Art Walaszek will take responsibility for this, and make a proposal at the March EC meeting about this.

What is the role of the TD in assisting residents in understanding more about Maintenance of Certification? This is a complicated process and seems to change frequently.

Action item:

- Discussion of this issue will be on the agenda for the March 2010 EC Meeting.

Respectfully submitted,



Richard F. Summers, MD