American Association of Directors of Psychiatric Residency Training

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Christopher Thomas, MD
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ACGME
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Dear Chris,

We very much appreciate the collaborative nature of the relationship between the Psychiatry RC and AADPRT and want to communicate our organization's view of the PGY4 "fast track" proposal. In September, 2014, AADPRT conducted a member survey regarding the impact of PG4/Fast Tracking on general psychiatry training. 107 of 174 (62%) of general psychiatry training directors – one third of whom had additional sub-specialty training - completed the survey. The raw data were sent to you for consideration during the RC's deliberations at its October meeting. This letter summarizes AADPRT's formal recommendations to the Psychiatry RC.

After careful review of the AADPRT fast track survey results and subsequent discussion within the Executive Council, we wish to make clear to you our serious concerns about the Psychiatry RC's consideration of allowing General Psychiatry residents to enter into one-year ACGME Psychiatry fellowships after their PG3 year of training, i.e., "fast tracking." We recommend that the RC not act on this proposal and not modify the General (Adult) Psychiatry Essentials to include this possibility.

Our serious reservations about this proposal stem from four sources: the consequences of 1) the milestones and 2) the ACGME Duty Hours and Supervisory Requirements are unknown, 3) there may be a significantly negative impact on recruitment on programs that need support, and 4) the proposal will not solve the workforce problems our nation is facing. I am expressing the concerns of the membership of AADPRT as reflected in our survey and articulated by our Executive Council. Several member comments are included below to illustrate the points.

1. The Milestones

The milestones are an exciting new development in residency education whose consequences cannot be entirely anticipated and which are as yet untested. The question of which milestones will realistically be completed by the end of the PGY3 year is entirely unexamined. The majority of TDs believe that the PG4 year is important for resident maturation and for ensuring that graduates can practice independently (84% and 88% respectively). Can residents achieve this maturation and consolidation of skills in a PGY4 Fast Track fellowship while simultaneously acquiring advanced knowledge and skills in a subspecialty field? This concern was clearly raised by a majority of the AADPRT membership and the Executive Council

shares this concern. We are optimistic that this question can be addressed systematically after the milestones are implemented, but implementation of the "fast track" proposal would presume a conclusion to that question which should really be studied.

The "fast track" proposal would limit important experiences often reserved for the PG4 year. The feasibility of adding fundamental PG4 experiences into one-year fellowships that already have their own milestones, such as junior attending service chief and advanced outpatient (including psychotherapy) experiences, and teaching/supervision of junior residents, will be extremely difficult. These are not experiences that can be completed in earlier years as residents are not developmentally capable (70-80% TDs endorse).

> *"Just because you could conceivably squeeze a size 8 foot into a size 7 shoe doesn't mean it will allow you to walk well"*
>
> *"The major problem is not rotations but overall experience and growth. With the loss of patient contact with duty hour restrictions this is becoming a more serious issue. The timing of this proposal is very bad since the full impact of duty hours is unknown".*

2. ACGME Supervisory, Duty Hour, On call Requirements, Teaching Sub-competency, Finances

The consequences of the ACGME Duty Hour and Supervisory Requirement changes are unknown, and questions have been raised about patient outcomes, the loss of professionalism, and the impact on medical student education. We are concerned about the combined consequences of the potential compromise of continuity and physician ownership of patients resulting from the duty hours requirements with the shortening of the adult residency experience which would surely also result in decreased continuity of care experiences.

> *"I believe that the ACGME supervisory requirements make the loss of more advanced residents from the duty period and supervisory pools untenable."*

3. Recruitment

Program directors from small programs, often also those without fellowships, are realistically concerned that fast tracking will have a negative impact on recruitment. Many of these programs are in rural areas or in states with few other programs. The unintended consequence of fast-tracking may to be decrease the viability of some of the programs that are most needed to deal with our impending workforce challenges.

> *"The damage to our small program would be huge. My residents come here because they want a small program that nurtures them the way we do. They will not want to come here if they might be the only PG4 standing."*
>
> *"We are a community track of a large university residency. We are funded by a community that wants the residents to stay. If they go to fellowship, they must move away since we have no fellowships here. It would be a problem for our program."*

4. Workforce shortage

Fast tracking will not solve the very serious potential workforce shortage we face. AADPRT's membership and leadership appreciate the very real need for clinicians to treat addictions/dual diagnosis patients, to care for the burgeoning population of older patients, and to provide psychiatrists for integrated care models. The fast-tracking proposal does not increase the psychiatrist workforce; rather it only has the potential to make it more specialized!

Instead, AADPRT believes the public health needs can be best met through a reconsideration of how we address addictions, geriatrics, and integrated care in the general psychiatry residency. AADPRT is eager to work with you on considering possible increased requirements for education and training in these areas that could then be piloted and studied.

Summary

AADPRT does not support fast tracking. Most (75%) of the general psychiatry program directors did not support "fast tracking" into one year fellowships. The resonant theme from the survey is our belief that we cannot fully train competent general psychiatrists in 3 years, and our serious concern that the needed experiences could realistically be included in the fellowship year. We believe that an alternative approach – increased educational focus on psychosomatic medicine, geriatric psychiatry and addictions within the adult residency - is a more effective and viable plan to prepare psychiatrists for the public health needs of the future.

We are pleased, as always, to have the opportunity to engage in this important professional dialogue and look forward to continued discussion about these issues.

Warm regards,

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