AADPRT
Executive Council Meeting
September 18, 2005

Members Present: Drs. Lisa Mellman, David Goldberg, Bruce Levy, Sid Weissman, Rick Summers, Ron Krasner, Adrienne Bentman, Lee Ascherman, David Kaye, Deborah Cowley, Grace Thrall, Sheldon Benjamin, Sandra Sexson, Chris Varley, Kathy Sanders, Gene Beresin, Dorothy Stubbe, Evaristo Akerele, Mark Servis
Administrative Coordinator: Ms. Lucille Meinsler

ABPN Report: Steve Scheiber provided updates on recent appointments and new certifications, including hospice and palliative care, and neuromuscular disorders. The Board of Pediatrics is submitting an application for child abuse pediatrics. There are ongoing concerns about numbers of subspecialty psychiatrists, particularly addiction and geriatrics. Threats to state licensure for combined training program graduates, because they are not graduates of separately accredited programs, is an ongoing concern. Medicare funding for combined training programs is also an issue. The ACGME is developing a mechanism for separately accrediting combined training programs. Changes in the ABPN Part 2 examination format, with fewer examiners and numerical grading, are proceeding. Future changes include use of four clinical vignettes focused on clinical competencies and using semi-structured examination questions, instead of the current videotape portion of the exam. Changes to the live patient portion of the exam that may move components into residency training are being discussed. Neurology has already shifted some components of the history and physical into "in-residency" examinations. There will be an ABPN taskforce meeting in October, with AADPRT representation, to discuss issues involved in moving aspects of the patient examination into residency training.

RRC Report: Mike Ebert and Sandra Sexson gave an update about the RRC essentials revision process. They hope to have an edited draft document for review by the end of September. There will then be a three month period for review and comment by the field. The RRC invites AADPRT to participate in crafting wording of sections of the new essentials. ACGME common requirements are being inserted into Psychiatry requirements. The Psychiatry RRC has proposed several specific changes in the essentials. In general, the aim is to include more description of the goals and content of particular rotations and educational activities, as a transition to competency-based, rather than time-based requirements, in future revisions of the essentials. Specific proposals include: 1) describing specific psychotherapeutic modalities to be taught under "curriculum", rather than under competencies; 2) changing the inpatient psychiatry requirement to a minimum of 6 and a maximum of 16 months; 3) allowing 20% of the one year of outpatient psychiatry to be with children and adolescents and counting this towards the requirement for child psychiatry if it meets the criteria for the child psychiatry rotation; 4) stronger and more specific language regarding scholarship and availability of research training; 5) removing particular psychotherapeutic modalities from the competency section and instead including specialty-specific competencies in interviewing, formulation and diagnosis, treatment planning, psychopharmacology, and

psychotherapy; 6) having a more general requirement for demonstrating breadth of clinical caseloads, rather than requiring a paper case log for each resident; 7) using specialty board performance to assess programs. There may be a change in the language for Chairs to require that the Chair be a board certified psychiatrist, since the current requirement that the Chair be a physician certified by ABPN is inclusive of both psychiatrists and neurologists. Proposals for changes in the RRC requirements for Child and Adolescent Psychiatry include: 1) adding language stating that the number of faculty should be larger in larger programs; 2) emphasizing participation by programs in the national Match; 3) adding the same language regarding scholarship and availability of research training as will be included in general psychiatry requirements; 4) requiring sufficient supervision by child psychiatrists to allow residents to form an identity as a child psychiatrist; 5) adding the same language as in general psychiatry regarding using specialty board performance as a way to assess programs; 6) changing the requirements to allow Child and Adolescent training to begin at any stage of residency, including the PGY1 year. There was some discussion regarding the need to insert a requirement in the general psychiatry essentials that training directors notify residents before entry into the program if they will be unable to transfer to Child as a PGY4.
The AADPRT RRC document group will work on editing and writing proposed wording for the new RRC requirements once a draft document is available. David Goldberg will coordinate this process.

Fellowships: The IMG fellowship originally was designed to allow IMGs in small programs to receive research mentorship at more research-rich programs and to highlight the participation of IMGs in our residencies and our field. The fellowship has been of mixed success and the goals have become less clear. AADPRT will form a taskforce to examine the goals and structure of the fellowships. The President-Elect will be designated as Chair of this taskforce and will be the member of the EC responsible for coordinating the fellowship programs.

NPTC: The Chairs' group will have a half-day meeting regarding the NPTC at their November meeting. The NPTC has not yet submitted anything to the RRC. The NPTC workgroups appear not to have been active since May.

Centralized fellowship application process: There is a proposal from the Council on Medical Specialty Societies (CMSS), forwarded to us from the APA, to have a centralized process for application to fellowships. It is unclear whether this would involve a Match and/or make application to fellowships more difficult. We will solicit more information from the APA about this proposal.

Program Coordinator Issues: Lucille Meinsler would appreciate input regarding topics for the program coordinators' session at the annual meeting. Suggestions from EC members included sessions on web-based evaluation programs, dealing with distressed residents, relationships with training directors, and using technology (e.g. setting up a web page). There are now about 16-18 coordinators who are eligible to become credentialed by TAGME.

Information Committee member needed: Sheldon Benjamin is looking for another member for the information committee. This should be someone interested in this area and willing to work hard, but no special expertise is required.

Respectfully submitted,

Mark Servis, MD
Secretary