

**Minutes of AADPRT Executive Council**  
**May 19, 2013**  
**Hilton Union Square, San Francisco**

**Members present:**

Melissa Arbuckle (Model Curriculum Committee, Co-Chair), Sheldon Benjamin (*Academic Psychiatry*, Governance Board), Adrienne Bentman (President; ACMGE Liaison Committee, Chair), Adam Brenner (Psychotherapy Committee, Co-Chair), Deborah Cowley (Presidential Appointee), Kim-Lan Czelusta (Presidential Appointee), Sandra DeJong (Recruitment Committee, Chair), Chandlee Dickey (Regional Representatives, Chair), Shashank Joshi (Child & Adolescent Caucus, Chair), Jed Magen (GME Task Force, Chair), Isis Marrero (Membership Committee, Chair), Lucille Meinsler (Administrative Director), Sahana Misra (Information Management Committee, Chair), Brian Palmer (Development Committee, Chair), Bob Rohrbaugh (Subspecialty Caucus, Chair), Tony Rostain (Model Curriculum Committee, Co-Chair), Sandra Sexson (APA Council on Medical Education and Life-Long Learning) Rick Summers (Past Past President), Michael Travis (Treasurer), Art Walaszek (Program Chair), Sid Zisook (BRAIN Conference Committee, Chair).

**Absent:**

Bob Boland (Secretary), Jane Eisen (Presidential Appointee, Chair, PG4/Fast Track Task Force), Kathy Sanders (Past President), Donna Sudak (Co-Chair, Psychotherapy Committee), Chris Varley (President Elect)

**Invited guests:**

Debbie Hales (APA, Director of Education, Chris Thomas (ACGME Psychiatry Review committee).

Dr. Bentman called the meeting to order at 11:00 a.m.

**Old Business**

Dr. Sexson moved to approve the March 2013 EC meeting minutes and Dr. DeJong seconded the motion. The EC unanimously approved the motion.

**New Business**

1. Review/Update BRAIN Conference

Dr. Zisook presented a review of the 2013 BRAIN Conference. Most activities were ranked well. Drs. Cowley and Zisook continue to work on how best to integrate the BRAIN Scholars into the conference. Dr. Arbuckle will be the program director of the 2014 BRAIN Conference, and she presented the vision for the next conference, education

in neuroscience. Dr. Zisook reported that the Education Committee of Society of Biological Psychiatry is available to help, and that NIMH is also very interested in the topic of education about neuroscience. Dr. Summers pointed out that there could be a possible link with the Milestone pertinent to clinical neuroscience (MK3); there could also be a link to the Model Curriculum Committee. The BRAIN committee will also need to consider how the NIMH Research Domain Criteria (RDoC) may fit into the curriculum.

Dr. Zisook reviewed the budget for the BRAIN Conference, including the fact that the 2014 conference will not be funded by the NIMH grant. NIMH also will not pay for banquet fees. EC discussed increasing registration fees to help cover expenses of the conference.

#### Action Items:

- Drs. Zisook and Arbuckle will work together to coordinate the activities of the BRAIN Conference committee and the Model Curriculum committee.
- Drs. Zisook and Cowley will work on developing an AADPRT Teacher Award.
- Lucille Meinsler will review the expenses vs. income once all bills are paid and make a comparison across years. Lucille and Mike Travis will model increasing registration fees to predict the best fit to current costs. This will be shared with the BRAIN Conference Committee and discussed at the next EC.

### 2. Review of 2013 Meeting

Ms. Meinsler presented the report on behalf of Dr. Bob Boland, Program Chair of the 2013 meeting. Attendance at the meeting was very high. The CME system worked well. The AV service was the best that we have had in several years. There were some concerns on the part of the some workshop presenters about having too many attendees signed up for workshops. Dr. Benjamin recommended educating presenters (during the registration/acceptance process) about how to manage workshops of various sizes. Dr. Zisook recommended considering inviting well reviewed and/or attended workshops in 2013 to the 2014 meeting. Dr. DeJong suggested that some workshops may have specific audiences and that this should be asked in the registration process.

#### Action Items:

- Program Committee will review the above suggestions.

### 3. Update on 2014 Meeting

Dr. Walaszek presented the current theme and abstract for the 2014 Annual Meeting. Dr. Paul Summergrad has accepted an invitation to be a plenary speaker. An invitation has been extended to Dr. Elyn Saks. The content and composition of the Milestones panel are still being determined. Ms. Meinsler discussed plans for alternate hotels, including a

shuttle service to/from the Hilton El Conquistador, which will be provided during peak hours per the contract with the Hilton El Conquistador.

#### 4. GME Task Force

Dr. Magen presented an update on GME funding. IME funding is likely to be reduced, and Disproportionate Share funding is likely to be reduced significantly. The Affordable Care Act will also reduce other payments to hospitals. Some fellowships are closing. Dr. Joshi asked about what discussion is taking place among Child & Adolescent Psychiatry programs, and Dr. Sexson provided an update from the Society of Professors of Child and Adolescent Psychiatry; CAP program directors are concerned that their programs will be at risk when funding cuts come.

Dr. Dickey, on behalf of the Regional Caucuses, reported that the number of residency slots lost is lower than the number of slots gained, with the caveat that the data may not be completely accurate. EC discussed ways to get accurate data about expansion or reduction of residency slots. Dr. Benjamin suggested that such data could be ascertained during the annual membership renewal process.

Dr. Magen pointed out that funds are available from the Teaching Health Center provision of the ACA, and that positions have been created at Michigan State. One concern is that these funds may no longer be available in the future. Dr. Sexson argued that departments of Psychiatry must figure out how to become involved in medical homes. Dr. Rohrbaugh pointed out that psychologists are already doing so.

Dr. Magen argued that organizations involved in education should become more coordinated in their efforts. Dr. DeJong recommended involvement of patient advocacy organizations in such efforts; Dr. DeJong gave the example of “recruitment summits” with many stakeholders. Dr. Cowley pointed out the challenges of providing both core education in psychiatry and training in leadership so that psychiatrists can function in integrated care.

Dr. Bentman asked Dr. Magen how he would like to proceed with his updates on GME funding and if there is a way of sharing information among program directors about creative funding solutions. Dr. Magen sends an update when something changes in GME funding. Dr. Summers recommended sending out updates even if there are no major developments.

#### Action Items:

- Dr. Bentman will consider adding to annual membership renewal process asking the question, “Have the number of residency slots in your program increased or decreased in the last year?”
- Dr. Magen will continue to send regular GME Funding updates; even if there have been no recent developments in GME funding.

## 5. Finances

Dr. Travis reviewed the financial status of the organization. Unfortunately, expenses (especially food costs) of the annual meeting outstrip income; Dr. Travis suggested that registration fees should increase to offset costs. The meeting loses more money as the number of registrants increases because a disproportionate share of the increases is represented by coordinators and residents with low and no registration fees respectively. Ms. Meinsler reports that registration fees have not increased in at least four years. Dr. Bentman asked Dr. Travis how much he would recommend registration fees should increase. Registration fees for the BRAIN Conference may need to increase by up to \$50; the amount for the annual meeting is less clear.

Dr. DeJong suggested that smaller, regular increases may be better accepted than larger, infrequent increases; there is an economic argument supporting the smaller, regular increases. Dr. Misra asked about increasing membership fees. Ms. Meinsler stated that AADPRT has tried to avoid raising membership and registration fees at the same time. Dr. Misra asked whether there should be increased programming for residents if their registration fees increased. Dr. Bentman argued that the meeting should remain focused primarily on residency training directors.

The budget is set up such that membership dues primarily offset the day-to-day expenses of the organization and registration fees primarily offset the cost of the meeting. Dr. Rostain suggested that we wait for the final expense report for the 2013 meeting before decide on raising fees.

### Action Items:

- Dr. Travis and Ms. Meinsler will review the budget of the annual meeting to determine how much registration fees could increase, based on the final expense report of the 2013 meeting. They will then report back to Steering Committee with recommendations.

## 6. Model Curriculum Committee

Dr. Arbuckle has joined the Model Curriculum Committee as Co-Chair. Dr. Rostain introduced the “AADPRT Psychiatry Milestones Tool Kit,” which is envisioned to be short, concise teaching activities, rotation or PG-level based activities, activities which span several PG-years, activities in in-person or on-line formats which focus on specific milestones programs have indicated that they need. These may also include assessment tools. Drs. Rostain, Arbuckle and Misra are working on technology to support the activities of the Model Curriculum Committee. Dr. Misra discussed the cost associated with a system for on-line submission and reviews. Dr. Benjamin described three prior similar projects (i.e., adding on-line functionality to support specific activities) that incurred expense but that have not been well used. Dr. Bentman asked that the Model Curriculum Committee work primarily on focused curricula related to milestones and coordinate with Dr. Cowley on the Assessment Tools Task Force; time is of the essence.

Dr. Cowley suggested that the results of the recent Milestone Survey should inform the call for curricula. Dr. Arbuckle recommended that prior model curriculum awardees link their curricula with specific milestones.

Action Items:

- The Model Curriculum Committee will put out a call for curricula related to Milestones, specifically faculty development, QI/patient safety, neurosciences.
- The Model Curriculum Committee will ask prior awardees to link their curricula with specific milestones, and will link new curricula with specific milestones.

### 7. ACGME Psychiatry RC Update

Dr. Thomas provided an update on the activities of ACGME and the Psychiatry Review Committee. He reported that Dr. George Keepers has been selected Chair Elect, and will become Chair in July 2014; Mark Servis has been selected Vice Chair Elect, and will become Vice Chair in July 2014.

New subspecialty program requirements will go into effect July 2013. Protected time is now required for fellowship directors.

The Milestones Working Group reviewed the data from two surveys, the results of the pilot, and information from focus group of the pilot programs. The working group is revising the Milestones, with the number reduced from 23 to 22. Significant updates have been made to various milestones (development through the life cycle, life-long learning, teaching).

The working group has started working on assessment of the Milestones. There will be one more meeting in August that will incorporate feedback from the second phase of the pilot and from the more detailed analysis of the AADPRT Milestones Survey. The milestones are projected to be completed by October. The milestones will go into effect July 2014.

Another revision of the Common Program Requirements (regarding Clinical Competency Committees and Program Evaluation Committees) will go into effect in July 2013 for all specialties, including Psychiatry. These are considered “core” requirements, i.e., fixed across all programs. [Contrast with “detail” requirements, which are subject to interpretation and innovation, and “outcome” requirements, which are measurable (e.g., x% of graduates must pass the boards).] Programs must still have Educational Policy Committees. The memberships of the three committees can overlap.

Revisions of the program requirements for General Psychiatry and Child & Adolescent Psychiatry are underway again; new requirements will go into effect in July 2015. All requirements will be classified as core, detail or outcome.

Programs will be informed in Fall 2013 whether they will have another traditional ACGME site visit or will move into NAS and self-studies.

All combined programs will soon be on WebADS. Programs may need to request an increase in complement from ACGME to take into account that residents in combined programs count toward their totals.

Regarding “fast tracking” of the PGY4 year, the Psychiatry RC will gather more information and coordinate with ABPN and AADPRT. Dr. Thomas asked for preliminary feedback from AADPRT by October (the date of the next Psychiatry RC meeting) and detailed feedback by the April meeting.

Results of the Pediatric Portal Program project will be disseminated soon. This project will continue and will be allowed to accept applications for new programs.

Regarding specifying Psychiatry to a categorical specialty (to address NRMP All-In): Dr. Thomas is supportive and working on it. It is possible that no change will be made until July 2015, when the new Psychiatry program requirements go into effect. ACGME has written a letter to NRMP indicating that the plan is for Psychiatry to become a categorical specialty.

Dr. Bentman reflected on the significant cost associated with implementing the milestones and wondered what ACGME’s plans are for assessing their efficacy. Dr. Thomas reported that ACGME would like to keep the milestones the same for about 5 years to review efficacy. All requirements are going to be evaluated for efficacy at least every 10 years. The ACGME has collected data on the cost associated with implementing the milestones. In the pilot programs, the average time for discussion per resident in the Clinical Competency Committee was 20 minutes; assigning specific faculty to present each resident may make the process more efficient and effective, and the Psychiatry RC will identify other best practices. Dr. Thomas met with the Chairs’ group at APA to emphasize the paradigm shift associated with the milestones, and the need for faculty development.

Dr. Brenner expressed concern that the milestones, with their shift away from assessing residents’ performance as satisfactory/unsatisfactory may make it more difficult for residency training directors to build a case supporting a resident being dismissed, not promoted or not reappointed. Drs. Thomas and Cowley argued that the milestones may make it easier to support such decisions.

Dr. Rostain proposed that AADPRT develop a mobile app to help faculty rate residents’ performance.

#### Action Items:

- Drs. Bentman and Walaszek will send an update to AADPRT membership regarding the above.

## 8. APA Update

Dr. Hales reported on recruitment-related events at APA. Dr. Spollen is an expert in the evidence base behind recruiting into Psychiatry. Dr. Hales would like to partner with the new APA Medical Director to highlight the importance of residency recruitment. There is hope to develop a Recruitment Summit at APA Headquarters. There was also discussion of the Resident Award programs, and perhaps a mentorship program.

## 9. Milestones Committee

Drs. Brenner and Czelusta presented the results of the recent AADPRT survey on the Milestones. The majority of respondents thought the milestones represent a “primarily positive” change. The milestones that generated the most concern or discussion were MK1 (development through the life cycle), MK3 (clinical neuroscience), PBLI3 (quality improvement) and SBP1 (patient safety). Respondents reported that they will need to make significant changes in faculty development and assessment of residents (e.g., new written exams for medical knowledge milestones or oral exams for patient care milestones). Dr. Benjamin pointed out that the Psychiatry RC is speaking with the PRITE developers (American College of Psychiatrists) to incorporate assessment of the MK milestones into the PRITE. The committee discussed the costs associated with implementation of the milestones.

The Milestones Working Group will meet again in August and perhaps could incorporate the most recent version of the results of the Milestone Survey.

### Action Items:

- The Milestones Survey Task Force will present the results of the survey to AADPRT membership, with a note from Dr. Bentman that the results are being taken into consideration in the revision of the milestones.

## 10. ACGME Liaison Committee

Dr. Bentman has re-sent letters from the ACGME Liaison Task Force to Dr. Thomas (originally sent to Dr. Victor Reus in November 2010) wherein AADPRT provided input to inform the Psychiatry RC’s deliberations on the next iteration of the General Psychiatry and CAP program requirements. Dr. Bentman led a discussion of how AADPRT should respond to the changes that Dr. Thomas presented above, including the next revision of the Psychiatry program requirements. Dr. DeJong argued that the organization needs to discuss the big-picture implications of the Next Accreditation System.

### Action Items:

- This discussion will inform the planning of the 2014 Annual Meeting.

- Dr. Bentman will send a letter to Dr. Thomas expressing EC's concern about how to reconcile common program requirements, specific program requirements and milestones.
- A PGY4/Fast Track Task Force under the leadership of Dr. Jane Eisen has been established and will review the issues associated with "fast tracking."

#### 11. Development Committee

Dr. Palmer solicited donations from the members of EC. Dr. Palmer reviewed data from the 2013 Annual Meeting regarding exhibitors, which was generally positive. Dr. Palmer thanked EC members for completing their COI disclosures. Drs. DeJong and Joshi donated while Dr. Palmer was speaking.

##### Action Items:

- Dr. Palmer will work with Ms. Meinsler to revise the registration process to make it easier to donate.
- Dr. Palmer will coordinate additional requests for donations in the Fall and will solicit donations from Past Presidents.

#### 12. Membership Committee

Dr. Marrero reviewed the New Training Directors program at the 2013 Annual Meeting and discussed its place in the schedule in the 2014 Annual Meeting.

##### Action Items:

- Dr. Marrero will coordinate with the Program Committee regarding the timing and logistics of the New Training Directors symposium.
- Dr. Marrero will solicit names of potential Break-Out Group leaders from EC members (the leaders cannot be EC members because the EC meeting probably conflicts with the NTD meeting).

#### 13. Subspecialty Caucus

Dr. Rohrbaugh provided an update on the subspecialty caucus' views of "fast tracking." The Psychosomatic Medicine and Geriatric Psychiatry caucuses have endorsed fast tracking. The Forensic Psychiatry caucus has not, citing concerns on the part of the program directors that the fellows may not be considered expert witnesses when testifying. The Addiction Psychiatry caucus has not yet expressed an opinion.

Dr. Rohrbaugh raised a number of ethical concerns regarding the discussion of fast tracking within AADPRT. Dr. Travis suggested that turning to patient advocacy groups may be helpful in informing our discussions. Dr. Summers suggested that the role of the Fast Track Task Force would be to analyze the potential effects of fast tracking, whereas the decision whether or not AADPRT would support this change would be made in another



way. Dr. Cowley argued that an important next step would be to collect data. Dr. Cowley reminded the EC of Dr. Rohrbaugh's suggestion at a prior EC meeting that fast tracking be piloted in order to collect data about the impact of fast tracking.

Dr. Rohrbaugh noted that the PGY4/Fast Tracking Task Force will review the following issues: PGY4 milestones (Dr. Cowley); ACGME requirements for supervision, duty hours and teaching (Dr. Travis); financial aspects (Dr. Magen); recruitment to and effect on small programs (Dr. Steve Fischel); recruitment to fellowships (Dr. Rohrbaugh); effect on PGY3 curriculum (Dr. Jane Eisen).

#### Action Items:

- The Subspecialty Caucus and the Regional Representative Caucus will work with the new PGY4/Fast Tracking Task Force on identifying the risks and benefits of "fast tracking" proposals.

#### 14. Regional Representatives

Dr. Dickey presented data from the regional representatives regarding changes in funding of positions and regarding concerns about the milestones. Dr. Dickey had already discussed some of the findings earlier in the meeting.

#### 15. Assessment Tools Task Force

Dr. Cowley is going to put out a call for assessment tools for the milestones. Dr. Cowley asked EC members to send any tools they have developed so far. Dr. Brenner reported that the Psychotherapy Committee is working on tools to assess the psychotherapy milestones.

#### 16. Information Management Committee

Dr. Misra asked if the Virtual Training Office should be open access (versus password protected, as it is currently).

#### Action Items:

- Dr. Misra will review the documents within the Virtual Training Office and make recommendations as to which documents should be password-protected and which should be open.
- Dr. Misra will work with the Model Curriculum Committee on technology to support the activities of the committee.

#### 17. Coordinators' Caucus

Ms. Meinsler announced the new Chair of the Coordinators' Caucus, Carol Regan, C-TAGME at the University of Buffalo.

Action Items:

- Coordinator committee chairs will work with the new Chair of the Caucus to define their committees, to develop goals and objectives for the year and to recruit interested coordinators to join their committees.

18. Child & Adolescent Caucus

Dr. Joshi reported that Caucus is stressing that workshops submitted should be interactive and employ adult learning theory. Dr. Bentman said that the Program Committee takes seriously the recommendations of the Caucus and reserves space for CA-focused workshops in each of the 3 sessions.

Action Items:

- The Caucus will monitor for any problems that arise with using ERAS for the CAP Match.
- The Caucus will solicit CAP workshops for the 2014 Annual Meeting.
- The Caucus will review the work on Milestones in General Psychiatry residencies, and determine what can be adapted for CAP programs.

19. Additional Reports

The following serves as a summary of additional reports:

- Psychotherapy Committee is developing tools to assess the Milestones relevant to psychotherapy.
- Academic Psychiatry Governance Board Liaison Dr. Benjamin reports that the Governance Board continues to discuss a possible change of publisher from APA to Springer.

Respectfully submitted,

Art Walaszek  
Program Chair  
Covering Secretary