

Early Bird AADPRT Executive Council Minutes Update from: Chris Thomas, MD, Chair, Review Committee, Psychiatry, ACGME, Report to the EC, May 2013

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

The Milestone Working Group reviewed the data from two surveys, the results of the pilot, and information from a focus group of the pilot programs (held at the 2013 AADPRT Annual Meeting). Hot off the press, it had a look at the results of the AADPRT Milestone Survey as well. 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 begun working on assessment of the Milestones. There will be a meeting in August that will incorporate feedback from the second phase of the pilot and from a more detailed analysis of the AADPRT Milestones Survey. The milestones are projected to be completed by October, 2013. The Milestones will go into effect July, 2014 with the first submission to the ACGME in the winter, 2013-14.

Another revision of the Common Program Requirements (regarding Clinical Competency Committees (CCC) and Program Evaluation Committees (PEC)) will go into effect in July, 2013 for all specialties, including Psychiatry. Programs must still have Educational Policy Committees. The memberships of these three committees may overlap.

Revisions of the program requirements for General Psychiatry and Child & Adolescent Psychiatry are underway again. Their revision was placed on hold in 2010 due to the start of the Next Accreditation System revisions. These new requirements will probably go into effect in July, 2015. As part of the Next Accreditation System, all Psychiatry Program Requirements have been categorized as either Core, Detail, and Outcome. Core requirements are fixed expectations for all programs, Detail requirements are open to interpretation and innovation by programs with continued accreditation. Outcome requirements, are measurable aspects of program performance (e.g., X% of graduates must pass the boards).

Programs will be informed this summer, 2013 whether they will have another traditional ACGME site visit or will move into the NAS self-study system for review.

The ACGME continues to move towards incorporation of combined programs as part of the Next Accreditation System. As part of this transition, programs will soon be required to list combined training residents as part of their overall complement in the ADS so that these residents will be included in the ACGME Annual Resident Survey. It is proposed that residents in combined training be considered as half time within each program for training (e.g. 50% FTE Psychiatry and 50% FTE other specialty). Programs may need to request an increase in complement from

ACGME to take into account that residents in combined programs count toward their totals. Programs should make requests to the Psychiatry RC for changes in complement to reflect this revision as soon as possible.

Regarding “fast tracking” of the PGY4 year, the Psychiatry RC will gather more information and coordinate with the 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.

The revised application for the Pediatric Portal Program Project will be disseminated soon. This project will continue and the Psychiatry RC will accept applications for new programs.

Regarding specifying Psychiatry as an ACGME 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 the NRMP indicating that the plan is for Psychiatry to become a Categorical specialty.

Dr. Thomas reported that the 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. Dr. Thomas met with the Chairs’ group at APA to emphasize the paradigm shift associated with the milestones and the need for faculty development.