AADPRT EXECUTIVE COUNCIL MEETINGS
MINUTES
Charleston, SC
Friday, October 18, 2013

Attendees: Adrienne Bentman, MD (President, ACGME Liaison Chair), Bob Boland, MD (Secretary), Michael Travis, MD (Treasurer), Art Walaszek, MD (Program Chair), Melissa Arbuckle, MD (BRAIN Program Chair & Model Curriculum Co-Chair [Milestone Toolkit]), Sheldon Benjamin, MD (Combined Programs Caucus member, Academic Psychiatry Liaison), Adam Brenner, MD (Psychotherapy Co-chair), Deb Cowley, MD (Milestone Assessment Tools Task Force Co-chair), Sandra DeJong, MD (Recruitment Chair, NRMP Match Violation Board Liaison), Jane Eisen, MD (PG4/Task Force Chair), Shashank Joshi, MD (CAP Caucus Chair), Jed Magen, DO (GME Task Force Chair), Isis Marrero, MD (Membership Chair), Sahana Misra, MD (Information Chair), Brian Palmer (Development Chair), Bob Rohrbaugh, MD (Sub-specialty Caucus Chair), Donna Sudak, MD (Psychotherapy Co-c hair), Sid Zisook, MD (BRAIN Conference Committee Chair)

Absent: Tony Rostain, MD

Invited Guests: Brad Booth, MD (COPE), Iverson Bell, MD (Program Director, UTenn, Memphis), Marshall Forstein, MD (Program Director, Cambridge Health Alliance)

Invited Guests by phone: Chris Thomas, MD (Chair, Psychiatry RC)

President's Welcome: Adrienne Bentman

Approval of the Minutes

COPE: Brad Booth

Reviewed Canadian training requirements. It is a 5-year residency with significant psychotherapy training. Several challenges to sub-specialty training – not enough graduates electing to do training, fellowships have been approved but there may be inadequate funding or faculty availability

Finance: Michael Travis, Treasurer

Balance sheet reviewed. 2013 meeting in Ft. Lauderdale had a $16K loss cushioned by dues increase. This sort of loss cannot be sustained. Cause of loss is increased attendance. Not all attendees' registration fees cover the cost of the meeting (food, etc). Proposal to raise registration fee made. Increase of $25. /person would halve the loss, increase of $50. /person is the break-even point. Discussion: Different cities/states have different costs so our cost likely to fluctuate. This is not likely a trend but we will follow. That we have a cushion suggests we need not cover expected losses….yet.

Departments generally cover the cost of registration. Do not want a fee that is a disincentive. Most meeting registration fees are higher than AADPRT's.

Motion to increase the registration fee by $25. Discussion: people tolerate smaller more frequent increments. Vote: 1 Abstention, remainder in favor

BRAIN Conference registration fee: conference made a small profit though it is supported (except for food) every other year by a grant spread across years. Sid Zisook wants to keep fee the same. Group agreed.

Plan: 1. Increase 2014 meeting registration fee by $25. 2. Continue to follow the fee/costs trends for ongoing need to increase fee. 3. Maintain BRAIN registration fee.

Academic Psychiatry: Sheldon Benjamin

Springer is now the publisher. Biggest advantage is the large number of existing subscriptions. Hope is impact factor will increase. Has improved publishing system, with pre-publication online, multimedia uploads. Would be helpful to update links as soon as possible.

Plan: Sheldon will discuss with Springer and work with Sahana on web links.

2014 Annual Meeting: Art Walaszek, Program Chair

Plenary speakers and other core elements of the program are finalized. This will be Lucille's last meeting. The Friday night reception will allow us to casually honor her.

Plan: 1. Art and Lucille to continue the customary process of meeting planning. 2. Adrienne, Lucille, Art to work out a farewell that is comfortable for Lucille and does honor to her work.

BRAIN Conference: Melissa Arbuckle, BRAIN Program Chair

Goal is to teach members with no neuroscience background to be comfortable learning and teaching neuroscience. Will concentrate on learning how to teach neuroscience covering examples across the lifespan and with a developmental perspective. The process moves away from plenaries and emphasizes hands on learning.

Milestones /Specialty-specific revisions: Chris Thomas, Psychiatry RC Chair

General Adult Milestones - are in their final version. They will be posted on the ACGME website shortly (October is the plan). The Milestone Working Group appreciated AADPRT feedback and individual program director feedback. Milestones will be implemented on July 1, 2014. The Working Group has moved on to preparing assessment tools which will also be posted once edited. The AADPRT Assessment Tools Task Force will review existing instruments submitted by program directors and map milestones onto them. Milestone Threads or milestones within a sub-competency which link together

thematically have been added to the milestones. Hopefully the threads will help with the development of assessment tools.

Action Plan: Send a notice to members via the Executive Office when the Milestones are posted on the ACGME website (Adrienne)

PG4/Fast track - Psychiatry RC met this past weekend. Valued the input from the AADPRT survey, feedback was instructive. The RC will be putting together a response to the survey and the comments from AADPRT.

Discussion: We are concerned that this will lead to the reduction from 4 to 3 years of residency training.

Action Item: The ACGME Liaison Committee will send an AADPRT letter of opinion to the Psychiatry RC based on the PG4/Fast Track Survey data – Adrienne, Adam, EC discussion.

Revision of General Adult and CAP program requirements – current requirements were frozen 3 years ago while the Milestones were being written. Fellowship revisions were far enough along to finish – implemented last year. General and CAP review process is more substantial, not allowed to begin again on that effort until this past fall, 2013. They will be released for public comment, hopefully in the next several months. Psychiatry RC will be looking for input from AADPRT. Once released, the response time for public comment is 2 months. Most important will be structuring of new requirements with categories of Core requirements that are fixed and expected from all programs, Detail requirements which allow for innovation and Outcome requirements such as board pass rates.

Action Plan: General Adult and CAP RC Task Force, a component of the ACGME Liaison Committee, will need to be reconstituted to survey members when the DRAFT revisions are open for public opinion (Adrienne/Chris Varley, Adam, Jeff Hunt?)

NRMP All-in related ACGME focused revision of General Adult requirements - Successful in convincing the ACGME to hear the request for a focused revision, despite freeze on revisions. Focused revision will allow shift of psychiatry to a categorical program. In addition, wording has been approved to drop language regarding types of programs one could transfer from (so one could transfer into/out of a combined program). Still keeping the language that requires 4 months of primary care in the PG1 year. Not able to pass the focused review in time to impact the recruitment process this year. Should be in place for next year (2015). This will be in advance of full revision changes, which should go into effect in 2016.

Plan: Sandra to send out a notice that all PG1/2 positions are All-in for the 2013-14 recruitment season.

CAP and Fellowship Milestones – Chris Thomas has been advocating starting the process of milestone writing. The ACGME staff has been very busy with all of its initiatives. The writing process will be different for these milestones reflecting the different length of CAP and the fellowships. The plan at this point is to have conference call of leadership, including AADPRT. There will be “super group” of writers

which will be convened in a larger working group (2-3 per subspecialty). Each specialty rep will concentrate on their own patient care/knowledge competencies but work together on the more general competencies. Currently being organized with a first meeting in February. Regarding anchor points, the starting point will be milestones considered levels 3 and 4 under general milestones.

Meeting Location Discussion – Adrienne Bentman

AADPRT Mission Statement reviewed.

Meeting locations process reviewed – states/cities solicited from members as part of meeting evaluation process. Many cities are cost prohibitive, some do not have hotels large enough or small enough, others present logistical issues (airport not convenient, too expensive to fly to). Meetings are booked several years in advance and are booked as part of multiyear packages (finances, bargains tied together to offer AADPRT greater savings on things like AV, rooms, etc).

See attachment/handout: cost of cancellation prohibitive at hundreds of thousands of dollars EXCLUDING the savings from the package planning.

Adrienne shared concerns from members regarding Arizona as a site, including issues of bigotry and intolerance. Read emails from Drs Iverson and Forstein. Summarized representative personal emails to her and the content of phone conversations made to members in a variety of locations, some from members who did not feel comfortable sharing views publicly as they felt disparate views were unwelcome. All emails were extremely thoughtful. Some felt that boycotting states would damage the small forward steps groups in the states were making and would financially damage the less well off. Some felt a policy statement against selected states sent an unfair message directly from the organization of program directors to applicants looking at programs in those states, authorizing some states and deauthorizing others. One email from people in states where future meetings are to be held, felt disparaged by comments on the listserv. There were emails expressing concerns over AADPRT reaching beyond its mandate, its resulting risk of divisiveness and the result - our own version of intolerance and the inability to work together on behalf of our members.

The goal of the EC discussion was described: to create a safe space for EC members to express diverse views and ideas, to listen carefully to one another, and to trust that this open-ended process would lead us to important themes and a way forward.

Feel there are different issues: of whether to have meetings in states where disagree w/ politics-social issues, but also concerns over personal safety.

Meeting with Iverson Bell (TD, Tennessee) - He described his background and growing concern over cross cultural issues. Felt had to say something about his concerns over Arizona and the political and social stances it has taken recently. Has found AADPRT useful. Felt it would be helpful if we take diversity into consideration when choosing sites. Would appreciate having a voice at the meeting, feeling free to speak up. Wanted to feel valued. Meeting could do more to promote cultural diversity

and educate accordingly. Feeling included would be a very good thing. Also widening the scope of education to respect diversity.

Meeting with Marshall Forstein (TD, Cambridge) - Discussed concerns over spending money in states that restrict his civil rights. Noted the association of mental health and civil rights. As an organization we should think about how we spend our money. Proposal that we take this into consideration when deciding meeting locations.

Discussion focused on the value and insight provide by these members.

Saturday, October 19, 2013

Meeting Location – Themes, Implementation

Reflected on discussion of night before.

Themes: do members feel welcome? Are we sufficiently aware of member concerns? Is leadership inclusive?

Discussion - Should we survey the members or begin by revising the Annual Meeting CME/Meeting Survey questions? The former sent to all members, the latter only to meeting attendees. Should survey questions be attached to meeting registration or to membership registration? Most registration done by coordinators. Should we create a Diversity Task Force? One EC member described their experience in another group stating this sequestered issues of difference in this task force rather than within the organization in addition to other problems. Should the themes which arise be addressed in the Regional Caucus meetings? In a town hall meeting? Should we make it a policy to include issues of policy and safety when deciding on meeting sites? What does the word "safety" mean when it has so many political connotations? Does it refer only to civil rights? What are civil rights. Are they defined by individuals? Would Hilton be willing to let us out of our contracts in exchange for other Hilton contracts – No. Could we move the month of the meeting – Not really (Nov-Feb-adult recruitment, Holidays; Feb-ACP; April-APA prep; May-APA, graduations; June-ADMSEP, graduations, end of school activities; June-Aug-family vacations; Sept-Oct-AAP, back to school, Jewish holidays, Oct recruitment for some including CA). Should we go to only one venue – no, unfair to members from further away. Will not move the current meetings because it is too expensive, ~$450 extra/person for ALL attendees IN ADDITION to the current registration fee and not yet including all of the extra's included in the contracts for five (5) consecutive years. Departments/individuals will not pay meeting registration fees of over $1000. /person for 5 years.

Motion 1: To change the process of meeting planning by broadening the criteria used to select sites and to reflect more fully the needs and concerns of the membership. Vote: unanimous in favor

Motion 2 paired: Implicit in this is that we cannot take on burden of retroactively changing meeting locations. Any change applies to planning for 2019 site (understood that information will be gathered). Vote: in favor – 17, abstain – 2, not in favor – 0

Action Items: 1. Modify Annual Meeting Survey to better explore the needs and concerns of members – Art Walaszek, SC, Lucille. 2. Lucille, Adrienne Bentman to review meeting months, contracts, Hilton rep. 3. Craft question for Regional Caucus discussion at annual meeting.

Subspecialty Caucus: Bob Rohrbaugh

Addictions and geriatrics sent letters supporting fast tracking. Forensics does not support. PSM – unknown, there may be differences among those who wish to support it to fill more positions and keep programs open and others who feel that their current PG4s are not adequately prepared and that the PDs do not want the responsibility for determining eligibility to sit for the Boards.

ACGME Liaison Committee: Adrienne Bentman

This year the Committee has responded to Duty Period questions, surveyed members regarding the Milestones, supported the transition of General Psychiatry to a Categorical program which will solve the PG2 open position All-in recruitment problem, supported Combined Programs to the ACGME and ABPN (with Sheldon Benjamin and allied organizations), supported (to ACGME) wording of the Common requirements that would allow Combined Program graduates to transfer into/out of/between programs and into fellowships (with Sheldon Benjamin testifying before the ACGME and allied organizations – AACAP, AACDP, APA, APM petitioning). ACGME changed website to list combined programs as accredited through partner program accreditation. Lastly, AADPRT again requested that the ABPN lift it moratorium on the opening of new combined programs in the era of integrated care.

PG4/Fast Track Survey: Jane Eisen

Jane discussed process of the survey creation. Results included in report, as summary of data. Data presented is for general training directors, with exception of page 7 item B. Adam Brenner did qualitative summary of comments. Smaller programs and programs without fellowships are more concerned about impact.

Excellent representation of training directors responding. Many endorsed need to recruit subspecialty directors, but felt fast tracking wouldn't help in their department. Most PDs felt they could meet required experiences of 4th year, but majority felt it would be problematic to include optional 4th year activities in PG3 year (ex. junior attending experiences, advanced psychotherapy). If fast tracking allowed, majority of PDs thought psychotherapy and supervision of junior residents should be included in the fast track fellowship requirements. Half of PDs thought that this would cause oncall problems leaving inadequate numbers of advanced residents for supervision of more junior residents or for off-hour duty periods they now cover. Most PDs felt the PGY4 year was an important part of maturation, and that this change would result in psychiatry becoming a 3 year training program (really 2.5yrs given

primary care and neuro requirements). Survey showed membership split on whether PDs felt PG3s could reach level 4 milestones by the end of the PG3 year. Most PDs not very familiar with the milestones and expected resident progression. Most general PDs felt change would not be a problem for child and adolescent fellowship recruitment. CAP fellowship directors differed on this. Majority of PDs thought that AADPRT should weigh in on public health implications.

Resident Survey: Reasonable sample. 75% of those considering non-CAP fellowships would want to fast track. For those NOT considering fellowship, 2/3 would reconsider if fast tracking an option. Of residents interested in child and adolescent 22% might do something else if fast tracking offered for non-CAP fellowships as well. The PG3/4s were more committed to CAP. Only minority of residents (12.7%) who are not considering fellowship who might if fast tracking available would consider geriatrics.

EC opinion that subspecialties cannot solve manpower problem – have to train general residents in geriatrics, addictions and collaborative care.

Need to make strong point that 75% of members do not want to institute fast tracking and that we have an obligation to provide for future healthcare needs. We believe this will not be served with PG4/Fast Tracking.

Small programs would be more hurt than large programs.

Adrienne only sent data, not recommendations to ACGME. Group felt we need to distill this report and make specific recommendations.

Action item: (1) send summary of data to RC, and (2) make recommendations to RC. Both passed unanimously.

We don't yet know impact of milestones. Could we do more geriatrics, addictions, PSM in 4th year? These are knowable issues – what is the rush. Process needs to be slowed down.

Clear majority are against fast tracking, split on whether specialty-specific requirements should change, but we feel it must change, and we are going to come up with specific recommendations to RRC. Important that we express concern quickly. The problem of manpower is a bigger problem that cannot be solved by this. Do we have spare training capacity in specialties? Could use this organization to provide away rotations, or telesupervision to address additional training and supervision needs – wanting to improve education for all.

Did RC already decide? Not sure but timetable is short. Adrienne spoke with Chris Thomas after the RC meeting. Heard more uncertainty on private call.

Action Item: Jane Eisen and Adam will come up with set of recommendations, send to Adrienne, will send to SC to modify. This will constitute AADPRT letter to RC. Needs to express that we oppose

PG4/Fast Tracking, that process requires greater deliberation, study, pilots, etc. Need to make clear that we do not want the process continued.

CAP Caucus: Shashank Joshi

Made initial set of standardized documents with opening of ERAS to CAP. There were some problems with documents and the process. Need a small workgroup (CAP + general adult PDs) to get feedback about this and to make improvements for next year. Issues arose with: user friendliness of system, document loading, access. Need additional training for coordinators.

CAP Milestones to be written in 2014 along with those for fellowships. Conduct CAP PD survey as did with the Adult Milestones.

Action Item: Shashank to convene a group to delineate the problems with the ERAS process/documents for the adult program directors/coordinators, adult applicants, and CAP PDs/coordinators. Will propose solutions to the problem. DRAFT delineating problems, process solutions, document revisions, and training needed due to Adrienne in January so that final version can be distributed to the EC at the March meeting.

Information Management: Sahana Misra

Working on cleaning up web site. Reminders of useful places. Preparing for annual meeting registration and other needs. Considering videotaping plenaries at meeting. Lucille and Art will talk w/ AV staff. Lots of dated information on coordinators site is a challenge for them. VTO also needs updating. Question of public access to some materials.

Action Item: Sahana will make specific proposals to EC at March meeting regarding content that is private to members vs. public. Will consider assigning individuals to review the website regarding whether content is current so materials can be removed, moved, or updated.

Psychotherapy Committee: Donna Sudak and Adam Brenner

Developed instrument to measure milestone development in psychotherapy – presented at AAP. Feedback was very positive. Next task is to pilot it. Potentially obtain videotapes for assessment training.

Model Curriculum Committee: Melissa Arbuckle

Report/Plan: Working to upgrade submission site. Making sure model curricula and Milestone Toolkits approved have been posted. Will do more targeted solicitation for toolkit.

Neuroscience Task Force: Melissa Arbuckle

Concept - to collect, build, and disseminate teaching tools nationally. Jane Eisen is joining by submitting grant proposal to NIH. Activities include collecting videos from neuroscientists. One task will be getting

people to commit to try it at their own institution. Have liaison w/ APA and working to create liaison with other organization ACNP, and SBP

AADPRT Presidential Symposium - To talk about this initiative and include hands on learning.

Recruitment Committee/NRMP: Sandra DeJong

Focusing on diversity of programs. IMGs and osteopaths – how to evaluate their backgrounds.

NRMP All-in applies this year to PG1 and PG2 positions. Posted on AADPRT listserv. Question of whether to ask Mona Signer to respond to particular scenarios. Bigger issue is training coordinators denied access to NRMP site location which allows them to enter Match list. Apparently this restriction has always been the case but new design of the website and the requirement for separate entry makes this more obvious. Will ask Joan Anzia, OPDA rep (Office of Program Directors of America) to raise this at November meeting. Should discuss with APDIM and other large training organizations.

Plan: Joan will raise issue at OPDA meeting; Adrienne will reach out to program directors organizations and ask them whether they are interested in collaborating in this or other issues. Adrienne will talk w/ TAGME.

GME Task Force: Jed Magen

Sequester cuts slowly shaving percents from GME. ACA disproportionate share cuts will affect poorer hospitals. GME not interested in expanding specialty slots. Should add routine question to membership survey about GME slots and whether any cuts? Often filled out by coordinators who cannot answer these questions.

Plan: Jed will continue regular GME finance updates on the website as things change.

New Training Director Symposium/Membership Committee: Isis Marrero

Isis described schedule for annual meeting, including new TD breakfast, linking it to symposium, other workshops and symposia.

Question regarding membership status for retired program directors - Number of other organizations do have a category for retired members. To do so we would have to change bylaws to add new membership status. Proposal to create Emeritus Status Process - proposal written, vetted in EC and then voted on by members. Proposal in report. Question of whether other organizations also offer reduced-fee membership – some do. Would change to not discount dues.

Motion – to approve as written unanimously approved

Action Item: Isis will send email via Admin Office notifying members that there will be a vote at the annual meeting. Isis to propose at the Business Mtg. Will not be enough voting members to count. Will have to send out vote after meeting.

Regional Representatives: Chandlee Dickey

Have to decide whether to use regional caucus meeting to start discussion of diversity and participation in organization. Will be important to frame properly and prepare groups to discuss. Could use regional ListServ's to prepare. Could send out in advance list of questions to regional reps to put to regions. Noted that a lot of time before meeting and will have to be flexible should a pressing issue develop.

Lucille's Goodbye: Adrienne Bentman

Plan is for 2014 to be her last meeting, and then she will continue through June, then part time to overlap with new person and then available to consult. Discussed amongst Steering Committee members . Task force to find replacement. Bob will lead.

Development Committee: Brian Palmer

Discussed methods of fundraising including donations and fund in honor of Lucille (e.g. Coordinator award).

APA Council on Medical Education (CMELL): Rick Summers

1 year project "training the psychiatrist of the future of integrated care" with ADMSEP. Recommendations for UME, GME and CME.

Respectfully submitted,

Bob Boland, MD

AADPRT Secretary