Frequently Asked Questions: Psychiatry
Review Committee for Psychiatry
ACGME

Question	Answer
Sponsoring Institution	
How can an accredited program's sponsoring institution be changed to another institution/hospital? *[Program Requirement II.A.4.o).(2)]*	Transfer of sponsorship requires a letter from the program's current sponsor (the designated institutional official (DIO) and that institution's senior administrative official) indicating willingness to give up sponsorship, and a letter from the proposed sponsor (the DIO and that institution's senior administrative official) indicating willingness to sponsor the program. The letters should be addressed to the executive director of the RRC, with a copy to the Director of the Department of Field Activities at the ACGME. The RRC will review each request and determine if a site visit is required prior to a transfer of sponsorship. Upon approval of a transfer of sponsorship, the name of the program changes to that of the new sponsor in all ACGME records. If the existing sponsoring institution wishes to retain the program, it is suggested that the issue be resolved locally between the hospital and its sponsoring institution. The welfare of the residents currently appointed to the program must be considered.
Program Director	
How much time and support is 'sufficient protected time and financial support' for the program director's educational and administrative responsibilities to the program? *[Program Requirements I.A; II.A.4.t); II.C.1]*	The program director must dedicate at least 20 hours per week of his or her professional effort to administrative and educational activities of the program. The sponsoring institution must provide additional dedicated time either for the program director or for associate program directors based on program size and complexity of participating sites. For programs with an approved complement of 24-40 residents, a total of 30 hours per week of protected time and financial support must be provided. For programs with an approved complement of 41-79 residents, a total of 40 hours per week of protected time and financial support must be provided. For programs with an approved complement of 80 or more residents, additional time and financial support must be provided for directing the program.
How should a change in program leadership be reported? *[Program Requirement II.A.1]*	A new program director must be reported electronically through the ACGME's Accreditation Data System (ADS), using the program's existing password for the program. All requested information must be provided. Once the required information has been submitted, a new temporary program password will be sent to the e-mail address provided for the new program director. ADS will generate a notice of the change to the RRC. The RRC reviews all program director changes that

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	have occurred since the last regularly-scheduled RRC meeting, and will notify programs if the change is not approved. Programs whose institutions require documentation for approval of a change in program director should contact the executive director of the RRC at the ACGME.
What specialty qualifications other than American Board of Psychiatry and Neurology (ABPN) certification are acceptable to the RRC? *[Program Requirement II.A.3.b)]*	The RRC accepts only ABPN certification; no other credentials or "Equivalent Qualifications" are accepted. The RRC does not grant waivers to this requirement and will withhold accreditation of new programs that are not led by ABPN-certified psychiatrists.
What type of change in the program's curriculum is considered major and requires RRC approval? *[Program Requirement II.A.4.n).(3)]*	Major changes in program structure that require approval by the RRC include: changes in participating sites; anticipated changes in resident complement (unless a temporary increase is due to a medical leave or remediation of three months or less); the presence of other programs (such as combined programs); new elective rotations, including global health electives; or a change in block rotations that significantly alters resident experience. Program directors should contact the executive director of the RRC at the ACGME if they are unsure whether RRC approval is needed.
Faculty	
Must a general psychiatry program maintain a specific minimum number of faculty members? *[Program Requirement II.B.1]*	There is no required minimum number of faculty members for general psychiatry programs. Programs may be cited for non-compliance with the common program requirement for 'a sufficient number of faculty' if problems with faculty teaching and/or supervision or excessive service obligations are reported.
What qualifications are required for physician faculty members who supervise PGY-1 resident education during the four-month primary care rotation? *[Program Requirements Int.C.3.a); II.B.2; VI.D.5.a).(2)]*	Supervising physician faculty members for the four-month PGY-1 primary care rotation must have current American Board of Medical Specialties (ABMS) certification in their specialty (e.g., ABIM, American Board of Family Medicine (ABFM), or American Board of Pediatrics (ABP). One month of this requirement may be fulfilled by either an emergency medicine or intensive care rotation and this must be supervised by ABMS-certified faculty members. Note that PGY-1 residents may progress to indirect supervision with direct supervision available. PGY-2, PGY-3 and PGY-4 residents may provide indirect supervision for such residents, however direct supervision by certified physician faculty member must be available.
How much of the faculty must participate in scholarly activity to fulfill the faculty scholarship requirements? *[Program Requirement II.B.5)]*	All physician faculty members must demonstrate scholarship through participation in national committees or educational organizations. A majority of the physician faculty must demonstrate scholarship through peer-reviewed publications/book chapters/review articles and presentations at regional and national meetings. Some faculty members should demonstrate scholarship through peer-reviewed funding, in addition to the above. Programs may be cited for non-

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	compliance with this requirement if all physician faculty members do not provide evidence for regular (at least annual) scholarly activity, since active faculty scholarship is needed in order to establish and maintain an educational environment of inquiry and scholarship.
Does the RRC accept qualifications other than ABPN certification for the department chair? *[Program Requirement II.C.3.c)]*	Other qualifications in lieu of ABPN certification are not accepted.
Resident Appointment	
How must a request for a change in resident complement be submitted? *[Program Requirement PR II.A.4.n).(2)]*	All requests for changes in resident complement, whether permanent or temporary, must be made through ADS. Note that ACGME staff will not receive the resident complement request until the DIO has approved the request. Additional information about requesting a change in resident complement for psychiatry programs is posted on the ACGME website at http://www.acgme.org/acWebsite/RRC_400/400_resComp.pdf.
When should programs request a temporary increase in resident complement? Under what circumstances will the RRC approve a temporary increase in resident complement? *[Program Requirements III.B; III.B.2]*	A temporary increase in resident complement should be requested when the number of on-duty residents will temporarily exceed the total approved resident complement. This situation may occur under the following circumstances: an institution is closing and the program wishes to accept displaced residents; a current resident requires a medical leave for greater than three months and the program wishes to recruit the full approved complement for the next entering class; the educational program for a current resident must be extended for more than three months beyond the required four years due to the need for remediation. Temporary increases should be limited to one position per year unless unique circumstances occur. When considering a request for an increase in resident complement, whether temporary or permanent, the RRC reviews the program's current accreditation status, recent program history, Resident Survey data, and program resources. The decision is based on the how an increase might impact the education of current residents and the presence of sufficient resources to support the education of the proposed number of residents.
When a complement increase is approved, does the RRC consider the additional position as one FTE or one person? *[Program Requirement Int.C.2.a)]*	One approved resident position is considered one FTE, not one person, which means that the program may fill one approved position with two residents, each completing his or her education on a half-time basis. Note that while part-time education is permitted, this must be no less than half-time.

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What procedures must be followed for accepting a transfer resident into the program? *(Program Requirements PR III.C.1-4]*	Prior to accepting any transfer resident, the program director must receive written verification of the resident's previous educational experiences, and a summative, competency-based performance evaluation of the transferring resident. Examples of verification of previous educational experiences could include a list of rotations completed, evaluations of various educational experiences, and/or narrative descriptions of procedural experience. This information must be maintained in the resident's file for review at the time of the next site visit. The RRC does not need to be notified of transferring residents, provided there is an open position for the resident and the number of on-duty residents will not exceed the approved complement. Once appointed, the resident should be entered into ADS. It is recommended that plans to accept a resident from another program be discussed with the ABPN prior to accepting that resident in order to identify any issues that could potentially affect the resident's eligibility for certification. Additional information about requesting a change in resident complement for psychiatry program is posted on the ACGME website at http://www.acgme.org/acWebsite/RRC_400/400_resComp.pdf.
Program Curriculum - Required Rotations	
What types of experience satisfies the first postgraduate-year psychiatry minimum of four-months in a primary care clinical setting? *[Program Requirement Int.C.3.a)]*	This experience should provide comprehensive and continuous patient care in specialties such as family medicine, internal medicine, and/or pediatrics. One month of this requirement may be fulfilled by a rotation in emergency medicine, intensive care, or a medicine consult service, provided the resident has primary responsibility for patient care and the experience is predominantly with medical evaluation and treatment, and not surgical procedures. A portion of this requirement may be fulfilled with an outpatient continuity primary care clinic (such as a family medicine or internal medicine clinic) that provides a comprehensive and continuous level of care. Neurology rotations may not be used to fulfill this four-month requirement.
Can the 12 outpatient months completed during a child and adolescent psychiatry program be used to fulfill the required 12 months of outpatient experience for the general psychiatry program, thus shortening general psychiatry education by 12 months? *[Program Requirement IV.A.5.a).(4).(c).(v).(f)]*	No more than 20% of child and adolescent psychiatry outpatient experience can be "double-counted," though up to 12 months of these experiences can be used to fulfill general psychiatry requirements. Therefore, up to two and a third months of the child and adolescent psychiatry outpatient experience can be used in partial fulfillment of the 12-month general psychiatry outpatient experience.

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Are residents permitted to fulfill part of the required six months of inpatient psychiatry with a Partial Hospitalization Program rotation? *[Program Requirement IV.A.5.a).(5).(b)]*	A rotation in a Partial Hospitalization Program would not fulfill the requirement for inpatient psychiatry.
Are residents permitted to fulfill part of the required six months of inpatient psychiatry with day treatment rotations? *[Program Requirement IV.A.5.a).(5).(b)]*	Rotations in day treatment programs may not be used to fulfill the minimum six-month inpatient requirement. However, rotations to day treatment programs will be counted as part of the 16-month maximum allowed for inpatient psychiatry.
May a program allow an elective inpatient psychiatry experience beyond the maximum time permitted? *[Program Requirement IV.A.5.a).(5).(b)]*	No more than 16 FTE months of inpatient psychiatry is permitted, even as elective rotations, during the required 48 months of education. This limitation is intended to ensure that each resident has sufficient elective time to be exposed to the full depth and breadth of general psychiatry. Additional time beyond 16 inpatient months should be scheduled only if there is a demonstrated need for remediation. In such cases, the resident's education must be extended beyond the required 48 months and the educational rationale and remediation plan must be documented.
What electives need approval from the RRC? *[Program Requirement Int.C.2.e).(1)-(2)]*	Prior approval of electives is not needed with the exception of international elective rotations. At the time of a program's review, the measurable objectives and evaluation tools for all elective rotations must be available for review by the site visitor. The RRC will determine if electives comply with the program requirements, and whether elective time precludes residents from meeting all program requirements, required clinical experiences, and required didactics. Programs should document that each resident's electives have been agreed upon by the program director and appropriate preceptor.
Are elective rotations of less than one FTE month allowed? Must each elective site be used regularly? *[Program Requirement Int.C.2.e)]*	As long as the program can demonstrate that any elective is well-structured, purposeful, and leads to an effective learning experience, there is no required minimum length of time. There is no requirement for each elective site to be used on a regular basis; a resident may rotate to an elective site that has not previously had a resident as long as the required documentation for that elective is available for review by the site visitor.
Are international rotations allowed? [Program Requirements *IV.A.5.a).(5).(c); Int.B.2.e).(1)-(2)]*	International rotations are not allowed for the fulfillment of required educational elements, but they may be used for elective experiences. All international rotations need prior approval from the RRC and must meet the following guidelines: • International rotations must be structured so as not to interrupt the 12-month continuous

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	outpatient experience. • Each international rotation must have specific goals and objectives that clarify the educational expectations for the experience. • There must be a letter of agreement between the program director and the site supervisor at the international site that: a) identifies the program faculty who will assume site director responsibilities as well as all other faculty who will provide clinical and didactic teaching and supervision for residents; b) specifies responsibilities of each faculty for teaching, supervision, and formal evaluation of residents; c) specifies the duration and content of the educational experience; and, d) states the policies and procedures that will govern resident education during the assignment. • There must be documented DIO support for each international rotation experience. The sponsoring institution's legal department must be consulted in order to address issues of liability and insurance. The resulting policy decisions must be documented and must be discussed with each resident prior to the start of the rotation.
Do four FTE weeks satisfy a one-month FTE requirement? *[Program Requirement IV.A.5.a).(5).(a)-(g)]*	Yes, four FTE weeks will satisfy a one month full-time equivalent requirement.
Evaluation	
Should PGY-1 residents undergo a clinical skills examination? How does the RRC view use of the clinical skills verification (CSV) exam? *[Program Requirements V.A.1.f)-h)]*	An annual evaluation of each resident's clinical skills is required for all residents beginning with those in the PGY-1. Residents must not advance to the next level of education unless they demonstrate competence for their level of education. In addition to the annual evaluation of clinical skills, programs must also document that each resident has passed three CSV exams using ABPN-approved forms as specified in the program requirements. Programs may elect to administer the CSV exam annually, including for PGY-1 residents. If done annually, the CSV exams could also satisfy the annual clinical skills examination requirement for all program years. While the RRC does not review the results of these exams, it does require evidence demonstrating that the exams are administered (frequency, skills assessed, types of assessors, evaluation forms used). Additional information can be found on the ABPN website at http://www.abpn.com/downloads/forms/2010_P_Clinical_Skills_Requirements_MR_910.pdf.

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Duty Hours	
Can PGY-2 and PGY-3 provide direct or indirect supervision for more junior residents? *[Program Requirements VI.D.5.a).(1)]*	PGY-2 and PGY-3 residents may provide direct or indirect supervision for more junior residents as long as the following requirements are met: VI.D.1.b) Both the junior resident and supervising resident should inform patients of their respective roles in that patient's care; and, VI.D.4.c) Assignment is based on the needs of each patient and the skills (demonstrated competency in medical expertise and supervisory capability) of the individual supervising resident. This includes the supervision of PGY-1 residents by PGY-2 residents. An attending physician must always be available to provide back-up supervision, which may be by phone. Other non-physician, licensed, independent practitioners designated by the program director may supervise residents. An attending physician must be available to provide back-up supervision as appropriate and as needed.
What is an appropriate patient load for residents? *[Program Requirements VI.E.]*	**:** In addition to the factors listed in PR VI.E, the patient care setting and complexity of the patient's treatment, and the resident's role in carrying it out must also be considered. For example, with psychiatric inpatients, an average case load of five to10 is usually appropriate, depending on the length of stay. Outpatient and consultation settings typically involve less intensive patient care responsibilities and therefore case loads would be higher. However, there may be situations in which lower patient case loads may be acceptable, as when a resident is providing multiple and/or complicated interventions in patient care, or if a resident is assigned to multiple clinical settings at one time. The program director must make an assessment of the learning environment with input from faculty members and residents in light of these factors. Programs will need to justify different patient loads with evidence such as severity of illness indicators or other factors.
Must every interprofessional team include representation from every profession listed in the requirement?	No. The Review Committee recognizes that the needs of specific patients change with their health status and circumstances. The intent of the requirement is to ensure that the program has access to these professional and paraprofessional personnel, and that interprofessional teams

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[Program Requirements VI.F.1]	will be constituted as appropriate and as needed, not to mandate that all be included in every case.
PIF Preparation	
What is the timetable for submission of an application for accreditation of a new psychiatry program?	It takes approximately 12 months from the time the application is received by the RRC staff at the ACGME offices until the RRC evaluates the application. This provides time for internal processing, including assignment of a unique program number, and scheduling and conducting a site visit. Site visit dates are set a minimum of four months before they occur, and the Site Visit Report must be received by the RRC staff 10 weeks before the RRC meeting at which the program's application will be reviewed. Residents should not be appointed prior to notice of program accreditation. Programs are advised to consult the National Resident Matching Program and Electronic Residency Application Service deadlines as part of the application planning process. Additional information about the application process can be found on the ACGME website at http://www.acgme.org/acWebsite/home/Accreditation_Application_Process.asp.
Can additional materials, such as program brochures, containing information requested in the program information form (PIF) be submitted with the application documents?	All information should be provided in the designated section of the PIF. No additional material is to be attached to the PIF unless expressly requested in the PIF instructions.
What font should be used the fonts specified in the PIF are unavailable?	Comparable fonts and point sizes may be used as long as they are easy to read. The questions should be in a smaller bold type to differentiate it from the answer.
Should residents in a combined program be included in the calculation of Board pass rates for graduates of the participating ACGME-accredited programs for the PIF? Should their scholarly activities be listed?	Residents in combined programs should be listed in the PIF in the section provided for that purpose, but should not be included when calculating Board pass rates for program graduates. Their scholarly activities also should not be included in the PIF.
Why does the ACGME require that programs report information about residents in a combined program, when the ACGME does not accredit the combined program? How does the ACGME track approved positions for combined residents?	While combined residents in programs such as Internal Medicine/Psychiatry receive their education in ACGME-accredited programs, they complete a reduced set of educational requirements as approved by each ABMS Board. Combined programs are not ACGME-accredited. Therefore, while the ACGME requires that programs inform the ACGME of all combined residents in each participating ACGME-accredited core program, the combined residents are considered 'other learners' in the ACGME-accredited program. The participating ACGME-accredited programs must obtain approval for these additional positions. Approval is based primarily on evaluation of the educational and other resources available for education of

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	residents and proposed other learners. For a combined program such as Internal Medicine/Psychiatry, each combined resident requires 0.5 positions in each of the two participating ACGME-accredited programs.
How should programs determine which physician faculty members meet the requirements for core faculty to be listed in the PIF physician faculty roster? What information needs to be included in the CVs?	Faculty members who devote at least 15 hours per week to resident education and administration are automatically designated as core faculty and CVs must be provided for each of these core faculty members. All physician faculty members, up to a maximum of 25, who provide essential teaching, supervision, research involving residents, and/or administrative support, regardless of whether they provide 15 or more hours to the program, should be listed in the physician faculty roster. For each physician faculty member listed, the program must indicate how much time, on average throughout an academic year, he or she devotes to clinical supervision, administration related to the program, didactic teaching, and research involving residents. This should be listed as actual hours on average per week, calculated over one typical academic year. The role of each core faculty member in the program must be included in the CV, and this role should be consistent with information provided in the later narratives describing rotations in the specialty-specific portion of the PIF. If the number of listed physician faculty members exceeds the limit of 25, the additional faculty should be included in the narrative section of the PIF.
How should programs determine which non-physician faculty members should be included in the non-physician faculty roster of the PIF? What information needs to be included in the CVs?	Non-physician faculty members (usually PhDs and nurses) who provide required/essential teaching and/or supervision, including research supervision, should be included in the non-physician faculty roster. These faculty members may be full-time or part-time regular tenure-track or non-tenure-track appointees, adjunct appointees, or volunteer faculty members as defined by each institution. In addition, other non-physician professionals who provide required education (e.g., social workers) should be included in the non-physician faculty roster. CVs must be provided for each listed individual. The role of each listed individual in the program must be included in the CV and this role should be consistent with information provided in the later narratives describing rotations in the specialty-specific portion of the PIF.
Can rotations be entered by weeks instead of by months on the block diagram in the PIF?	Programs that organize their schedules by weeks may enter the “rotation months” in blocks of four full-time equivalent (FTE) weeks. The narrative section of the PIF should indicate if the schedule is by months or weeks. If the total number of rotation “months” does not equate to 12 months (52 weeks) for all sites combined per year, an explanation must be provided.