

The Accreditation Process for Psychiatric Residency Programs — The RRC Essentials



Victor Reus, MD, RRC Chairman



Objectives

- This session will:
 - Provide information regarding the accreditation process
 - Provide information regarding the accreditation requirements for residency programs in Psychiatry and psychiatric subspecialties.
 - Describe in detail recent modifications in these requirements.
 - Describe the ongoing process of revision of the requirements, and likely changes that will result from this process.



Review Committee Staff

- **Larry Sulton, Ph.D. Senior Executive Director**
- **Lynne Meyer, PhD, MPH, Executive Director**
- **Susan Mansker, Associate Executive Director**
- **Jennifer Luna, Accreditation Administrator**
- **Debra Martin, Accreditation Assistant**



Review Committee Members

- Elizabeth L. Auchincloss, MD
- Jonathan F. Borus, MD
- Marshall Forstein, MD
- James J. Hudziak, MD
- David Mrazek, MD,
- Gail Manos, MD
- Jonathan E. Morris, MD
- Kayla Pope, MD (resident)
- D. Burton V. Reifler, MD
- Victor Reus, MD
- Cynthia Santos, MD
- Kailie Shaw, MD
- Aradhana A. Sood, MD
- Christopher Thomas, MD
- Michael J. Vergare, MD
- [New Members beginning July](#)
- Donald Rosen, MD
- Carla Marienfeld MD (resident)



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Review Committee Appointing Organizations

American Board of Psychiatry and Neurology

Larry Faulkner, MD, Ex-Officio

American Medical Association

American Psychiatric Association

Deborah Hales, MD, Ex-Officio



Review Committee Appointment Process

- ✓ Identify geographic and specialty needs
- ✓ Review qualifications of nominees
- ✓ Recommend appointment to ACGME
- ✓ ACGME confirms appointments



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Parker Palmer Awardee

Gail H. Manos, MD

Naval Medical Center (Portsmouth)
Program

Portsmouth, VA



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Accreditation

- **Probation and revocation are very unusual events.**
- **Citations are not the issue; accreditation is.**
- **There are recurrent citations that can be addressed easily.**
- **Strength of program determines length of cycle.**



The Review Process

- **Completion of program information forms (PIF)**
- **Site Visit – ACGME Field Staff or Specialist Site Visitor (SSV)**



Site Visit & PIF Preparation

- You will receive notice of your site visit 90-120 days in advance, start your PIF before you receive your site visit notice
- Read the Program Requirements.
- Prepare and share the PIF.
- Review the PIF.
- Review the PIF.



Site Visit & PIF Preparation

- Review your Internal Review.
- Special attention to Prior Citations.
- Emphasize your strengths.
- Hear the problems before the visit.



Program Letters of Agreement

- Identify faculty with supervisory responsibilities
- Specify responsibilities for teaching / evaluation
- Specify duration and content of experience
- State policies that govern resident education
- http://www.acgme.org/acWebsite/about/ab_FAQAgreement.pdf



The Site Visit

- **The role of the site visitor (SV) is to verify and clarify the contents of the PIF.**
- **The SV meets with residents and faculty and prepares a lengthy report for the RRC.**
- **The SV does not take part in RRC discussions.**
- **The SV cannot tell you how you did.**



Accreditation Decisions Are Based Upon...

- **Program History**
- **Site Visit Report**
- **Resident Survey**
- **Program Information Form (PIF)**
- **Program Requirements**
- **Program/Committee correspondence**



Navigating the Process

Staff Communications

- Newsletters
- Email
- Phone Inquiries
- ACGME Website
- http://www.acgme.org/acWebsite/navPages/nav_400.asp



What Happens After the Letter of Notification?

- If you are granted accreditation?
- If you have an adverse action?

Proposed Adverse Actions – Response

- Ongoing activities to meet the requirements
- Planned activities



Number and Average Cycle Length by Program Type for all Currently Accredited Programs in AY 2009

Specialty Name	No. Programs	Average Cycle Length *
Psychiatry	182	4.20
Addiction psychiatry	42	4.24
Child and adolescent psychiatry	122	4.52
Forensic psychiatry	40	4.25
Geriatric psychiatry	57	4.46
Psychosomatic medicine	40	3.30

*Note: Total average cycle length excludes withdrawn programs and undetermined cycle lengths. Average cycle length includes new programs that are granted a 3-year maximum cycle length.



Number of Accredited Programs and Filled Resident Positions Academic Year 2009

<u>Specialty</u>	Programs	Resident
Psychiatry	182	4914
Addiction	42	56
Child	122	824
Forensic	40	76
Geriatric	57	72
Psychosomatic	40	55



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For Core Psychiatry Programs in AY 2008, there were....

- 181 accredited programs
- 5614 approved resident positions
- 4761 filled positions
- 178 programs with continuing accreditation
- 3 new programs
- 13 programs that voluntarily withdrew
- 155 accredited programs with a 4-5 year review cycle



Accreditation Activity

October 2008 Meeting

Approved Applications (8/10)

- General Psychiatry (1/1)
- Addiction (2/3)
- Forensic (1/1)
- Psychosomatic Medicine (3/4)
- Child & Adolescent (1/1)

General Psychiatry Continued Accreditation (CA) (20/22)

- 1 (1 year) 4 (2 years), 3 (3 years), 4 (4years), 8 (5 years))

Addiction CA (4/5)

- 1 (3 years) 1 (4 years), 2 (5 years)

Child & Adol. CA (13/14)

- 1 (3 years), 5 (4 years), 7 (5 years)

Forensic CA (5/5)

- 1 (4 years), 4 (5 years)

Geriatric CA (5/6)

- 1 (3 years), 4 (5 years)

Psychosomatic Medicine CA (2/2)

- 1 (4years), 1 (5 years)

Sleep Medicine CA (2/2)

- 1 (3 years), 1 (4years)

Approved Complement Increases -- 8/8

Proposed Adverse Actions -- 4

Voluntary Withdrawals -- 5



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New Program Directors

- July 1, 2007 – June 30, 2008

	# Programs	# (%) New Directors
• Psychiatry	181	34 (15%)
• Addiction	41	2 (5%)
• Child	121	11 (9%)
• Forensic	41	4 (10%)
• Geriatric	60	6 (10%)
• Psychosomatic	36	4 (11%)



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Most Common Citations for Core Psychiatry Programs AY 2008

- **PD Responsibilities (e.g., complete/accurate PIF, resident complement, transferring resident verification)**
- **Resources (e.g., computers, safety, office space)**
- **Supervision of Residents**
- **Faculty Scholarly Activities**
- **Curricular Development/Goals and Objectives (competency based, specific to clinical experience and level of training)**



ACGME Requirements

- Institutional Requirements (Sponsor)
- Common Requirements (All Specialties)
- Program Requirements (Psychiatry)



Program Requirement Changes

- **Minor Revision Effective 4/12/2008 on clinical skills assessment for core psychiatry programs**



Program Requirement Change: Clinical Skills Assessment PR V.A.1.f)-h)

- 1. The resident must make an organized presentation of pertinent history, including the mental status examination.**
- 2. In at least 3 evaluations, residents must demonstrate competence in a) establishing an appropriate doctor/patient relationship, b) psychiatric interviewing, and c) case presentation.**



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Program Requirement Change: Clinical Skills Assessment PR V.A.1.f)-h)

- 1. The program must ensure that each of the required 3 evaluations is conducted by an ABPN-certified psychiatrist.**
- 2. At least two of the evaluations must be conducted by different ABPN-certified psychiatrists.**
- 3. Demonstration of the competencies during the 3 required evaluations is required prior to completing the program.**



Program Requirement Revisions Just Beginning

- **Addiction**
- **Forensic**
- **Geriatric**
- **Psychosomatic**



What's New Regarding the Resident Survey: Duty Hours

First time/isolated survey responses

- If resident survey indicates duty hour concerns, a letter of warning goes to the program and DIO and the Resident Survey is repeated next year

Second consecutive survey responses

- If repeat resident survey shows 2nd duty hours concern, a program site visit will be scheduled within next 9 months with an expeditious RC decision made based upon that review.
- Institutional Review Committee (IRC) notified and results of subsequent site visits and further action taken at institutional level based on those findings.



What's New Regarding the Resident Survey: Duty Hours

Third or greater consecutive survey responses

- Program scheduled for immediate full site visit to be accomplished and adjudicated within 6 months. Results are reported to Monitoring Committee.
- A simultaneous, focused Institutional Review scheduled to examine Institutional response to repetitive negative resident survey responses. IRC will adjudicated results of site visit and render institutional decision within 6 months and report that decision to the Monitoring Committee

No Psychiatry programs have required a site visit because of resident survey duty hour responses



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Temporary Complement Increases

- **A temporary increase in resident complement should only be submitted if:**
 - an institution is closing and residents need to be placed;
 - or for resident remediation;
 - or special circumstances – which will be reviewed on an individual basis.
- **Temporary increases should be limited to one position per year unless unique circumstances occur.**



Psychiatry RRC Newsletter

- The Psychiatry RRC has published it's second newsletter. They can be found on the ACGME site. In this you will find things such as:
- RRC decision summaries
- Frequent citations summary
- Future RRC Meeting and Agenda Closing Dates
- RRC Staff Contact Information
- Updates
- Informational Items (e.g. -- ADS)
- http://www.acgme.org/acWebsite/navPages/nav_400.asp



RRC Working Subgroups

- Scholarship: goals are to define scholarship in a meaningful way; modify the PIF so that the levels of defined scholarship can be codified; creating a reliable RRC review method for evaluating whether or not a program has met its scholarship commitment.
- Combined Programs: currently there are several types of non-accredited combined programs. The goal is to determine if it is feasible/possible to provide oversight and accreditation to these programs
 - IM/Psych
 - Psych/FM
 - Peds/Psych/CAP
 - Neuro/Psych
 - Neurorad/Neuro



Future Review Committee Meetings

<u>Meeting Date</u>	<u>Submission Deadline</u>
▪ April 24-25, 2009	Closed
▪ October 16-17, 2009	August 7, 2009



Child and Adolescent Psychiatry Update

<u>Status/Stats</u>	<u>Programs</u>
• Initial Accreditation (08/09)*	2
• Continued Accreditation (08/09)*	13
• Average Cycle Length	4.52
• Accredited Programs	122
• Filled Resident Positions	824
• New PDs**	11 (9%)

* from October 2008 meeting data

** 2007/2008 data



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Frequently Cited Core Program Requirements 1/1/08 - 12/31/08

- **Institutional Support – Sponsoring Institution**
 - **Internal Reviews**
 - **PD protected time and support**
 - **Resident financial support**



Frequently Cited Core Program Requirements 1/1/08 - 12/31/08

- **Resident Appointment Issues**
 - **Transferring Resident Documentation: Incoming and Outgoing**
- **Faculty Scholarly Activity**



Match Participation

- A reminder that this is an institutional requirement that should be an expectation for Child and Adolescent Programs



Post Pediatric Portal Project

- Background
- AACAP submitted proposal to ACGME via Psychiatry RRC for a pilot program for combined training in general and child and adolescent psychiatry (8/25/06)
- Letter to RRC to support the PILOT program from APA, ABPN, AADPRT, and a number of consumer organizations
- Approved as an Educational Innovation Project by ACGME and Psychiatry RRC
- Description and LOI and RFA on ACGME website



Summary of the Proposal

- 3 yr program for fully trained pediatricians to achieve ABPN eligibility for certification in both general and child psychiatry
- Limited number of programs (max 10) for 5 years
- Both psychiatry and CAP programs must be in same academic center and must have 4 year accreditation cycles – may be more flexible
- RRC will monitor but will work with stakeholders to facilitate project, assess competency measures, etc. (AACAP, APA, AADPRT, ABPN)



Requirements

- Also available on ACGME Website
- Integration and Continuity between the programs optimal
- Programs must meet all the specified requirements of both general and CAP training except for the following exceptions:
 - Delineated areas which can be double counted
 - 1 mo ped neurology
 - 1 mo. Ped c/l
 - 1 mo. Addiction
 - Forensic and community experiences
 - 20% of outpatient experience
 - Adult outpatient experience must include some cases that are seen for at least a year to facilitate psychotherapy training
 - Decreased adult inpatient requirement
 - Minimum 4 months but must be monitored carefully to demonstrate broad range of exposure to patients across gender, culture, and diagnostic categories



Project Objectives

- To offer abbreviated training to fully trained pediatricians as previously described
- To advance competency based education and outcomes based assessment
- The Process
 - Psychiatry RRC will select proposals from fully accredited psychiatry and CAP programs that are in good standing with the RRC
 - Psychiatry RRC will monitor resident progress, through demonstrated achievement of competencies throughout training as well as performance on in-training exams and certification exams
 - Report to ACGME and to field the outcome to determine if such training should be supported by the Psychiatry RRC in the future



Scope of Project

Maximum of 10 sites (Gen and CAP must apply together)

Limited to 2 trainees per year for each program

Minimum of 5 years for study

Oversight by Psychiatry RRC

- Annual reports from programs addressing PIF parameters
- RRC representatives to meet face to face with program directors at least 3 times, probably at AADPRT mtg.
- Ongoing feedback from Psychiatry RRC annually
- Input from stakeholders regarding ongoing assessment as well
- Resident reflections through portfolio process



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Evaluation

- Measurement of core competencies
- Comparison of performance on standardized in-training examinations
- Comparison of performance on ABPN certifying examinations



Post Pediatrics Portal Project Update

- 3 Programs Approved
 - Case Western Reserve University/University Hospitals of Cleveland effective July 1 2007
 - Maryellen Davis, MD
 - Creighton University/University of Nebraska effective July 1 2008
 - Jamie Snyder, MD
 - Children's Hospital of Philadelphia effective July 1 2008
 - Tami Benton, MD
- Primary obstacle -- funding



Post Pediatrics Portal Project

- RRC wants this to work!!! -- Call or email Susan Mansker (smansker@acgme.org) or visit the ACGME website if you have questions.
- RRC has extended deadlines and will take LOI or applications at any time until further notice
- RRC will relax some of the requirements if all other indicators are positive.
 - Time length for accreditation cycle for either or both programs
 - Time length PD has been in program



Child & Adolescent Psychiatry RRC Members

ABPN

- **Christopher Thomas, MD**
- **Cynthia Santos, MD**

APA

- **James Hudziak, MD**
- **Kailie Shaw, MD**

AMA

- **David Mrazek, MD**
- **Aradhana Sood, MD**



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Questions?

