

Frequently Asked Questions: Psychiatry
(FAQs related to Psychiatry Program Requirements effective July 1, 2023)
Review Committee for Psychiatry
ACGME

Question	Answer
Personnel	
What is meant by non-clinical time? <i>[Program Requirements: II.A.4.-II.A.4.a).(11)]</i>	In the <i>Program Directors Guide to the Common Program Requirements</i> , non-clinical time is defined as administrative time spent meeting the responsibilities of the program director as detailed in Common Program Requirements II.A.4.-II.A.4.a).(11).
Must a general psychiatry program maintain a specific minimum number of faculty members? <i>[Program Requirements: II.B.1. and II.B.4.a).(1)]</i>	The physician faculty must include at least five core faculty members that have current American Board of Psychiatry and Neurology (ABPN) or American Osteopathic Board of Neurology and Psychiatry (AOBNP) certification in psychiatry. The program may include any faculty members – physician or non-physician – who have a significant role in the education of residents. Programs may be cited for non-compliance with the Common Program Requirement for a sufficient number of faculty members if problems with faculty teaching, supervision, or excessive service obligations are reported.

Question	Answer
<p>What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in psychiatry by the ABPN or the AOBPN?</p> <p><i>[Program Requirement: II.B.3.b)]</i></p>	<p>For a physician faculty member who has not achieved certification in psychiatry from the ABPN or AOBPN, the following criteria must be met to serve as a member of the faculty:</p> <ul style="list-style-type: none"> • completion of a psychiatry residency program • leadership in the field of psychiatry • scholarship in the field of psychiatry • involvement in psychiatry organizations <p>Alternate qualifications will not be accepted for individuals who have completed ACGME/AOBPN-accredited residency education within the United States and are not eligible for certification by the ABPN or AOBPN, have failed the ABPN or AOBPN certification exams, or have chosen not to take the ABPN or AOBPN certification exams.</p> <p>Years of practice are not an equivalent to specialty board certification, and neither the ABPN nor the Review Committee accepts the phrase “board eligible.” The Review Committee expects that graduates of ACGME-accredited programs will be board certified within the first three years following the final year of residency and/or fellowship.</p> <p>The designated institutional official (DIO) and program director must verify that this individual meets the qualifications, is in good standing within their institution, and is in compliance with the faculty qualification requirements outlined in section II.B.3. of the Program Requirements.</p>

Resident Appointments	
<p>When should programs request a temporary increase in resident complement?</p> <p><i>[Program Requirement: III.B.]</i></p>	<p>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 committee reviews the program's current accreditation status, recent program history, Resident Survey data, and program resources. The decision for approval 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.</p>
<p>How must a request for a change in resident complement be submitted?</p> <p><i>[Program Requirement: III.B.1.]</i></p>	<p>All requests for changes in resident complement, whether permanent or temporary, must be made through ADS. Note that ACGME staff members will not receive the request until the DIO has approved it in ADS.</p> <p>Additional information about requesting a change in resident complement for psychiatry programs can be found on the Documents and Resources page of the Psychiatry section of the ACGME website.</p>
<p>What procedures must be followed for accepting a transfer resident into the program?</p> <p><i>[Program Requirements: III.C.-III.C.1.]</i></p>	<p>Prior to accepting any transfer resident, the program director must receive written verification of the transferring resident's previous educational experiences, and a summative, competency-based performance evaluation of the resident. Examples of verification of previous educational experiences 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 accreditation site visit. The Review Committee does not need to be notified of a transferring resident 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 the program's record in the Accreditation Data System (ADS). It is recommended that plans to accept a</p>

	<p>resident from another program be discussed with the ABPN prior to accepting the resident, in order to identify any issues that could potentially impact the resident's eligibility for certification.</p> <p>Information about requesting a change in resident complement for psychiatry programs can be found on the Documents and Resources page of the Psychiatry section of the ACGME website.</p>
<p>Can the program director assume that a transferring resident will receive credit for all previous education and training (up to 12 months maximum) successfully completed in a non-psychiatry residency?</p> <p><i>[Program Requirement: III.C.1.]</i></p>	<p>The program director should confirm credit for prior experience in non-psychiatry residencies with the ABPN in writing as part of the transfer process. This information will affect the resident's schedule, graduation date, eligibility to take the Boards, and ability to fast-track into a child and adolescent psychiatry fellowship program, if applicable.</p>
Educational Program	
<p>What are the common causes of frequent rotational transitions?</p> <p><i>[Program Requirements: IV.C.1.b) and VI.E.3.a)]</i></p>	<p>Transitions may be too frequent with multiple resident coverage shifts in one setting. Frequent transitions also occur when multiple sites or settings are used by the program within one week or one rotation.</p>
<p>Are individual residents required to attend at least 70 percent of all required didactics regardless of vacation, sick leave, or other authorized absences?</p> <p><i>[Program Requirement: IV.C.7.a)]</i></p>	<p>Residents are required to attend at least 70 percent of all didactics required by the program and should have the opportunity to attend sessions missed due to vacation, sick leave, and other authorized absences. The Review Committee accepts a variety of solutions for attendance offered by programs to ensure that residents have the opportunity to experience missed educational conferences. These include but are not limited to:</p> <ul style="list-style-type: none"> • videotaped sessions • webcasts • presentation slides available online • repeating conferences • parallel conference series offerings at off-site locations

<p>What qualifications are required for physician faculty members who supervise PGY-1 resident education during the four-month primary care rotation?</p> <p><i>[Program Requirements: IV.C.3.d).(1) and II.B.3.b).(1)]</i></p>	<p>Supervising physician faculty members for the four-month PGY-1 primary care rotation must have current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) certification in their specialty (e.g., American Board of Internal Medicine, American Board of Family Medicine, American Board of Pediatrics, American Osteopathic Board of Family Medicine, American Osteopathic Board of Internal Medicine, or American Osteopathic Board of Pediatrics). Note that PGY-1 residents may progress to indirect supervision with direct supervision available. One month of this requirement may be fulfilled by an emergency medicine rotation and this must be supervised by ABMS- or AOA-certified faculty members.</p>
<p>What experience satisfies the PGY-1 psychiatry minimum of four months in a primary care clinical setting?</p> <p><i>[Program Requirements: IV.C.3.d).(1)-(1).(a)]</i></p>	<p>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, 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.</p>
<p>Are residents permitted to fulfill part of the required six months of inpatient psychiatry with a Partial Hospitalization Program rotation?</p> <p><i>[Program Requirements: IV.C.3.f) and IV.C.3.f).(1)]</i></p>	<p>No, a rotation in a Partial Hospitalization Program would not fulfill the requirement for inpatient psychiatry.</p>
<p>Can a program allow an elective inpatient psychiatry experience beyond the maximum time permitted?</p> <p><i>[Program Requirement: IV.C.3.f)]</i></p>	<p>No more than 16 FTE months of inpatient psychiatry are 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.</p>

<p>Do four full-time equivalent (FTE) weeks satisfy a one-month FTE requirement?</p> <p><i>[Program Requirements: IV.C.3.i); IV.C.3.j); IV.C.6.e).(1)-(6)]</i></p>	<p>Yes, four FTE weeks will satisfy a one-month full-time equivalent requirement.</p>
<p>What are the educational objectives expected for elective experiences in forensic psychiatry?</p> <p><i>[Program Requirement: IV.C.3.l)]</i></p>	<p>The Review Committee recognizes that state law, medical malpractice, and patients' right to refuse resident observation of or participation in their forensic evaluations, may limit a program's ability to provide the opportunity for experience in the full array of current practice with regard to forensic psychiatry. This is especially true for the evaluation of the criminally insane. Therefore, the Review Committee recommends that elective experiences in forensic psychiatry should encompass those forensic skills practiced by general psychiatrists in general psychiatry settings, to include the assessment of risk to self and other, and determination of decisional capacity, conservatorship eligibility, the need for commitment to a locked facility, and for treatment against a patient's will. In addition, the program may provide an experience for residents that includes writing a forensic report and giving testimony in court.</p>
<p>Are elective rotations of less than one FTE month allowed and must each elective site be used regularly?</p> <p><i>[Program Requirement: IV.C.3.o)]</i></p>	<p>If the program can demonstrate that an 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 every 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 Accreditation Field Representative during the accreditation site visit.</p>

<p>How much of the faculty must participate in scholarly activity to fulfill the faculty scholarship requirements?</p> <p><i>[Program Requirement: IV.D.2.a]</i></p>	<p>All physician faculty members must demonstrate scholarship accomplishments in one or more of the following domains: research in basic science, education, translational science, patient care, or population health; peer-reviewed grants; quality improvement and/or patient safety initiatives; systematic reviews, meta-analyses, review articles, chapters in medical textbooks, case reports; creation of curricula, evaluation tools, didactic educational activities, electronic educational materials; contributions to professional committees, educational organizations, or editorial boards; innovations in education. 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-compliance with this requirement if all physician faculty members do not provide evidence for regular scholarly activity, since active faculty scholarship is needed in order to establish and maintain an educational environment of inquiry and scholarship.</p>
<p>Evaluation</p>	
<p>Should PGY-1 residents undergo a clinical skills examination and how does the Review Committee view use of the ABPN clinical skills verification (CSV) exams?</p> <p><i>[Program Requirement: V.A.1.j]</i></p>	<p>An annual evaluation of each resident’s clinical skills is required for all residents beginning 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. Programs may elect to administer the CSV exams 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 Review Committee does not review the results of these exams, the ABPN will 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: http://www.abpn.com/downloads/forms/2010_P_Clinical_Skills_Requirements_MR_910.pdf.</p>
<p>The Learning and Working Environment</p>	
<p>What is an appropriate patient load for residents?</p> <p><i>[Program Requirement: VI.E.1.]</i></p>	<p>In addition to the factors listed in Program Requirement VI.E.1., the patient care setting and complexity of the patient’s treatment and the resident’s role in carrying out patient care must also be considered. For example, with psychiatric inpatients, an average caseload of five to 10 is usually appropriate, depending on the length of stay. Outpatient and consultation settings typically involve less intensive patient care</p>

	<p>responsibilities, and therefore patient loads would be higher. There may be situations in which lower patient 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.</p>
<p>Must every interprofessional team include representation from every profession listed in the requirement? <i>[Program Requirement: VI.E.2.a]</i></p>	<p>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 will be constituted as appropriate and as needed.</p>