Frequently Asked Questions: Child and Adolescent Psychiatry (FAQs related to Child and Adolescent Psychiatry Program Requirements effective July 1, 2020) Review Committee for Psychiatry ACGME

Question	Answer
Personnel	
Can a current fellow hold the position of associate program director?	No. Fellows cannot hold this position, as they are not eligible for certification in the subspecialty until completion of the program. American Board of Psychiatry and Neurology (ABPN) certification in child and adolescent psychiatry is a requisite
[Program Requirement: II.A.2.b)]	qualification for the position.
How should programs determine which non-physician faculty members should be included in the Non-Physician Faculty Roster on the program application in the Accreditation Data System (ADS)?	Non-physician faculty members (usually PhDs and nurses) who provide required/essential teaching and/or supervision, including research supervision, should be listed in the 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. Other non-physician professionals who provide required education (e.g., social workers) should also be included in the Non-
[Program Requirement: II.B.3.c)]	Physician Faculty Roster. CVs must be provided for each listed individual. Each listed individual's role in the program must be included in his or her CV, and this role should be consistent with information provided in the narratives describing rotations in the specialty-specific portion of the program application.
What is meant by non-clinical time? [Program Requirements: II.A.4II.4.a).(16)]	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.4II.A.4.a).(16).
Must a child and adolescent psychiatry program maintain a specific minimum number of faculty members?	The physician faculty must include the program director and two core faculty members with current ABPN or American Osteopathic Board of Neurology and Psychiatry (AOBNP) certification in child and adolescent psychiatry. The program can include any
[Program Requirements: II.B.1. and II.B.4.c)]	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.
Fellow Appointments	

Question	Answer
Can a program accept a fellow who has not completed three years of psychiatry residency? [Program Requirement: III.A.1.b]	Yes. Completing a child and adolescent psychiatry fellowship prior to completing three years of psychiatry residency can have implications for a fellow's ABPN certification. If completion of the remainder of the adult psychiatry years of education is not ensured by the affiliated core program, the fellow should be informed of this prior to acceptance
, ,	into the fellowship.
How must a request for a change in fellow complement be submitted?	All requests for changes in resident complement, whether permanent or temporary, must be made through ADS. ACGME staff members will not receive the request until the designated institutional official (DIO) has approved it in ADS.
[Program Requirement: III.B.1.]	the designated institutional official (DIO) has approved it in 7100.
	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.
When should a program request a temporary increase in fellow complement?	A temporary increase in fellow complement should be requested when the number of on-duty fellows will temporarily exceed the total approved fellow complement. This
[Program Requirement: III.B.]	situation may occur under the following circumstances: an institution is closing and the program wishes to accept displaced fellows; a current fellow 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 fellow 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 of the program, unless unique circumstances occur. When considering a request for an increase in complement, whether temporary or permanent, the committee reviews the program's current accreditation status, recent program history, Resident/Fellow Survey data, and program resources. The decision to approve the request is based on the how an increase might impact the education of current fellows, and the presence of sufficient resources to support the education of the proposed number of fellows.

What procedures must be followed for accepting a transfer fellow into the program? [Program Requirements: III.C.] Prior to accepting any transfer fellow, the program director must receive we verification of the previous educational experiences and a summative, combased performance evaluation of the transferring fellow. Examples of verifications of various educational experiences, and/or narrative description procedural experience. This information must be maintained in the fellow's review at the time of the next accreditation site visit. The Review Committee need to be notified of a transferring fellow provided there is an open position fellow and the number of on-duty fellows will not exceed the approved combined on the fellow, in order to identify any issues that could potentially affect his or for certification. Additional information about requesting a change in resident complement programs can be found on the Documents and Resources page of the Psysection of the ACGME website.	
evaluations of various educational experiences, and/or narrative description procedural experience. This information must be maintained in the fellow's review at the time of the next accreditation site visit. The Review Committee need to be notified of a transferring fellow provided there is an open position fellow and the number of on-duty fellows will not exceed the approved common Once appointed, the fellow should be entered into ADS. It is recommended to accept a fellow from another program be discussed with the ABPN prior the fellow, in order to identify any issues that could potentially affect his or for certification. Additional information about requesting a change in resident complement programs can be found on the Documents and Resources page of the Psysection of the ACGME website.	npetency- ication of
programs can be found on the Documents and Resources page of the Psysection of the ACGME website.	ons of is file for see does not on for the aplement. d that plans to accepting
Educational Program	
Do four full-time equivalent (FTE) weeks Yes, four FTE weeks will satisfy a one-month FTE requirement.	
satisfy a one-month FTE requirement? [Program Requirement: IV.C.8.e)]	
The Learning and Working Environment	

Question	Answer
What is an appropriate patient load for	All of the factors listed in the Program Requirements must contribute to the
fellows?	determination of an appropriate patient load for each fellow. In addition, the patient care
[Program Requirement: VI.E.1.]	setting, the complexity of the patient's treatment, and the fellow's role in carrying out
	that treatment 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
	responsibilities, and therefore caseloads would be higher. There may be situations in
	which lower patient caseloads may be acceptable, as when a fellow is providing
	multiple and/or complicated interventions in patient care, or if a fellow 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 fellows in light of
	these factors. Program directors will need to justify different patient loads with
	evidence, such as severity of illness indicators or other factors.
Must every interprofessional team include	No. The Review Committee recognizes that the needs of specific patients change with
representation from every profession listed in the requirement?	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
5	interprofessional teams will be constituted as appropriate and as needed.
[Program Requirement: VI.E.2.a)]	