



AADPRT ACGME Liaison Committee

Background

The Accreditation Council for Graduate Medical Education (ACGME) is the major overseer of graduate medical education in psychiatry and a vital partner for AADPRT. Experience suggests that close communication between the leadership of the Psychiatry RRC and AADPRT's Executive Council (EC) promotes understanding and collaboration around issues of importance to psychiatric training, and allows AADPRT leadership to be more effective in communicating important issues to membership.

Purpose

This committee's role is to function as a liaison between the Chair of the Psychiatry RRC and EC's leadership. Communication of important information, issues and ideas is to occur reciprocally and regularly between these two entities. In addition, ACGME may request AADPRT's assistance in eliciting membership feedback on important issues.

Tasks

- 1) Conference calls at least biannually (winter, summer) should occur and include Committee members and current Chair of the RRC.
- 2) The Committee Chair is to disseminate an agenda ahead of time by soliciting items from both the RRC Chair and from EC and AADPRT members through the listserv.
- 3) Confidential minutes should be recorded for AADPRT's records.
- 4) Key points from the conference call should be shared with membership through the AADPRT listserv or other electronic means.

AADPRT and Allied Organizations' Addictions Training/Education Initiative

Background:

- The United States has been in the throes of an addictions crisis that has more recently come to national attention. The current healthcare workforce is insufficient to meet the needs of this crisis.
- Shelly Greenfield (President Elect of AAAP), and Sandra DeJong (Past President of AADPRT), and other leaders in psychiatry have become increasingly concerned that psychiatry should be playing a much greater role in helping with this national crisis. More general and CAP psychiatrists who can treat addictions are needed.

Current training in general psychiatry and child/adolescent psychiatry (CAP), as defined in part by ACGME requirements and the sub-competencies and milestones, seems woefully inadequate to prepare a workforce of psychiatrists equipped to manage addictions as a part of their everyday practice. While they have a critical role to play, subspecialists in addiction psychiatry are too few in number to cope with this crisis alone. Similarly, primary care physicians and addiction medicine specialists are crucial on the front lines to address the problem; however, particularly for complex patients who are refractory to initial treatments due to psychiatric comorbidities (dual diagnoses), or psychological complications (e.g., trauma, personality disorders), psychiatric care is needed both in an integrated/collaborative care model and in specialty care.

Purpose

Efforts have already been underway at the APA (CMELL, Council on Addictions) and AACAP to develop and pull together resources. The current initiative seeks to bring together psychiatric stakeholders who are content experts and training/education experts to build on this effort to achieve the following:



Tasks

- 1) Understand the current landscape in addictions training by surveying current trainees and training directors in General Psychiatry and CAP to learn about current training practices and perform a needs assessment. What are programs doing now and what would need to be put in place in order to improve their current education and training and meet rigorous standards as defined in #2?
- 2) Articulate a new standard for addictions training within general psychiatry residency and CAP fellowship programs by building on existing resources (e.g. APA's 2016 resource documents on addictions education) to:
 - a. Suggest revisions to the ACGME General Psychiatry Requirements and the CAP Requirements
 - b. Suggest revisions to ACGME's 22 General Psychiatry Sub-competencies and their component Milestones and the 21 CAP Sub-competencies and their component Milestones
 - c. Develop a model curriculum for addictions training that represents a synthesis of content and training expertise
- 3) Work with allied organizations (APA [including CMELL and the Council on Addictions], AAAP, AACAP, and ADMSEP) to continue to develop resources on addictions. Other psychiatric fellowships are to be informed of this effort and invited to participate since they are likely to feel a downstream effect of this initiative.
- 4) Provide ways for training directors and other teachers in psychiatry to
 - a. Learn about existing resources on addictions and how to access and apply them, including the model curriculum described above
 - b. Have virtual and in-person access to addictions experts for their training programs
 - c. Learn how to develop a seminar on addictions
 - d. Learn how to develop a successful clinical rotation(s) on addictions
 - e. Learn what pedagogical tools to mobilize to enhance learning about addictions in adult learners

AADPRT Assessment Committee

Background

Assessment is a critical part of education in general and of psychiatry residency training specifically. It is fundamental to ACGME's New Accreditation System that emphasizes demonstration of skill rather than time spent in a training activity as the prime measure of competency. Recently, AADPRT has had taskforces on General Psychiatry Milestones Assessment, Child/Adolescent Psychiatry Milestones Assessment, and Entrustable Professional Activities (EPA). Important questions in psychiatric education rely on the ability to perform accurate assessments. How do we best assess: a medical student's readiness to start residency; a psychiatric resident's sub-competency level; whether and when a resident should transfer into Child/Adolescent Psychiatry Fellowship; whether and when a resident can progress from direct to indirect supervision; non-skill-based capacities such as empathy or professionalism?

Purpose

This committee's role is to function as a resource on all aspects of assessment for AADPRT committees and members and as a liaison with allied organizations focused on assessment including, but not limited to, ACGME, ABPN, USMLE and the PRITE and Child PRITE Editors.

Tasks

- 1) Collect, assess, and disseminate on AADPRT's website assessment tools that may be useful to members (along the model of the Curriculum Committee).
- 2) Author white papers and position statements on topics of assessment to serve as guidance to AADPRT members and affiliated organizations such as ACGME and ABPN.
- 3) Provide educational workshops on various aspects of assessment, including innovative methods.
- 4) Liaison with other AADPRT components on issues of assessment (e.g. PGY4 Taskforce, ACGME Liaison Committee, Psychotherapy Committee, Child Caucus, etc.)



- 5) Work with affiliated organizations that focus on assessment (USMLE, ABPN, American College of Psychiatrists [PRITE and Child PRITE]) to help program directors understand current methods of assessment and to serve as a liaison between AADPRT and these organizations to facilitate understanding of and bidirectional feedback about these assessments and their results.

AADPRT Child and Adolescent Psychiatry Caucus

Background

Program Directors of child and adolescent psychiatry fellowships perform tasks and face challenges that are distinct from their colleagues in Psychiatry residency education. The Child and Adolescent Psychiatry Caucus was formed to allow CAP PDs a forum for discussion of issues in child and adolescent psychiatry fellowship training. The CAP Caucus has been particularly active around establishing harmonious relationships among program directors related to recruitment into fellowship and the NRMP Match.

Purpose

This caucus's role is to serve Child and Adolescent Psychiatry (CAP) training directors and improve training in Child and Adolescent Psychiatry. The CAP Caucus does this by facilitating and promoting communication and collaboration among child & adolescent psychiatry training directors and by enabling CAP Caucus members' collaboration with relevant educational groups (AACAP, APA, ADMSEP, AAP). The Caucus also seeks to develop, identify and promote useful and appropriate educational/program material for child & adolescent psychiatry fellowship programs. Special attention is paid to helping CAP program directors with issues related to the NRMP Match and recruitment of general psychiatry residents into CAP fellowships.

Tasks

- 1) Serve as a member of the AADPRT Executive Committee
- 2) Gather input from the CAP Caucus members on challenges they are facing with their fellowship programs, including recruitment, accreditation, program requirements, and curriculum. Input can come during the annual meeting or via email/ other informal communication.
- 3) Inform CAP PDs, both at the annual meeting and through other means (ie the listserv) about actions by EC, AACAP, ACGME, and other agencies whose decisions affect CAP program directors and fellowship programs.
- 4) Organize the session(s) in which the CAP Caucus meets at AADPRT Annual Meeting
- 5) Advocate for content at the annual meeting that serves the needs of CAP program directors
- 6) Serve as a liaison to the AACAP Training and Education Committee

AADPRT Combined Training Caucus

Background

The combined training caucus was established in the late 1990's as place for combined training directors to discuss issues related to recruitment. In 2009-2010, the ABPN established a moratorium on the approval of new combined programs. Yet graduates from combined training in psychiatry/medicine, psychiatry/family practice, psychiatry/neurology, and "triple board" psychiatry/pediatrics/child psychiatry are uniquely qualified for certain roles at the interface of psychiatry and other specialties, and combined programs tend to attract highly qualified applicants with missions to provide either certain types of service or to serve special populations. Combined graduates also have valuable roles in academic medicine, serving as bridges between academic departments, and are well positioned to help shape models of integrated care delivery. An AADPRT presidential task force on combined training was established in 2010 to advocate for the lifting of the moratorium and demonstrating the value of these programs. The task force was sunset once the mission was accomplished but the caucus became a venue to discuss the common issues faced by combined training programs.



Purpose

The combined training caucus is a venue for the discussion of issues that combined programs share—recruitment, advocacy, interaction with stakeholder organizations, and the sharing of best practices.

Tasks

- 1) Provide a forum for discussion during the AADPRT annual meeting
- 2) Interact with the ABPN Alternative Pathways Committee
- 3) Advocate as needed with national organizations including APA, AACAP, AMP, APM, ACGME and professional organizations in other partner specialties
- 4) Assist in the identification and development of some of the distinctive characteristics and competencies of combined training programs and their graduates, that arise through the simultaneous training experience in two specialties and the unique positions they occupy between specialties

AADPRT Consultants on GME Finances and Governmental Affairs

Background

The majority of graduate medical education is funded by Medicare, and a not insignificant amount comes from the Department of Veterans Affairs. Changes to funding at the federal level can have major effects on Psychiatry residency programs and their sponsoring institutions. New funding opportunities occasionally arise, such as funds available through the Affordable Care Act. Furthermore, legislative and regulatory changes that affect the health care system in general (e.g., Medicare's move towards payment based on outcomes) may also affect GME in particular.

Purpose

It is important for program directors to be aware of funding, legislative, and regulatory issues that may impact GME. This team convenes internal experts in these areas and helps educate members about these topics.

Tasks

- 1) The Caucus will meet at the Annual Meeting and may elect to meet by phone in the interim.
- 2) The Chair of this Caucus will be asked to present periodic updates to the Executive Council.
- 3) The Chair will also be asked to update our membership on important developments in GME financing and Federal legislative or regulatory changes of relevance to GME.

AADPRT Curriculum Committee

Background

Curriculum development can be a daunting task for programs and their faculty. For smaller programs and institutions that may not have the breadth and depth of expertise to teach the full spectrum of topics per the ACGME/RRC requirements, having access to curricular resources is critical. Larger programs may struggle to teach every required topic on an ongoing basis, especially as faculty makeup or availability may fluctuate thereby necessitating their access to these materials. As new/junior faculty come on board, they need to develop their teaching skills. Having model curricula and experienced mentors to assist and guide them can be extremely helpful.

Purpose

This committee's role is to encourage AADPRT members to share curricula that they have developed for the benefit of our academic psychiatry and residency training community.



Tasks

- 1) Provide peer review, feedback, and approval of high quality curricula for dissemination.
- 2) Oversee and manage AADPRT educational resources.
- 3) Communicate regularly with the membership on available curricular resources.
- 4) Mentor, train, and provide encouragement to faculty members and Ginsberg fellows in curriculum development.
- 5) Liaison with other affiliated organizations such as APA and ABPN on educational projects of mutual interest.

AADPRT Development Committee

Background

The development committee was created to solicit and channel donations to AADPRT. It seeks to identify funding sources to support the activities of the organization, in particular at the Annual Meeting. The Committee also develops policies to minimize the conflict of interest that may arise from such arrangements, as well as possible conflicts of interest among the leadership of the organization.

Purpose

To solicit and coordinate donations to AADPRT to help fund fellowships and awards.

Tasks

- 1) Work with the AADPRT EC to find ways to encourage donations to AADPRT from a variety of sources
- 2) Work with the Executive Director to solicit donations from members
- 3) Determine any conflicts of interest for donors and AADPRT and discuss these with EC
- 4) Develop new avenues for giving

AADPRT Diversity and Inclusion Committee

Background

The ACGME describes “a substantive deficiency in preparing residents and fellows to identify and address disparities in health care” (1). Key mechanisms to reverse this deficiency include attending to increasing diversity among our workforce, attending to issues of diversity in our training programs and recognizing the biases that both inherently sabotage trainees who come from underrepresented groups and the provision of adequate health care to minority and marginalized groups. The ACGME will be evaluating education and clinical site initiatives within institutions regarding reducing such disparities through the Clinical Learning Environment Review (CLER) process.

Graduate medical education must be a part of the solution in developing a more diverse physician workforce and equalizing the maldistribution and disparities in health care. Such efforts may involve engaging in ongoing systematic and focused efforts to attract and retain residents from demographically diverse backgrounds, training residents in culturally competent care, and educating faculty about their own biases toward both patients and trainees.

Purpose

Future psychiatrists will be best prepared to practice if they are trained in an environment embracing diversity. This committee will provide AADPRT with a venue for ongoing education regarding diversity, a clearinghouse for educational materials about diversity, and representation within the leadership of the organization to advocate for issues about diversity and health disparities. The committee may partner with similar committees already in existence in a number of our allied organizations, including APA. The committee may also work in concert with other AADPRT Committees (i.e., recruitment, curriculum) in order to accomplish its mission.



Tasks

- 1) To develop trainings for the membership on issues regarding diversity for the annual meeting
- 2) To disseminate best practices regarding diversity in recruitment and retention
- 3) To develop, and/or solicit and evaluate curricular materials for training in cultural psychiatry to disseminate to the membership
- 4) To develop, solicit and evaluate best practices regarding teaching residents how to identify and address health care disparities and educate them about the social determinants of health
- 5) To assess the demographics of psychiatry residents and faculty in training programs vs. the general population
- 6) To advocate for issues regarding diversity on the executive council
- 7) To interface with the recruitment committee and the IMG caucus regarding common issues

AADPRT Information Management Committee

Background

Information and the management of information are the keys to an effective organization. The AADPRT organization relies upon several communication strategies including e-mail, listserv, and the website. One of the major resources for AADPRT membership is the website, and in particular, the Virtual Training Office. The VTO is a repository of numerous tools for residency program directors and administrators, created by its members to help one another with example policies, teaching materials, and other resources. In addition, the website also has handouts and presentation summaries of the plenary and workshop sessions at the AADPRT annual meetings which are a rich resource of information regarding ACGME and ABPN program requirements, evaluation methodologies, and technologies used in teaching.

Purpose

This committee's role is to function as a resource with regards to organization of the website, spearheading changes in response to membership needs, and determining the appropriate use of communication tools.

Tasks

- 1) Monitor the use of the AADPRT Listserv to ensure adherence to Listserv guidelines
- 2) Liaise with AADPRT leadership, committees, caucuses, task forces, regional representatives, and membership with regards to their information management needs
- 3) Review content to be hosted on the AADPRT website to determine the most effective mechanism for storage, retrieval, and dissemination
- 4) Review the organization of the AADPRT website to improve upon access to materials by membership

AADPRT IMG Caucus

Background

Psychiatry has always embodied diversity. International Medical Graduates constitute an essential core of the psychiatric workforce, with a significant number providing medical and psychiatric care in the medically underserved areas. The increase in immigration and diverse populations in America has further called for psychiatrists from diverse backgrounds.

Purpose

The caucus is charged to help training directors understand the complex world of International Medical Graduates (IMGs) and highlight the accomplishments of, and challenges related to, IMGs. The AADPRT IMG Caucus was formed to support members who are, but not limited to, IMG Program Directors, Associate PDs, and residents/fellows.



Tasks

- 1) We will continue to explore the impact of immigration changes on program directors and trainees.
- 2) We support/liaise with AADPRT leadership, and community for any IMG issues the association is faced with.
- 3) The caucus also promotes outstanding achievements of IMG residents with its support for the Nyapati Rao MD and Francis Lu MD IMG Fellowship Award.

AADPRT Membership Committee

Background

AADPRT is a large and growing organization with an expanding membership. Members have diverse needs that they would like the organization to serve. Historically, the Membership Committee Co-Chairs have included one Psychiatry Residency Program Director and one Child and Adolescent Psychiatry Fellowship Program Director. The Co-Chairs collaborate extensively with the Executive Council, Steering Committee, and Executive Director.

Purpose

This committee's role is to serve members and their needs. Committee members are responsible for welcoming new and existing members to AADPRT and discerning the ways that AADPRT can better meet the needs of its membership. This committee also facilitates smooth processes for member registration and payment of dues.

Tasks

- 1) Planning and managing the Annual Meeting New Training Directors' Symposium and organizing the Break-Out Groups which follow
- 2) Maintaining the AADPRT Manual and Training Director Calendar
- 3) Maintaining the Mentorship program—soliciting mentors, soliciting mentees, and matching them appropriately
- 4) Facilitating registration of new members and the renewal of current members by monitoring the web-based registration system and interfacing between members and the Executive Director.
- 5) Facilitating the timely payment of member dues (email blasts and reminders/ requests to individual members who have not yet registered)
- 6) Clarifying categories of membership, benefits and dues for each category, and making sure this information is clearly stated on the website

AADPRT Neuroscience Education Committee

Background

Psychiatry is in the midst of a paradigm shift. The diseases we treat are increasingly understood in terms of the complex interactions between genetic and environmental factors and the ways in which each contribute to the development and ongoing regulation of neural circuitry. Yet in many residency programs, neuroscience remains peripheral if not largely ignored. This is an enormous practice gap: despite the central role that neuroscience is poised to assume in psychiatry, we continue to under-represent training for this essential perspective on our work.

Purpose

This committee's role is to inform the planning of the annual BRAIN conference (in conjunction with the conference Co-Chairs) and to develop shared curriculum resources for teaching neuroscience in psychiatry



Tasks

- 1) Work with AADPRT SC to financially plan for the annual BRAIN conference;
- 2) Survey PD's needs and interest in neuroscience teaching resources;
- 3) Create on-line, classroom, and self-study resources for teaching neuroscience in psychiatry and providing faculty development workshops to facilitate implementation and dissemination;
- 4) Assess outcomes of educational initiatives.

AADPRT Program Committee

Background

The AADPRT Annual Meeting provides a venue for those overseeing residency and fellowship training in psychiatry to share ideas about new trends and emerging priorities in medical education and psychiatry. The meeting provides an update regarding the latest training requirements set by the American Board of Psychiatry and Neurology (ABPN) and the Residency Review Committee (RRC) for Psychiatry and an opportunity for programs to share strategies for meeting an evolving set of national regulations. Attendees also have an opportunity to connect with colleagues and enhance their own professional development. The meeting offers resources and support for training directors, associate training directors, program administrators, and other teaching faculty in achieving our shared mission "to promote excellence in the education and training of future psychiatrists."

Purpose

Under the leadership of the Program-Chair, the Program Committee's role is to plan the Annual Meeting of AADPRT in collaboration with the Executive Director and President of AADPRT.

Tasks

- 1) The Program Chair performs a site-visit and confirm logistics of the meeting in collaboration with the Executive Director.
- 2) Finalize the overall schedule for the meeting.
- 3) In collaboration with the Executive Director, complete the application for Continuing Medical Education (CME) for the annual meeting.
- 4) Review and approve (or decline) all exhibitor applications.
- 5) Review and select workshops for the meeting and assign timeslots.
- 6) Review and select posters for the meeting and assign poster locations.
- 7) Finalize the program evaluation survey and CME calculation for attendees.
- 8) Select speakers for plenaries and larger meeting programming.
- 9) Review and summarize results from the program evaluation survey for the EC.
- 10) Develop and support additional initiatives as warranted (for example Networking Dinners and the Whova app both initiated with the 2018 meeting).

AADPRT Psychotherapy Committee

Background

All psychiatrists should be competent in a variety of forms of psychotherapy. An in-depth understanding of patients' mental life enhances a psychiatrist's ability to develop and manage the therapeutic alliance, conceptualize complex presentations and provide the comprehensive care that is required by people suffering from mental illness. A solid grounding in psychotherapy enhances every aspect of the psychiatrist's interactions with patients. Many psychiatry residencies, however, have limited psychotherapy training resources or have faculty members with limited experience in training and supervising psychotherapy skills.



Purpose

The Psychotherapy Committee seeks to create and disseminate information, training materials, and assessment tools to support psychotherapy training in residency programs. The Committee wants to continually remind AADPRT and its members of the importance of psychotherapy training and practice and to constantly promote the use of psychotherapy in all aspects of psychiatry.

Tasks

- 1) Collect and disseminate best practices for training and assessing psychotherapy
- 2) Create workshops and posters for the AADPRT Annual Meeting promoting psychotherapy training
- 3) Promote the provision of psychotherapy by psychiatrists in the community

AADPRT Recruitment Committee

Background

Recruitment of students and physicians into the field of psychiatry and its subspecialties is a critical role of program directors. Recruitment is vital to developing and sustaining the workforce of psychiatrists. Finally, recruitment represents a substantial amount of the time and efforts of program directors each year across the country.

Purpose

The purpose of the AADPRT Recruitment Committee is to support and educate members on salient topics related to recruitment of individuals into careers in psychiatry. Critical topics include key pragmatic annual recruitment strategies such as application screening and running an interview day, subspecialty recruitment, and recruitment of a diverse workforce.

Tasks

- 1) Collect, assess, and disseminate on AADPRT's website recruitment tools that may be useful to members.
- 2) Provide educational workshops on various aspects of recruitment.
- 3) Respond to member concerns and interests related to recruitment through monitoring of listserv discussions, surveys, and the annual open committee meeting.
- 4) Author papers, publications and position statements on topics of recruitment to serve as guidance to AADPRT members and affiliated organizations.
- 5) Liaison with other AADPRT components on issues of recruitment (e.g. Subspecialty Caucus, Match Consultants, Child Caucus, etc.).
- 6) Liaison with allied organizations (e.g. APA, ADMSEP, etc.) to address common recruitment issues and to co-present at relevant meetings.
- 7) Monitor recruitment data available through AAMC, AMA, and NRMP.
- 8) Advocate for resources that would support programs and program directors in obtaining resources for recruitment.
- 9) Provide advice to AADPRT leadership about significant changes in recruitment requirements or procedures, trends in recruitment data, and recommended AADPRT responses or action.

AADPRT Regional Representative Committee

Background

Frequent and transparent communication is essential to the healthy operation of hierarchical institutions because it improves the trust and morale of members and helps leadership focus their efforts on shared goals. Large organizations such as AADPRT need a mechanism to transmit opinions, concerns, and suggestions up



the hierarchy as well as to facilitate the flow of information from leadership to the membership. A committee of members elected from each region of AADPRT provides the necessary liaison group to serve this function.

Purpose

The regional representative committee provides a channel of communication between individual training programs and the AADPRT executive council (EC). Throughout the year, regional representatives communicate through a series of conference calls facilitated by the committee chair, and periodically communicate with membership through their regional listservs. The committee may also develop a project for the year, depending on interest. The regional chair, in his/her role on the Executive Council, provides reports to the EC on committee discussions, projects, and membership concerns raised during the year. During the annual meeting, regional representatives facilitate information exchanges within regional caucuses, and between their caucus and the Executive Council. In addition, regional representatives chair, co-chair, and sit on two award committees: the Ginsberg Fellowship Award and the Poster Award Committee.

Tasks

- 1) Enhance bottom-up communication from membership to EC and top-down communication, as requested, from the EC.
- 2) Enhance effectiveness of regional caucuses at the annual meeting.
- 3) Select 5 regional Ginsberg Fellowship Awardees each year
- 4) Select 1 winner and 1 runner-up to the Annual Poster Competition each year

AADPRT Subspecialty Caucus

Background

AADPRT is a large and growing organization that includes program directors from both general psychiatry training programs and fellowship programs. Members have diverse needs that they would like the organization to serve. The Chair of the Subspecialty Caucus is a program director for a forensic, geriatric, addictions, or consultation-liaison psychiatry fellowship program. The Chair serves on the AADPRT Executive Committee and represents the needs of the Subspecialty Caucus to the Executive Council, Steering Committee, and Executive Director.

Purpose

This group's role is to represent the needs of the subspecialty programs listed above. The caucus members liaison with subspecialty organizations and represent the opinions of fellowship directors from those organizations. The caucus also monitors trends in subspecialty applications and helps with recruitment to the specialties.

Tasks

- 1) Provide a forum for fellowship program directors to interface and share thoughts
- 2) Represent the interests of fellowship programs regarding ABPN regulations
- 3) Liaison with subspecialty organizations as a means of gathering and disseminating information pertinent to subspecialty training
- 4) Monitor trends in subspecialty applications
- 5) Coordinate with the Recruitment Committee to present suggestions directly pertinent to subspecialty programs
- 6) Provide representation on the Executive Committee



AADPRT Workforce Task Force

Background

The United States has a psychiatrist workforce problem. There are approximately 49,000 to 50,000 psychiatrists in the United States at present. If we assume that an average psychiatrist will work 40 years after residency training (until age 70), the presently available number of residency slots – approximately 1,560 – will probably only allow replacement of the existing force, considering that some psychiatrists may not work full time or that some will retire earlier than at age 70. (If psychiatrists routinely retired at age 65, we would not even be able to replace the existing workforce.) The problem is compounded further by the “graying” of physicians, including psychiatrists, and a recognition that a sizeable proportion of the workforce will soon retire. In fact, psychiatry is now the third oldest specialty in the US. A 2013 Substance Abuse and Mental Health Services Administration report found that the median age of psychiatrists was 55.7 years, and most troubling with respect to having an adequate workforce, 46% were over 65 years old. The problem affects subspecialists as well – we simply don’t have enough child & adolescent psychiatrists, geriatric psychiatrists or addiction psychiatrists.

Unfortunately, we need to do much more than simply maintain the status quo. The United States has been growing rapidly, but the rate of growth of psychiatrists has not come close to the same pace. One way of understanding the problem is to recognize that in the past 20 years we have seen approximately a 37% increase in population with only a 12% increase in number of psychiatrists (while the number of overall physicians has increased by 45%). The Association of American Medical Colleges estimates that within 10 years we will have a deficit of 20 to 30 thousand psychiatrists.

Purpose

The United States needs to produce more psychiatrists to meet the projected workforce deficits. The American Association of Directors of Psychiatry Residency Training (AADPRT) exists to bring psychiatry program directors together to ensure that our training programs are able to meet the mental health needs of the nation. This Task Force will provide AADPRT with a forum to study the obstacles to increasing the psychiatrist workforce and the feasibility of potential strategies and solutions. The Task Force will reach out to and explore partnerships with other organizations, such the American Psychiatric Association, ACGME, and ABPN, as well as with mental health policy institutes. The Task Force will not address recruitment of medical students into Psychiatry residencies or of Psychiatry residents into fellowships, as that is the purview of the Recruitment Committee.

Tasks

- 1) To examine and define the extent of the projected workforce shortage.
- 2) To identify and disseminate best practices regarding expansion of psychiatry training slots.
- 3) To develop strategies for overcoming the existing obstacles to expansion of psychiatry residency slots and anticipate possible changes in funding sources and models in the future.
- 4) To identify other solutions that go beyond expansion of psychiatry training slots.
- 5) To collaborate with allied organizations and institutions in study and advocacy relating to psychiatry workforce.
- 6) To consider ways of addressing psychiatrist maldistribution by preparing residents to care for patients in underserved areas.
- 7) To consider the long-term (20+ years) mental health needs of the population and what psychiatric expertise will be needed, given demographic trends, changes in technology, and anticipated changes in models of care.