



American Association of  
**Directors of Psychiatric  
Residency Training**

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July 1, 2022

Lynne M. Kirk, MD, MACP Chief Accreditation Officer  
Accreditation Council for Graduate Medical Education 401 North Michigan Ave,  
Suite 2000  
Chicago, 60611

Dear Dr. Kirk,

As representatives of organizations committed to the training of physicians, we are writing to the ACGME regarding the recent changes to the Common and Specialty-specific Program Requirements relating to duties, function, dedicated time, and fulltime equivalent (FTE) support for program directors (PDs), assistant/associate programs directors (APDs), program coordinators, and core faculty members. We remain concerned about the devastating effect the revisions will have on the well-being of program directors and the quality of training in programs.

We believe that "homogeneous" standards regarding such support are inappropriate because residency and sub-specialty fellowships vary so widely in curricular content, number of training sites, administrative activities, and requirements for direct supervision of trainees. We strongly recommend that individual Review Committees have the flexibility to increase the standard expectations for program leadership, faculty, and administration above the common training requirements.

Program Directors in smaller training programs frequently require protected time similar to larger programs due to fewer faculty over which to spread workload, including smaller numbers of clinical supervisors, didactic teachers, and content experts. These responsibilities fall to Program Directors and Program Coordinators. Subspecialty fellowship programs are often much smaller (many with 1-3 fellows). With the exception of Child and Adolescent Psychiatry, we recommend that, given the ever-increasing demands, the subspecialty fellowships should be increased to a minimum of 0.3 FTE for the program director role, with continued flexibility for specialty RCs to increase above this minimum based on program size. We believe that the complexity of training residents who have not yet completed general psychiatry training and the need to educate child and adolescent psychiatrists across systems of care requires at least .5 FTE for this subspecialty.



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Reduced protected time will result in weaker recruitment and retention of high-quality Program Directors and Program Coordinators, and, thus, an overall reduction in the quality of training and education nationwide, particularly in smaller programs. Program Directors will not be able to adequately support curricular development, didactic teaching, professional development, mentorship, and academic projects. This is incompatible with the mission of the ACGME.

We respectfully request a reconsideration of the new common program requirements.

Sincerely,

President, American Association of Directors of Psychiatric Residency Training

American Academy of Child and Adolescent Psychiatry

American Academy of Neurology (Consortium of Neurology Program Directors)

American Academy of Psychiatry and Law

American Association of Chairs of Departments of Psychiatry

American Association for Geriatric Psychiatry

Association of Directors of Forensic Psychiatry Fellowships

Association of Family Medicine Residency Directors

Council on Medical Education and Life-Long Learning, American Psychiatric Association

Council of Residency Directors in Emergency Medicine