



## **AADPRT Committee/Task Force/Position Charges**

### **Academic Psychiatry Governance Committee Representative**

AADPRT bylaw 5.7: AADPRT serves as a sponsor of the journal, *Academic Psychiatry* (AP), along with the other sponsoring organizations in the journal consortium. Consortium member responsibilities are as specified in the Academic Psychiatry governance document. The AADPRT President shall appoint a past-president of AADPRT to serve as representative to the AP Governance Committee (GC). The GC representative will serve on the Executive Council and join Steering Committee meetings as requested by the president. The GC representative shall be appointed for a term of four years with a maximum of two renewals. The GC representative will represent the perspective and interests of AADPRT to the GC, and provide information about, and liaise with the journal to, AADPRT leadership.

### **Addictions Committee**

#### **Background/Purpose**

The addictions taskforce was established by Sandra DeJong at the 2017 AADPRT Annual Meeting with the aim of improving addictions training in psychiatry by providing more resources to training directors. The goal of this taskforce was to lead the efforts to use the expertise of allied organizations including the APA, American Association of Addictions Psychiatry, AACAP, and ADMSEP, and develop resources on additions for training directors. In 2020, AADPRT's Executive Council approved the creation of the standing Addictions Committee to continue to collaborate with other organizations and lead the efforts in improving addictions training in psychiatry.

### **Assessment Committee**

#### **Purpose**

The committee functions as a resource for 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) Liaise 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.

### **Burnout Task Force**

Identify and seek remedies for sources of program director burnout.

### **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 provide 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 (i.e., 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

## **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 the 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 through VTO.
- 2) Oversee and manage model curricula on VTO.
- 3) Communicate regularly with the membership on available curricular resources in VTO and outside of VTO (allied organizations and national curricula for trainees).
- 4) Provide training to new PDs/APDS on various aspects of curriculum development via virtual webinars and Annual Meeting workshops.
- 5) Liaise with other affiliated organizations such as APA, AACAP, and others on educational projects of mutual interest.

## **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 Executive Council (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

### **International Medical Graduate (IMG) Committee**

#### Purpose

The committee is charged with helping training directors understand the complex world of International Medical Graduates (IMGs) and highlight the accomplishments of, and challenges related to, IMGs. The IMG committee was formed to support members including, but not limited to, IMG program directors, associate program directors, and residents/fellows.

#### Tasks

- 1) Explore the impact of immigration changes on program directors and trainees.
- 2) Support/liaise with AADPRT leadership and community for any IMG issues facing the association.
- 3) Promote outstanding achievements of IMG residents with its support of the Nyapati Rao and Francis Lu IMG Fellowship Award.

### **Information Management Committee**

#### Background

Information and the management of information are keys to an effective organization. AADPRT relies upon several communication strategies including e-mail, listservs, and X (Twitter). One of the major resources for AAPDRT membership is the listserv. The listserv permits program directors to immediately communicate with each other about residency related topics such as didactics, clinical rotations, and resident education plans. Program directors can share their extensive knowledge, experience, and pearls



with one another and troubleshoot residency issues together. The X (Twitter) account is a major resource for connecting AADPRT with the greater medical community, including psychiatrists, psychiatry residents, and medical students.

#### Purpose

The committee's role is to be a resource to AADPRT for the dissemination and management of information about AADPRT, to spearhead changes in response to membership needs, and to provide feedback on the appropriate use of communication tools.

#### Tasks

- 1) Liaise with AADPRT leadership, committees, caucuses, task forces, regional representatives, and membership with regards to their information management needs
- 2) Monitor the use of the AADPRT listserv to ensure adherence to listserv guidelines
- 3) Create content for AADPRT's X (Twitter) account and monitor its use.

#### **Justice. Equity. Diversity. Inclusion. (J.E.D.I.) Committee**

Develop and implement ongoing education in justice, diversity, equity, and inclusion for the AADPRT membership in order to benefit all specialty and subspecialty training programs.

Collaborate with other committees and organizations to promote diversity and inclusion within the leadership of organized medical societies and academia including, but not limited to, the recruitment and retention of underrepresented minorities.

Partner with other committees to stand against racism and discrimination and to eliminate health care disparities.

#### **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 general psychiatry residency program director and one child and adolescent psychiatry fellowship program director. We are moving to have one chair that will alternate between general and CAP program directors. The chair collaborates 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 ways



AADPRT can better meet the members' needs. This committee also facilitates smooth processes for member registration and dues payment.

#### Tasks

- 1) Plan and manage the Annual Meeting New Training Director Symposium and Mentoring Program.
- 2) Engage members during the Annual Meeting to embrace diversity and foster inclusion through networking strategies and formal and informal activities.
- 3) Maintain the AADPRT Manual and Training Director Calendar.
- 4) Offering virtual member forums designed to help provide newer training directors with advice and guidance from experienced AADPRT members and leadership.
- 5) Facilitate new member registration and current member by monitoring the web-based registration system and interfacing between members and the Executive Director.
- 6) Facilitate the timely payment of member dues (email blasts and reminders/ requests to individual members who have not yet registered).
- 7) Clarify categories of membership, benefits, and dues and ensure this information is clearly stated on the website.

### **Mentorship and Professional Growth Committee**

#### Background

AADPRT has recognized the power of mentorship throughout one's career development as a training director. The organization has had informal mentorship initiatives in the past until 2015 when the Membership Committee officially developed and oversaw mentorship and developed the Mentorship Advisory Council. Despite these efforts, members continued to request a more robust mentorship program, which was documented multiple times in the 2021 Eikenberg Institute's report – having a mentorship program geared towards preparing minority members for leadership positions throughout the organization was often cited as a critical need. It was also noted that a similar mechanism is needed to attract more students to the profession. Creating viable pipelines for racial minorities, complemented by a comprehensive approach to mentoring, was regarded by many to be an effective long-term strategy for the Association to consider.

#### Purpose

The Committee's role is to set up a broad-based mentorship program, responding to the needs of our membership with specific emphasis on new or young training directors and members from under-represented backgrounds. The committee will collaborate with other groups including the J.E.D.I., IMG, Membership (new training director support), and award committees, Community Programs Caucus, Directors of Small Programs Caucus to identify and meet mentorship needs across the diverse AADPRT membership.





### Tasks

1. Develop a robust system to identify mentors and mentees
2. Develop appropriate educational venues to help train mentors
3. Create mentoring events by topic to be offered virtually throughout the year
4. Collaborate with various committees listed above to identify mentorship needs
5. Collaborate with Ginsberg and IMG Awards Committees that utilize mentors for specific projects
6. Update the AADPRT mentorship webpage annually

### **Neuroscience Education Committee**

#### Purpose

The committee's main goal is to remain active and engaged with the larger AADPRT community in order to promote clinical neuroscience education in residency training programs of all sizes resources.

### **Organization of Program Director Associations (OPDA) Liaison**

The AADPRT Liaison to OPDA, the Organization of Program Director Associations, attends twice-yearly OPDA meetings, bringing input from AADPRT on matters of general concern to other program director organizations, and bringing information to AADPRT that may significantly impact trainees, programs, and program directors in psychiatry. The Liaison may file formal reports for the AADPRT Executive Council meetings, but also may communicate with the AADPRT president as needed outside of the formal meeting structure as important issues arise.

### **Organizational Equity Committee**

#### Background

In 2021, AADPRT hired the Eikenberg Institute to assess racial equity and transparency within AADPRT. Based on extensive interviews with a cross-section of members through seven focus groups, a comprehensive report was issued with multiple recommendations. In response to a key recommendation to develop a strategy for responding to concerns about lack of transparency and equity throughout the organization, we proposed and approved the Organizational Equity Committee.

#### Purpose

The Committee's charge is to identify and recommend ways to increase diversity, openness, fairness, transparency, equity, and inclusion within the organization. The committee also considers how AADPRT can better support our members in their home institutions and organizations.



### Tasks

1. Review existing policies, procedures, and bylaws
2. Provide recommendations for aligning procedures for the selection of representatives (e.g., committee chairs, caucus chairs, regional representatives)
3. Provide recommendations for a more transparent and equitable process for selecting the Program Chair
4. Re-evaluate the leadership track
5. Guide the Steering Committee and Executive Council (EC) in developing a 5-year comprehensive equity strategic plan
6. Develop accountability measures and methods (e.g., demographic composition of organizational units, transparency of organizational processes and procedures, etc.) to stated goals and objectives for internal and external oversight of AADPRT's diversity, equity, and inclusion efforts
7. Strategize how to better support AADPRT members in their home institutions and organizations around issues of diversity, equity and inclusion
8. Liaise with the Justice, Equity, Diversity, and Inclusion (J.E.D.I.) and IMG Committees
9. Annually liaise with AADPRT Consultant Dr. Kenneth Hardy.
10. Serve on the EC to provide regular progress reports

### **Past-President and Past-Past President**

Member of the Steering Committee, member of Executive Council, and advisor to the president. Usually chairs the Nominating Committee.

### **President**

As AADPRT's chief executive officer, the president presides over Executive Council and Steering Committee meetings as well as the annual business meeting and other member meetings as necessary. The president sees that all orders and resolutions of the Executive Council and of standing committees and other committees of the association are carried into effect. The president has the power to appoint specific members of the Executive Council to serve as the Steering Committee to offer advice and assist in their duties.

### **President-elect**

Assists the president in their functions and heading the Awards Committee for the Annual Meeting

### **Presidential Appointee**

At the service of the President





## **Program Chair**

Responsible for planning of upcoming AADPRT Annual Meeting.

## **Program Chair-elect**

Member of Program Committee. Duties as assigned by program chair.

## **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 seeks 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

## **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 effort 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 physician recruitment into psychiatry careers. Critical topics include pragmatic annual recruitment strategies (e.g., application screening and running an interview day), subspecialty recruitment, and recruiting 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 and publications on topics of recruitment. Propose to the AADPRT Executive Council position statements on topics of recruitment to serve as guidance to AADPRT members and affiliated organizations.
- 5) Liaise with other AADPRT components on issues of recruitment (e.g., Subspecialty Caucus, J.E.D.I. Committee, Child Caucus).
- 6) Liaise 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.

## **Regional Representatives 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 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. They run at minimum two virtual regional caucus meetings a year in addition to the regional caucus meetings at the annual meeting. The committee may also develop a project for the year, depending on interest. The Chair of the Regional Representative Committee, 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.

#### Tasks

- 1) Enhance bottom-up communication from membership to Executive Council and top-down communication as requested from the Executive Council.
- 2) Enhance effectiveness of regional caucuses at the annual meeting and virtual regional caucuses in between annual meetings.

### **Residency Curriculum and Assessment Review Task Force**

The task force will be charged with identifying an optimal curriculum for the future: What will a graduate of psychiatric training need to know and do to best meet the needs of our society and population in 2040? Some issues to consider include:

- How much time should a trainee spend in internal medicine, neurology, psychotherapy, addiction, child, geriatrics, etc.?
- Should other rotations be required (e.g., ECT/TMS?).
- Should there be new, required didactics in topics such as team leadership, advocacy, medical financing, population health?
- How much elective time should be offered and how does this compare to other specialties?

#### **Secretary**

Maintain minutes

### **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 Council (EC) and represents the needs of the Subspecialty Caucus to the EC, Steering Committee, and executive director.



### Purpose

This group's role is to represent the needs of the subspecialty programs listed above. The caucus members liaise 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) Liaise 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 EC

### Treasurer

Manage finances for the organization.

### Wellbeing and Burnout Committee

#### Background/Purpose

Initially created as a task force in 2019, the charge of the Wellbeing and Burnout Committee is to identify and seek remedies for sources of program director burnout. The committee's initial work consisted of surveying membership regarding rates of burnout, identifying trends, and suggesting mechanisms for addressing this crucial issue. Through this initial work, it became clear that there is a persistent need for program director support to prevent and mitigate burnout, which led to the task force being transitioned to a committee.

#### Tasks

- 1) Collect information from AADPRT members
- 2) Create advocacy tools for members to utilize
- 3) Provide consultations to members
- 4) Offer educational sessions on common member needs
- 5) Develop skill-building sessions

### Workforce Committee

#### Background

The United States has a psychiatrist workforce problem. According to the Health Resources and Services Administration, the supply of psychiatrists who see adults is expected to decrease 20% by 2030 with demand for our services expected to increase by 3%, leaving a shortage of over 12,000 psychiatrists in a workforce that currently numbers around 45,000. The psychiatrist workforce is older, with 37% of psychiatrist aged 65 and older and thus approaching retirement according to the AAMC physician



workforce dashboard. The problem affects subspecialists as well, with shortages of child and adolescent, addiction, and geriatric psychiatrists.

In response to these shortages, the American Association of Directors of Psychiatric Residency Training (AADPRT) convened a Workforce Task Force in 2019. The task force was charged with studying obstacles to increasing the psychiatrist workforce and the feasibility of potential strategies and solutions. In 2022 the task force provided the executive committee a range of recommendations, leading to formation of a workforce committee to continue this work.

### Purpose

There is a clear and urgent need for an increase in the number of psychiatrists available in the United States. While we need to sustain interest in psychiatry, at this time there continues to be more medical students interested in psychiatry than available residency positions. Successful and sustained expansion of residency training slots needs to be an urgent priority. To do so effectively, current and prospective program directors need easily accessible resources and mentoring specific to their needs.

In addition to expanding the pool of general psychiatrists, we need to address the significant shortage of sub-specialists in psychiatry. A two-pronged approach would be first to ensure that all general psychiatrists are well trained to treat all specific subpopulations and second to implement strategies to increase the number of trained subspecialists.

Recruitment and retention of teaching faculty are areas that need sustained attention. A simple increase in the number of psychiatrists available is not sustainable without having dedicated and enthusiastic teaching faculty. Salary disparities between private settings and academic work, which requires time for faculty to teach and supervise, is an important issue that is difficult to address and will need national level advocacy efforts. It will also require providing program directors and faculty with tools to be able to make a business case for graduate medical education at their institutions. Burnout among both program directors and faculty members that leads to attrition is also significant barrier to the sustained expansion of residency and fellowship slots in psychiatry.

It is also worth exploring other options with the end goal of meeting the growing psychiatric needs of the patient population. The workforce can be augmented with Nonphysician Providers (NPPs). Effective use of hybrid teams with NPPs and psychiatrists hinges on understanding the training and education of NPPs and learning effective ways to work jointly with them. It also requires psychiatrists being trained in leading hybrid teams. As NPPs are increasingly present in clinical settings where residents and fellows work, it is important to develop best practices for the co-work of residents and fellows with NPPs.

Incorporation of collaborative care and telepsychiatry may help us more effectively provide psychiatric care to our patients. Training residents and fellows on ways to leverage psychiatrist time using collaborative care models, to provide effective telepsychiatry may also help alleviate the shortage.



Finally, it may be time to re-evaluate psychiatric training, look at all aspects critically and explore whether all the current requirements are still relevant. For example, are there effective ways to shorten training or provide fast tracking to fellowships other than Child and Adolescent Psychiatry? Are there alternate pathways to subspecialty certification that should be considered again? Are there additional areas of training that are currently missing such as how to effectively lead a hybrid team, understanding the finances of patient care and the role of advocacy, that should be included and if so, what are the current requirements that can be taken off?

In order to move the above forward, we will need to advocate. Advocacy will have to be from all levels of psychiatric education: residents, faculty, program directors and chairs and will have to be at the local, state, and national levels. It is clear that there is an imperative need for more psychiatrists, and we need more psychiatry residency positions and to do this we need federal funding, not just the hodge-podge of local/state funding that has allowed some programs to start/expand. We need a coherent national policy and funding.

#### Tasks

Committee members will determine a hierarchy of priority areas for AY 22-23:

1. Expansion of residency slots
  - a. Revise the document entitled Creation of a New Program or Track or Expansion of a Program Resource Guide developed in 2020. Consider adding a set of basic documents (policies, etc.) needed when developing new programs as a resource for new programs as well as keeping a list of consultants available to institutions wanting to start new programs.
  - b. Align with mentorship committee to provide opportunities for mentoring and or/access to consultants with experience starting or expanding a program
  - c. Developing an understanding of current barriers to new training programs and to the expansion of existing training programs.
  - d. work with the rural programs, new programs and community caucuses to understand what is needed to support residency slot expansion efforts in AADPRT
  - e. monitor changes at the Federal and State level that will impact funding for existing and new residency slots.
2. Address significant shortage of sub-specialists in psychiatry.
  - a. Improve/expand categorical subspecialty training so that residents graduate from general psychiatry residency prepared to take care of a full spectrum of patients - analysis of current subspecialty training FTE requirements and alignment with taskforce recommendations e.g., addiction taskforce recommendation to increase addiction psychiatry training to 2 FTE months.
  - b. Explore options to increase the number of trained subspecialists including examining innovative programs and/or shortened training pathways.
  - c. work with the subspecialty, triple board, combined programs, CAP caucuses, addictions committee to coordinate efforts on these issues with them.





3. Faculty recruitment/retention

- a. Obtain baseline analysis of workloads and patient volumes for teaching faculty
- b. Liaise with Justice, Equity, Diversity, and Inclusion Committee to develop support for and expand teaching faculty from diverse backgrounds.
- c. Initiate and sustain educational advocacy efforts with national organizations (e.g., ACGME/APA).
- d. Develop tools that enable PD's/chairs to develop effective business cases that support faculty recruitment and retention.
- e. Work with the wellbeing/burnout committee to understand and make mitigation strategies for faculty retention/recruitment barriers.

4. Working with Nonphysician Providers (NPPs)

- a. examine closely the impact of NPPs on the behavioral health workforce as well as their impact on GME.
- b. Publish results of survey of PD's that focused on the impact of NPPs on GME in psychiatry.
- c. complete Best Practice resource regarding interaction of GME in psychiatry with NPPs and NPP trainees.

5. Leveraging psychiatric expertise

- a. Align with integrated care caucus and curriculum committee to disseminate newer models of care (e.g., telepsychiatry, integrated care) to reach patients in rural/underserved areas and address workforce maldistribution.
- b. Explore models of resident supervision and training of residents in under-resourced areas.

6. Re-evaluate psychiatric training

- a. Explore whether all the current requirements are still relevant, whether new requirements should be included and whether some requirements could be removed.
- b. Develop ACGME recommendations in collaboration with curriculum committee.

7. Advocacy - Local institution, State and National

- a. Liaise with APA and other organization interested in the psychiatry workforce.
- b. Develop funding advocacy tools to include federal, state, institutional, insurance options.