

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

Question	Answer
Oversight	
<p>How can an accredited program's Sponsoring Institution be changed to another institution/hospital?</p> <p><i>[Program Requirement: I.A.]</i></p>	<p>Transfer of sponsorship requires a letter from the program's current sponsor (the designated institutional official [DIO] and that institution's senior administrative official) indicating willingness to give up sponsorship, and a letter from the proposed sponsor (the DIO and that institution's senior administrative official) indicating willingness to sponsor the program. The letters should be addressed to the executive director of the Review Committee, with a copy to the Senior Vice President, Field Activities, both at the ACGME.</p> <p>The Review Committee will review each request and determine if a site visit is required prior to a transfer of sponsorship. Upon approval of a transfer of sponsorship, the name of the program changes to that of the new sponsor in all ACGME records.</p> <p>If the existing Sponsoring Institution wishes to retain the program, it is suggested that the issue be resolved locally between the hospital and its Sponsoring Institution. The welfare of the fellows currently appointed to the program must be considered.</p> <p>Additional information is available on the ACGME website.</p>
Personnel	
<p>What is meant by non-clinical time?</p> <p><i>[Program Requirements: II.A.4.-II.A.4.a).(16)]</i></p>	<p>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).(16).</p>

Question	Answer
<p>Does the Review Committee grant waivers to the requirement for the program director's certification by the American Board of Psychiatry and Neurology (ABPN) or the American Osteopathic Board of Neurology and Psychiatry (AOBNP)?</p> <p><i>[Program Requirement: II.A.3.b)]</i></p>	<p>No, the Review Committee does not grant waivers to this requirement and will withhold accreditation of new programs that are not led by ABPN- or AOBNP-certified geriatric psychiatrists.</p>
<p>Must a geriatric psychiatry program maintain a specific minimum number of faculty members?</p> <p><i>[Program Requirements: II.B.1.and II.B.4.c)]</i></p>	<p>The physician faculty must include the program director and at least one core faculty member with current ABPN or AOBNP certification in geriatric psychiatry. The program can 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.</p>
Fellow Appointments	
<p>Can a PGY-4 resident be appointed to a fellowship in geriatric psychiatry?</p> <p><i>[Program Requirement: III.A.1.b)]</i></p>	<p>Only residents who have completed an ACGME-accredited residency program, an American Osteopathic Association-approved residency program, a program with ACGME International Advanced Specialty Accreditation, or a program located in Canada and accredited by the Royal College of Physicians and Surgeons of Canada-accredited or College of Family Physicians of Canada in general psychiatry are eligible for appointment to an ACGME-accredited geriatric psychiatry fellowship.</p>

Question	Answer
<p>When should programs request a temporary increase in fellow complement, and under what circumstances will the Review Committee approve such a request?</p> <p><i>[Program Requirement: III.B.1.]</i></p>	<p>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 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 12 months of education 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 fellow complement, whether temporary or permanent, the Review Committee reviews the program's current accreditation status, recent program history, Resident/Fellow Survey data, and program resources. The decision is based on 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.</p>
<p>When a complement increase is approved, does the Review Committee consider the additional position as one full-time equivalent FTE or one person?</p> <p><i>[Program Requirements: III.B.1.]</i></p>	<p>One approved fellow position is considered one FTE, not one person, which means that the program may fill one approved position with two fellows, each completing the educational program education on a half-time basis. Note that while part-time education is permitted, the program must be completed within a two-year period.</p>
Educational Program	
<p>What is the Review Committee's expectation for faculty preceptorship with fellows?</p> <p><i>[Program Requirement: IV.C.11.]</i></p>	<p>The Review Committee expects that preceptorship involves one-on-one and group meetings with the fellow and the fellow's preceptor, focusing on the fellow's development of competence integral to successful professional practice in the subspecialty.</p>

Question	Answer
<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.]</i></p>	<p>Faculty members must demonstrate scholarship through participation in scholarly activities, including, local, regional, national committees or educational organizations. 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 one or more physician faculty members do not provide documentation of regular (at least annual) scholarly activity.</p>
The Learning and Working Environment	
<p>What is an appropriate patient load for fellows?</p> <p><i>[Program Requirement: VI.E.1.]</i></p>	<p>All of the factors listed in the Program Requirements must contribute to the determination of an appropriate patient load for each fellow. In addition, the patient care setting, the complexity of the patient's treatment, and a resident'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.</p>
<p>Must every interprofessional team include representation from every profession listed in the requirement?</p> <p><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; it is not to mandate that all be included in every case.</p>