



AADPRT EC Committee/Caucus/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 liaison with the journal to AADPRT leadership.

Addictions Committee

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 Committee 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

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. 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.

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 listserve) 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 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.

Development Committee

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

Humanities in Medicine Caucus

Background

Humanities in medical training have become more widespread and can benefit trainees in many areas: wellness, burnout prevention, empathy, therapeutic alliance, and cultural humility.

Purpose

This caucus will explore and share different aspects of humanities in medicine such as utilizing literature, non-fiction, film, visual art, music, etc. in training. The caucus will explore curriculum ideas, wellness, diversity, and cultural competence with the goal of helping our trainees become more empathetic towards themselves, their colleagues, and their patients.

Tasks

1. Collect and disseminate best practices for using the humanities in medical training.
2. Create workshops and posters for the AADPRT Annual Meeting promoting humanities training and techniques.
3. Promote wellness, diversity, and cultural competence through liaising with other AADPRT caucuses and committees as appropriate.

International Medical Graduate (IMG) Committee

The committee 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 committee 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 committee also promotes outstanding achievements of IMG residents with its support for the Nyapati Rao MD and Francis Lu MD IMG Fellowship Award.

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



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

Tasks

1. Develop and implement ongoing education in diversity, inclusion, equity, and justice for the AADPRT membership in order to benefit all specialty and subspecialty training programs.
2. 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.
3. 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 Psychiatry Residency Program Director and one Child and Adolescent Psychiatry Fellowship Program Director, we are moving to have one chair with the intent to alternate between general residency and CAP program directors. The Chair 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. Offering Virtual Member forums designed to help provide newer TDs with advice and guidance from senior AADPRT members and leadership
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

Mentorship 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 (mentoring 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 committees including J.E.D.I. committee, IMG committee, Community Program Caucus, Directors of Small Programs Caucus, Award Committees, and the New Training Director's Program 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 programs that utilize mentors for specific projects
6. Update Mentorship website annually

Neuroscience Education Committee

This committee's role is to create and disseminate shared resources and pedagogical approaches that will help train psychiatrists to integrate a modern neuroscience perspective into every facet of their clinical work.



OPDA Liaison

Liaison to OPDA (Organization of Program Director Associations)

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 Committee for Organizational Equity.

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 will also consider 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 (eg: 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 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 Diversity and Inclusion and IMG Committees.
9. Liaise with AADPRT Consultant, Dr. Kenneth Hardy, annually.
10. Chair to sit on Executive Council to provide regular reports on progress.



American Association of
Directors of Psychiatric
Residency Training

Past President and Past-Past President

Serve as a members of the Steering Committee/Executive Council and as advisors to the president. Past president chairs the Nominating Committee.

President

As the chief executive officer of the AADPRT, the president presides at each meeting of the members of the association and at each meeting of the Executive Council. 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

Assisting the president in their functions and chairing the Awards Committee for the Annual Meeting

Presidential Appointee

Serves at the pleasure of the president.

Program Chair

Responsible for planning the Annual Meeting. Chairs the program committee.

Program Chair-elect

Serves on the Program Committee for three consecutive years – program chair-elect, program chair, past program chair/secretary. Led by the program chair, the committee plans the Annual Meeting.

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

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 physicians into careers in psychiatry. Critical topics include 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 and publication 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 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

Secretary

Maintain minutes of the Executive Council and Steering Committee Meetings.

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

Treasurer

Works with the executive director to manage the association's finances.



Wellbeing and Burnout Committee

Background

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 support for program directors to prevent and mitigate burnout, which led to the task force being transitioned to a committee.

Purpose

The committee accomplishes its current charge through collecting information from AADPRT members, creating advocacy tools for members to utilize, providing consultations to members, offering educational sessions on common member needs, and developing skillbuilding sessions.

Tasks

1. Program Director Consultants Team Lead: Yasin Ibrahim | This group provides one-time consultations to PDs on specific issues.
2. Workshop Team Lead: Sumru Bilge-Johnson | This group develops workshop submissions for the annual meeting and ran the last mid-career workshop at the 2023 meeting.
3. Nuts and Bolts Team Leads: Heather Vestal and Isheeta Zalpuri | This group develops virtual sessions on common program director tasks to aid PDs in streamlining their workload.
4. Wellbeing/Burnout Monitoring | The committee is working to develop new projects to monitor and support PD well-being and decrease burnout. New team leads will be identified as projects are created.

Workforce Committee

Background

The United States has a psychiatrist workforce problem. Between 1995 and 2014, although the population increased by 37% and the number of physicians grew by 45%, the number of psychiatrists increased by only 12%. In 2017, 61% of psychiatrists were 55 or older and thus approaching retirement. A 2018 population analysis projected that the US psychiatrist workforce would contract to a low of about 39,000 by 2024, with an ongoing shortage through at least 2040. The current psychiatric and mental health workforce is insufficient to meet the nation's mental health needs, with less than half of US adults with a DSM disorder receiving any care, only 12% seeing a psychiatrist, and



96% of US counties having unmet need for psychiatric prescribers. 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 are more medical students interested in psychiatry than available residency positions. 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. For example, an existing program might need help making a business case for adding new positions and for developing new tracks while a new program might need assistance in meeting and understanding all of the ACGME requirements. Practical ways to help program directors could include providing access to consultants with experience starting or expanding a program and/or having a library of templates available for commonly used policies to build on.

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:

1. Ensure that all general psychiatrists are trained to treat all specific subpopulations
2. Implement strategies to increase the number of trained subspecialists.

While the former can improve access to care, the latter is needed to provide subspecialist care when needed. The latter can also provide experienced psychiatrists with in-depth subspecialty training so that they can then go on to provide that training to both general psychiatrists and those training in the subspecialties. While there are no easy solutions or a one-size-fits-all, there are innovative programs underway to explore shortened training pathways.

Recruitment and retention of teaching faculty are areas that need sustained attention. A simple increase in the number of psychiatrists available would not be 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 need providing program directors and faculty with tools to be able to make a business case at their institutions.

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 Advanced Practice Providers (APPs). Effective use of hybrid teams with APPs and psychiatrists' hinges on understanding the training and education of APPs and learning effective ways to work jointly with them. It also requires psychiatrists being trained in leading hybrid teams.

Incorporation of collaborative care and telepsychiatry may help us more effectively provide psychiatric care to our patients. Training on ways to leverage psychiatrist time using collaborative care models, to provide effective telepsychiatry, and to use hybrid teams 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 CAP? 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 for them. 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 -- i.e., we need a coherent national policy and funding. Thus, advocacy is going to be a key factor in our future efforts.

Tasks

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

1. Expansion of residency slots
 - a. Development of resources specific to residency/track development and/or expansion
 - b. Align with mentorship committee to provide opportunities for mentoring and or/access to consultants with experience starting or expanding a program



2. Address significant shortage of sub-specialists in psychiatry.
 - a. Improve/expand categorical subspecialty training - 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
 - c. Explore innovative programs and/or shortened training pathways
3. Advocacy - Local institution, State and National
 - a. Liaise with APA and other organizations
 - b. Develop funding advocacy tools to include federal, state, institutional, insurance options
4. Faculty recruitment/retention
 - a. Obtain baseline analysis of workloads and patient volumes for teaching faculty
 - b. Liaise with Diversity and Inclusion committee to develop support 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.
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. Working with Advanced Practice Providers
 - a. Develop ACGME survey questions to better understand APP impact on resident training
 - b. Develop curricula and tools that focus on the following:
 - i. Education about APP training
 - ii. Define the psychiatrist's role in interprofessional teams
 - iii. Outline best practices in interprofessional team functioning and leadership
7. 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