Accreditation Council for Graduate Medical Education

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John Q. Young, MD President American Association of Directors of Psychiatric Residency Training (AADPRT) Jyoung9@northwell.edu

Dear Dr. Young:

Thank you for your letter. We are aware that AADPRT has significant concerns about the ACGME survey. We sent these concerns to Drs. Kirk and Klingensmith for comment and have included their responses below.

It should be mentioned that the Psychiatry RC does not author and has no more information about the nature of the survey than AADPRT members have, nor can it alter the dates of sending the survey. The Council of Review Committee Chairs has also noted problems with the survey and AADPRT should be aware, as described below, that many colleagues in other specialties share our concerns, which have been shared with the ACGME leadership.

Dr. Klingensmith pointed out in her response that "the RC actually starts the review of data in September of the year when the survey was administered, when the annual workup process begins. So, it is not quite accurate to say that the data is a year old when it is reviewed. It is true that for one of the 2 RC meetings which Psychiatry holds, the survey itself is over a year old when that formal discussion of the program is held, but for the vast majority of programs, the discussion and accreditation decision are made when the survey is still fairly relevant and 'fresh'. Indeed, the majority of programs do not have citations and have surveys which indicate that all is well within the program, so the current process "works" for most programs."

She continues, "That said, we appreciate the feedback and have heard similar concerns from other specialties. Modifying the timing of the survey, the ways in which our digital transformation could help us act more quickly on survey data, potentially administer surveys at different times of the year or in different "waves" depending on program status, and even changing how surveys are used are all under discussion as we approach changes to our accreditation processes in the coming years. We will be certain to take this feedback from Psychiatry into serious consideration as we consider future designs for our accreditation processes."

The major reason given for the later deployment of the survey is that, per Dr Kirk, "the survey has to occur late enough in the year for the residents in each year of training to have had enough experience to truly reflect the activities of the program. If it were done earlier, the program would appear to have more deficits."

The review committee is aware it needs to carefully evaluate of the survey data. We know that DIOs and other hospital administrators place significant demands on Program Directors because of survey results, even when they do not indicate that substantial problems exist. However, until the ACGME reevaluates the process in its entirety, the inconsistency inherent in the survey process and the principles of CBME will remain.

Sincerely,

Donna & Fridale UN

Donna M. Sudak, MD Chair, RC-Psychiatry