

Scholarship and Training Committee  
AACP Winter Board Meeting  
Cleveland, Ohio  
3/20-3/21/09

The Scholarship and Training Committee met on two separate occasions during the Winter Meeting: Friday, 3/20, from 10:30-12:00 and on Saturday, 3/21, from 10:45-11:30.

#### Members Present on Friday

Christensen  
LeMelle  
Jewell  
Huffine  
Hutton  
Lim  
Sowers  
Carino  
Bell  
Nathaniel

#### Members Present on Saturday

Christensen  
LeMelle  
Jewell  
Hutton  
Carino  
Bell  
Pollack  
Minkoff  
Maxwell

Friday's meeting commenced after introductions. An update of the Certification Process was provided by Tony Carino and Ryan Bell. The body of work that has been compiled over the course of the past 9 months can be accessed at <http://aacpcertification.wikispaces.com/>. The rationale for the AACP Certification, a bibliography of current literature in the field of public sector/community psychiatry, and a compilation of nominated Topic Experts can be located at that site. The following items were then discussed during the times the Scholarship and Training Committee met:

### **1. Selection of Topic Experts**

It was decided that of those persons nominated to serve as Topic Experts, each would receive a letter of invitation requesting they lend their expertise to the certification examination development by offering their input and developing test questions. It was estimated that of persons receiving solicitation letters, approximately 3-4 persons would likely commit to providing input/questions pertaining to the certification examination. It was also recommended that persons with Child and Adolescent (C&A) training would be involved in reviewing the various topics for input from this subspecialty as it pertains to particular topics community psychiatry.

Action: Letters to recommended Topics Experts will be mailed in May, 2009.

## **2. Disclosure Forms**

All Topics Experts will be asked to complete a Disclosure Form listing their interactions with private industry, pharma, publishing companies, advocacy groups, etc., to the extent that these relationships might impact their unbiased involvement in the development of the certification examination and process. These disclosures are intended to create an atmosphere of transparency among contributors to the certification process.

Action: The previous disclosure form was shortened and modified by the Scholarship and Training committee. It will be included in the May mailing to the Topic Experts.

## **3. Pathways to Certification**

The proposed three pathways to certification were discussed and consist of :

- a) *Lifetime Achievement:* a person, based upon his/her life experience and involvements in the field of public psychiatry, could submit a portfolio that demonstrates their contribution to the subspecialty. This body of work would then be evaluated by a review committee that would then determine whether certification granted or denied. The person would not be required to sit for the certification examination.

Action: Discussion centered upon identifying the length of experience, the types of clinical activities that constitute public/community psychiatry, and the specific components that would be required in order for a person to be eligible to submit a portfolio for review. In addition, evaluative criteria would be developed in order to provide a consistent assessment process for evaluating particular portfolios. This will be an ongoing issue for future discussion and clarifications and will be addressed again at the May Board meeting.

- b) *Completion of a Post-Residency Fellowship*

Individuals who have completed a post-residency fellowship in public/community psychiatry, AAAP, or received advanced training through the AACP Mentorship

Program or the Psychiatry Leadership and Development Program, would be eligible to sit for the certification examination.

*c) Open Entry*

Persons who have completed an ACGME-approved residency in psychiatry, and have accumulated clinical experience in public sector/community psychiatry, would be eligible to sit for the examination.

Action: The type, amount and length of clinical experience remains to be determined. There may be residency training programs that provide the array of public sector clinical opportunities needed to fulfill this requirement or it is more likely that a person would achieve this experience through ongoing work in a public sector organization following completion of the psychiatry residency. There is need for additional discussion and clarification by the Scholarship and Training Committee in order to identify what constitutes a necessary and sufficient clinical component and, in addition, whether one could sit for the examination first, and complete the "experiential" component at a later time.

**Other**

Additional items that will require further attention by the Scholarship and Training Committee include:

1. Identifying the AACP-based administrative infrastructure required for overseeing the receipt of applications, their organization and subsequent review by designated persons or committee.
2. Adding to the work site a "FAQ" column that would address the most commonly raised questions and concerns surrounding an AACP-sponsored certification process.

The aforementioned action steps will be discussed in greater detail at the Board meeting scheduled during the May, 2009, APA Conference.

Richard C. Christensen, MD  
Chair  
AACP Scholarship and Training Committee  
March 21, 2009