Q and A

Frequently Asked Questions About the Residency Review Committee

Stefan Stein, M.D.

Q: What is the Residency Review Committee and what does it do?

A: The Residency Review Committee (RRC) in psychiatry is a committee of the Accreditation Council for Graduate Medical Education (ACGME) charged with the responsibility in this country for both developing accreditation standards and monitoring the quality of residency programs in general psychiatry and child and adolescent psychiatry. In addition, as the American Board of Medical Specialties approves new subspecialty areas requiring fellowship training, such as geriatric psychiatry and addiction psychiatry, the RRC develops standards and accredits and reviews these new programs.

The American Board of Psychiatry and Neurology (ABPN), in contrast, certifies individuals in general psychiatry and child psychiatry, as well as in neurology and child neurology. In parallel manner, the ABPN is developing examinations for individuals seeking certification of added qualifications in the new subspecialty areas.

Q: How does the RRC conduct its accreditation process?

A: The RRC develops and publishes special requirements, called the Special Essentials, that are guidelines for training in each program it monitors. Using the standards of these Essentials, with information provided by the program director, the RRC carries out a review process that includes a site visit and a minimum of two independent reviews by RRC members of all available information. Finally, the full RRC considers all data in judging the program's success in providing an educational experience according to the Essentials. In addition, the institution in which the program is sited must meet the ACGME standards as a training institution in a separate review process.

Q: What questions do residents most frequently pose to the RRC?

A: The Executive Secretary of the RRC for psychiatry frequently gets questions from program directors and residents regarding the acceptability of specific individual programs. Individual residents ask the Executive Secretary about their rotations, about plans to transfer from one program to another and, more generally, about what they must do to meet programmatic requirements. Residents often call the Executive Secretary's office concerned about the acceptability of their individual training to the ABPN for its certification examination.

However, residents and their training directors should be aware that the RRC does not ever accredit any individual resident's training. The RRC is concerned only with accrediting training programs, that is, ensuring that programs meet the required standards. As a part of that process, the RRC's site visitor will review individual records of residents and interview them to ensure that the program is carrying out its functions properly. But it is, ultimately, the responsibility of the program director to make certain that each resident's experience meets the program's requirements. If that is the case, and the program is accredited, then the indi-
Individual resident will be eligible to graduate from the program, and thus have one of the credentials necessary for entrance to the ABPN’s certifying examination. Training directors are therefore urged not to advise their residents to call the RRC Executive Secretary because that person is unable to answer questions about an individual’s experience in a particular program.

Q: Does the RRC dictate the specific design of each psychiatry training program?

A: No. Training directors are responsible for designing and implementing programs to meet the standards of the Special Essentials. If one reads the Essentials for general psychiatry, it becomes clear that while there are many clinical and didactic requirements, there are relatively few numbers specified regarding lengths of rotations, precise assignments, or hours for a particular experience. In drafting the Essentials, the RRC has written regulations designed to ensure that there is an appropriate breadth of experience in all programs. The RRC does not, however, wish to place a stranglehold on program directors in their efforts to be ingenious and creative in their programs, given their particular faculty and clinical setting.

The combination of the requirement that many clinical and didactic areas be included in programs and the lack of specificity of the RRC requirements has resulted in a paradoxical response on the part of many program directors. On the one hand, program directors complain that they feel constrained by the Special Essentials and that there are too many specific demands; on the other hand, they flood the RRC staff with requests for highly specific number and hour requirements, depriving themselves of the opportunity to use the Essentials as a guideline that they may interpret, with the goal of developing an excellent educational program, given their particular clinical and educational resources.

Q: Can you illustrate this problem, using neurology training as an example?

A: The Special Essentials states simply that, “(3.B.) A minimum of two months of neurology, or its full time equivalent on a part-time basis, is required prior to the completion of training. It is strongly recommended that this experience occur during a psychiatric first postgraduate year. For residents transferring into a program, there must be documentation in the training record that they have met this requirement in either current or prior training.”

The question of the precise site and form that this experience should take is left to the discretion of the training program director. Of course, it is expected that program directors will construct a neurology experience that meets the overall goals of residency training in psychiatry; that is, the experience should equip the prospective psychiatrist to recognize and evaluate neurological conditions, to provide such treatment as may be required in a psychiatric setting, and to be familiar enough with the field of neurology so as to be able to make referrals and to work collaboratively with neurologists in treating patients with mixed disorders.

Although there is no one correct experience that alone will guarantee the desired outcome, it is clear that every contact with a neurology service will not lead to the desired educational result. It is thus the responsibility of the program director to think through the problem and to devise solutions that will successfully use available clinical resources and faculty. I will illustrate this by answering some of the frequently asked questions about the neurology training requirement.

Q: What should be the training role of the psychiatry resident in neurology?

A: If we accept that the training goal is to become familiar with neurological diagnosis and treatment, the psychiatry resident needs to be actively involved, rather than function-