

# Report of the Co-Chairs: Steering Committee on Workforce Issues Gregory Fritz, M.D. and Michael Jellinek, M.D.



The Steering Committee on Workforce Issues (SCWFI) is pleased to report that many of the projects it has generated moved forward in 2005, and the Committee thanks the AACAP components who are responding to the 10-year goal of increasing the child and adolescent psychiatry workforce by 10 percent annually. The strategies for increased recruitment and retention have broadened and deepened, but they still reflect the original workforce plan, "A Call to Action: Children Need Our Help."

Discussions within the SCWFI have focused on the multi-faceted nature of impacting the workforce shortage: Recruitment starting early and throughout medical school as well as during general psychiatry training; innovative pathways that include pediatricians both in initial residency training (triple board) and from pediatric practice; filling all current child and adolescent psychiatry residency slots and understanding why they do not fill; keeping all programs currently available open and thriving; adding child and adolescent psychiatry residency slots to large programs that can relatively easily expand; and finally, critically, improving GME and clinical practice reimbursement.

**The first initiative in the Strategic Workforce Plan is to present the workforce case, which involves data collection, electronic support, mentoring, and public relations and image.**

## Data Collection

In 2005, workforce leaders and the AACAP National Office surveyed most of the child and adolescent psychiatry training directors to assess the status of programs. The data was collected from 19 questions designed to find the number of residents in training, the number in each program, whether there is integrated training, and other key program facets. The results reveal that while many programs are strong and could increase the number of slots, there are also programs that would be strengthened by promoting child and adolescent psychiatry's visibility.

## Listserv/Website Support

With excellent support help from the Committee on Medical Students, Residents, and Early Career Psychiatrists, the listservs are in place, as are website links from the AACAP site for each group. Residents and early career psychiatrists created special material and resources to explain the field of child and adolescent psychiatry. Medical students and residents accessing the AACAP website can find practical information about training and practice, and the online DevelopMentor details a networking procedure that will bring them in contact with child and adolescent psychiatrists. The SCWFI is trying to develop an integrated marketing strategy to appeal to medical students, work with regional councils, provide mentoring, and encourage AACAP's participation.

## Public Relations and Image

Edited videotaped interviews with child and adolescent psychiatrists were completed and moved onto the web so that medical students and general residents can access information directly from practitioners and researchers. Other important outreach projects that were established in 2005 were the student interest group network (SIGN) and the resident representative initiative. Through these networks, information about the field and specifics about scholarships, fellowships, grants and other incentives to explore child and adolescent psychiatry. The Assembly's mentoring program has coordinated over 50 requests and is planning additional outreach.



This is Shannon, niece of Kristin Kroeger Ptakowski.

During 2005, two special contributions broadened exposure and education for child and adolescent psychiatry. Support from the Klingenstein Foundation funded programs in six institutions to link medical students to child and adolescent psychiatry, and the second round of AACAP Harvard Macy Teaching Scholars allowed six academic child and adolescent psychiatrists to become master teachers.

**The second initiative of the strategic plan is to explore and expand the training program options and designs to attract interest in treating children.**

### Triple Board Programs

Recruitment into programs that train in three specialties (pediatrics, general and child and adolescent psychiatry) is being featured with the establishment of a Subcommittee on Triple Board Programs within the Work Group on Training and Education. A website began development this year, and, when it goes public early in 2006, it will detail the existing training programs and their unique attraction for residents.

### Integrated Training

With the Steering Committee on Workforce Issues and the Work Group on Training and Education working together, strategic planning was initiated to focus on two portals for integrated training, one is the triple board training and other will be a portal for practicing pediatricians and family physicians who want to go into child and adolescent psychiatry. Development of an integrated training program handbook was initiated in 2005 and will provide comparisons of existing programs.

**The third initiative to increase the number of child and adolescent psychiatrists is to support access and advocacy. The projects showed significant success in the specific target areas.**

### Improve Reimbursement Rates and Provide Access to Children's Hospitals

This initiative moved ahead as advocacy efforts in protecting federal and state insurance programs for children and adolescents and securing continued funding for children's hospitals. The newly formed Work Group on Access created guidelines for pilot and development grants that are available to a range of organizations, groups, or practices. The two approved grants in 2005 will be used to improve access to care at the local and regional level. These projects are also designed to give child and adolescent psychiatry visibility and added attention.

### Use Legislative Advocacy

The 2005 legislative agenda focused on gaining support for the federal Child Healthcare Crisis Relief Act, H.R. 1106 and S.537. Reintroduced in the House and Senate by Rep. Patrick Kennedy and Sen. Jeff Bingaman, the workforce bill provides for graduate medical education funds for child and adolescent psychiatry training programs. Other provisions include loan forgiveness, grants, faculty support, and uncapping of the resident slot limit. The bill received special support from the Society of Professors of Child and Adolescent Psychiatry during its annual meeting in Washington. Over sixty visits to Capitol Hill offices enforced the shortage of child and adolescent psychiatrists and the need for more federal support.

### AACAP Members Can Support Workforce Goals:

- Contact your Congressional delegation about cosponsoring the Child Healthcare Crisis Relief Act, H.R.1106 and S.537, and
- Activate a regional organization mentor program for medical students and residents, plus
- Mentor general and child and adolescent psychiatry residents. Use the AACAP website's resident resource information, [www.aacap.org/training/medRes/genRes.htm](http://www.aacap.org/training/medRes/genRes.htm).

**Plan to attend the:**

## **17th International Association for Child and Adolescent Psychiatry and Allied Professions Congress 2006**

**Melbourne Convention Center, Melbourne, Australia  
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