Frequently Asked Questions: Psychiatry
(FAQs related to Program Requirements effective September 3, 2025)
Review Committee for Psychiatry
ACGME

Question	Answer
Resources	
What is the requirement for recording therapy sessions in the outpatient year? *[Program Requirement: 1.7.e.]*	Recording is an important tool in training residents in psychotherapy. It allows direct observation of a resident's work with patients. There is a requirement for having the capability to record sessions, but the way that this equipment is used is at the program director's discretion.
Personnel	
What circumstances would allow a non-psychiatrist to supervise residents treating psychiatric patients? *[Program Requirement: 6.6.]*	There may be circumstances where non-psychiatrist faculty members provide supervision within their scope of practice. The most common circumstance is a licensed and credentialed psychologist with privileges who is on the teaching faculty and providing psychotherapy supervision to residents. Depending on the health system, it may be necessary, in such cases, for a psychiatrist to be the supervisor of record and have the ultimate oversight over patient care.
Must a general psychiatry program maintain a specific minimum number of faculty members? *[Program Requirements: 2.7. and 2.11.a.1.]*	The physician faculty must include at least five core faculty members that have current American Board of Psychiatry and Neurology (ABPN) or American Osteopathic Board of Neurology and Psychiatry (AOBNP) certification in psychiatry.

Question	Answer
What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in psychiatry by the ABPN or the AOBNP? *[Program Requirement: 2.10.]*	Alternate qualifications will not be accepted for individuals who have completed ACGME/AOBPN-accredited residency education within the United States and are not eligible for certification by the ABPN or AOBNP, have failed the ABPN or AOBNP certification exams, or have chosen not to take the ABPN or AOBNP certification exams. For a physician faculty member who has not achieved certification in psychiatry from the ABPN or AOBNP, the following criteria must be met to serve as a member of the faculty: • completion of a psychiatry residency program • leadership in the field of psychiatry • scholarship in the field of psychiatry • involvement in psychiatry organizations Years of practice are not an equivalent to specialty board certification, and neither the ABPN nor the Review Committee accepts the phrase “board eligible.” The Review Committee expects that graduates of ACGME-accredited programs will be board certified within the first three years following the final year of residency and/or fellowship.

Resident Appointments	
When should programs request a temporary increase in resident complement? *[Program Requirement: 3.4.]*	A temporary increase in resident complement should be requested when the number of on-duty residents will temporarily exceed the total approved resident complement. For example, this situation may occur under the following circumstances: an institution is closing and the program wishes to accept displaced residents; a current resident requires a medical leave for greater than three months and the program wishes to recruit the full approved complement for the next entering class; the educational program for a current resident must be extended for more than three months beyond the required four years due to the need for remediation. Temporary increases should be limited to one position per year unless unique circumstances occur. When considering a request for an increase in resident complement, whether temporary or permanent, the committee reviews the program's current accreditation status, recent program history, Resident Survey data, and program resources. The decision for approval is based on how an increase might impact the education of current residents and the presence of sufficient resources to support the education of the proposed number of residents.
How must a request for a change in resident complement be submitted? *[Program Requirement: 3.4.a.]*	All requests for changes in resident complement, whether permanent or temporary, must be made through the Accreditation Data System (ADS). Note that ACGME staff members will not receive the request until the designated institutional official (DIO) has approved it in ADS. Additional information about requesting a change in resident complement for psychiatry programs can be found on the Documents and Resources page of the Psychiatry section of the ACGME website.
What procedures must be followed for accepting a transfer resident into the program? *[Program Requirements: 3.5.-3.5.a.]*	Prior to accepting any transfer resident, the program director must receive written verification of the transferring resident's previous educational experiences and a summative, competency-based performance evaluation of the resident. Examples of verification of previous educational experiences include a list of rotations completed, evaluations of various educational experiences, and/or narrative descriptions of procedural experience. This information must be maintained in the resident's file for review at the time of the next accreditation site visit. The Review Committee does not need to be notified of a transferring resident provided there is an open position for the resident and the number of on-duty residents will not exceed the approved

	complement. Once appointed, the resident should be entered into the program's record in ADS. It is recommended that plans to accept a resident from another program be discussed with the ABPN and/or AOBNP prior to accepting the resident in order to identify any issues that could potentially impact the resident's eligibility for certification. Information about requesting a change in resident complement for psychiatry programs can be found on the Documents and Resources page of the Psychiatry section of the ACGME website.
Can the program director assume that a transferring resident will receive credit for all previous education and training (up to 12 months maximum) successfully completed in a non-psychiatry residency? *[Program Requirement: 3.5.a.]*	The program director should confirm credit for prior experience in non-psychiatry residencies with the ABPN and/or AOBNP in writing as part of the transfer process. This information will affect the resident's schedule, graduation date, eligibility to take board examinations, and ability to fast-track into a child and adolescent psychiatry fellowship program, if applicable.
Educational Program	
What experience satisfies the PGY-1 psychiatry minimum of four months in a primary care clinical setting? *[Program Requirement: 4.11.d.1.a.]*	This experience should provide comprehensive and continuous patient care in specialties such as family medicine, internal medicine, and/or pediatrics.
What are the common causes of frequent rotational transitions? *[Program Requirements: 4.10.b. and 6.19.]*	Transitions may be too frequent with multiple resident coverage shifts in one setting. Frequent transitions also occur when multiple sites or settings are used by the program within one week or one rotation.

Are individual residents required to attend at least 70 percent of all required didactics regardless of vacation, sick leave, or other authorized absences? *[Program Requirement: 4.11.s.1.]*	Residents are required to attend at least 70 percent of all didactics required by the program. The Review Committee accepts a variety of solutions for attendance offered by programs to ensure that residents have the opportunity to experience missed educational conferences. These include but are not limited to: • recorded sessions • webcasts • presentation slides available online • repeating conferences • parallel conference series offerings at off-site locations
What qualifications are required for physician faculty members who supervise PGY-1 resident education during the four-month primary care rotation? *[Program Requirements: 4.11.d.1. and 2.10.]*	Supervising physician faculty members for the four-month PGY-1 primary care rotation must have current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) certification in their specialty (e.g., American Board of Internal Medicine, American Board of Family Medicine, American Board of Pediatrics, American Osteopathic Board of Family Medicine, American Osteopathic Board of Internal Medicine, or American Osteopathic Board of Pediatrics). Note that PGY-1 residents may progress to indirect supervision with direct supervision available. One month of this requirement may be fulfilled by an emergency medicine rotation and this must be supervised by ABMS- or AOA-certified faculty members.
What experience satisfies the PGY-1 psychiatry minimum of four months in a primary care clinical setting? *[Program Requirements: 4.11.d.1. – 4.11.d.1.a.]*	This experience should provide comprehensive and continuous patient care in specialties such as family medicine, internal medicine, and/or pediatrics. One month of this requirement may be fulfilled by a rotation in emergency medicine, or a medicine consult service, provided that the resident has primary responsibility for patient care and the experience is predominantly with medical evaluation and treatment, and not surgical procedures. A portion of this requirement may be fulfilled with an outpatient continuity primary care clinic (such as a family medicine or internal medicine clinic) that provides a comprehensive and continuous level of care. Neurology rotations may not be used to fulfill this four-month requirement.

Are residents permitted to fulfill part of the required six months of inpatient psychiatry with a partial hospitalization program rotation? *[Program Requirements: 4.11.f. and 4.11.f.1.]*	No, a rotation in a partial hospitalization program would not fulfill the requirement for inpatient psychiatry. Other services which do not fulfill this obligation include emergency psychiatry/crisis response and associated observation units. Adult inpatient psychiatry, geriatric inpatient psychiatry, and addiction inpatient psychiatry units all count toward the inpatient psychiatry requirement. Child and adolescent psychiatry inpatient rotations do not count toward the adult inpatient psychiatry requirement.
Can a program allow an elective inpatient psychiatry experience beyond the maximum time permitted? *[Program Requirement: 4.11.f.]*	No more than 16 full-time equivalent (FTE) months of inpatient psychiatry are permitted, even as elective rotations, during the required 48 months of education. This limitation is intended to ensure that each resident has sufficient elective time to be exposed to the full depth and breadth of general psychiatry. Additional time beyond 16 inpatient months should be scheduled only if there is a demonstrated need for remediation. In such cases, the resident's education must be extended beyond the required 48 months, and the educational rationale and remediation plan must be documented.
Do four FTE weeks satisfy a one-month FTE requirement? *[Program Requirements: 4.11.i.; 4.11.j.; 4.11.r.5.-4.11.r.5.e.]*	Yes, four FTE weeks will satisfy a one-month FTE requirement.
What are the educational objectives expected for elective experiences in forensic psychiatry? *[Program Requirement: 4.11.l.]*	The Review Committee recognizes that state law, medical malpractice, and patients' right to refuse resident observation of or participation in their forensic evaluations may limit a program's ability to provide the opportunity for experience in the full array of current practice with regard to forensic psychiatry. This is especially true for the evaluation of the criminally insane. Therefore, the Review Committee recommends that elective experiences in forensic psychiatry should encompass those forensic skills practiced by general psychiatrists in general psychiatry settings, to include the assessment of risk to self and other, and determination of decisional capacity, conservatorship eligibility, the need for commitment to a locked facility, and for treatment against a patient's will. In addition, the program may provide an experience for residents that includes writing a forensic report and giving testimony in court.

Are elective rotations of less than one FTE month allowed and must each elective site be used regularly? *[Program Requirement: 4.11.o.]*	If the program can demonstrate that an elective is well structured, purposeful, and leads to an effective learning experience, there is no required minimum length of time. There is no requirement for every elective site to be used on a regular basis; a resident may rotate to an elective site that has not previously had a resident as long as the required documentation for that elective is available for review by the Accreditation Field Representative during the accreditation site visit.
What are the requirements for residents who are interested in fast-tracking into child and adolescent psychiatry? *[Program Requirement: 4.11.r.]*	Program directors are encouraged to carefully review the requirements for entering child and adolescent psychiatry prior to completing the general psychiatry requirements (4.11.r.and subsections). Program directors who want to determine whether a resident has met the requirements to enter child and adolescent psychiatry after three years of education and training should consult the ABPN and AOBNP.
What counts as an inpatient child and adolescent psychiatry requirement? *[Program Requirements: 4.11.r.-4.11.r.1.]*	This experience must occur in inpatient settings with an organized treatment program. However, residential treatment facilities, partial hospitalization programs, and/or day treatment programs where the resident is caring for acutely and severely disturbed children and adolescents, with the resident actively involved in diagnostic assessment and treatment planning, may be appropriate settings for fulfilling this requirement.
What is the minimum amount that faculty members must participate in scholarly activity to fulfill the faculty scholarship requirement? *[Program Requirement: 4.14.]*	Physician faculty members must demonstrate scholarship accomplishments in one or more of the following domains: research in basic science, education, translational science, patient care, or population health; peer-reviewed grants; quality improvement and/or patient safety initiatives; systematic reviews, meta-analyses, review articles, chapters in medical textbooks, case reports; creation of curricula, evaluation tools, didactic educational activities, electronic educational materials; contributions to professional committees, educational organizations, or editorial boards; or innovations in education. Programs may be cited for non-compliance with this requirement if all physician faculty members do not provide evidence for regular scholarly activity, since active faculty scholarship is needed in order to establish and maintain an educational environment of inquiry and scholarship.
The Learning and Working Environment	
What is an appropriate patient load for residents? *[Program Requirement: 6.17.]*	In addition to the factors listed in program requirement 6.17., the patient care setting, complexity of the patient's treatment, and the resident's role in carrying out patient care must also be considered. For example, with psychiatric inpatients, an average caseload of five to 10 is usually appropriate, depending on the length of stay. Outpatient and consultation settings typically involve less intensive patient care responsibilities, and

	therefore patient loads would be higher. There may be situations in which lower patient loads may be acceptable, as when a resident is providing multiple and/or complicated interventions in patient care, or if a resident is assigned to multiple clinical settings at one time. The program director must make an assessment of the learning environment with input from faculty members and residents in light of these factors. Programs will need to justify different patient loads with evidence, such as severity of illness indicators or other factors.
Must every interprofessional team include representation from every profession listed in the requirement? *[Program Requirement: 6.18.a.]*	No. The Review Committee recognizes that the needs of specific patients change with their health status and circumstances. The intent of the requirement is to ensure that the program has access to these professional and paraprofessional personnel, and that interprofessional teams will be constituted as appropriate and as needed.