Frequently Asked Questions: Consultation-Liaison Psychiatry
(FAQs related to Consultation-Liaison Psychiatry Program Requirements effective July 1, 2024)
Review Committee for Psychiatry
ACGME

Question	Answer
Oversight	
How can an accredited program's Sponsoring Institution be changed to another institution/hospital? *[Program Requirement: I.A.]*	Transfer of sponsorship requires a letter from the program's current sponsor (the designated institutional official [DIO] and that institution's senior administrative official) indicating willingness to give up sponsorship, and a letter from the proposed sponsor (the DIO and that institution's senior administrative official) indicating willingness to sponsor the program. The letters should be addressed to the Executive Director of the Review Committee, with a copy to the Senior Vice President, Field Activities, both at the ACGME. The Review Committee will review each request and determine if a site visit is required prior to a transfer of sponsorship. Upon approval of a transfer of sponsorship, the name of the program changes to that of the new sponsor in all ACGME records. If the existing Sponsoring Institution wishes to retain the program, it is suggested that the issue be resolved locally between the hospital and its Sponsoring Institution. The welfare of the fellows currently appointed to the program must be considered. Additional information can be found on the ACGME website.
Personnel	
Does the Review Committee grant waivers to the requirement for the program director's certification by the American Board of Psychiatry and Neurology (ABPN)? *[Program Requirement: II.A.3.b).(1)]*	No, the Review Committee does not grant waivers to this requirement and will withhold accreditation of new programs that are not led by ABPN-certified consultation-liaison psychiatrists.

Question	Answer
What is meant as non-clinical time? *[Program Requirements: II.A.4.-II.4.a).(11)]*	In the *Program Directors Guide to the Common Program Requirements*, non-clinical time is defined as administrative time spent meeting the responsibilities of the program director as detailed in Common Program Requirements II.A.4.-II.A.4.a).(11).
Must a consultation-liaison psychiatry program maintain a specific minimum number of faculty members? *[Program Requirements: II.B.1.and II.B.4.b)]*	The physician faculty must include the program director and one core faculty member with current ABPN certification in consultation-liaison psychiatry. The program can include any faculty members – physician or non-physician – who have a significant role in the education of fellows. Programs may be cited for non-compliance with the Common Program Requirement for a sufficient number of faculty members if problems with faculty teaching, supervision, or excessive service obligations are reported.

What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in consultation-liaison psychiatry by the ABPN? *[Program Requirement: II.B.3.]*	For a physician faculty member who has not achieved certification in psychiatry from the ABPN, the following criteria must be met in order to serve as a member of the faculty: • completion of a psychiatry residency program • completion of a consultation-liaison psychiatry fellowship program • leadership in the field of consultation-liaison psychiatry • scholarship within the field of consultation-liaison psychiatry • involvement in psychiatry organizations Alternate qualifications will not be accepted for individuals who have completed ACGME-accredited residency and fellowship education within the United States and are not eligible for certification by the ABPN, have failed the ABPN certification exam, or have chosen not to take the ABPN certification exam. 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 programs will be board certified within the first three years following the final year of residency and/or fellowship. The DIO and program director must verify that the individual meets these qualifications, is in good standing within their institution, and is in compliance with the faculty qualification requirements outlined in section II.B.3. of the Program Requirements.
Fellow Appointments	
Can a PGY-4 resident be appointed to a fellowship in consultation-liaison psychiatry? *[Program Requirement: III.A.1.]*	PGY-4 residents may not be appointed to a consultation-liaison fellowship. Only residents who have completed an ACGME-accredited residency program, an American Osteopathic Association-approved residency program, a program with ACGME International Advanced Specialty Accreditation, or a program located in Canada and accredited by the Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada in general psychiatry are eligible for appointment to an ACGME-accredited consultation-liaison psychiatry fellowship.

When should programs request a temporary increase in fellow complement, and under what circumstances will the Review Committee approve such a request? *[Program Requirement: III.B.]*	A temporary increase in fellow complement should be requested when the number of on-duty fellows will temporarily exceed the total approved fellow complement. This situation may occur under the following circumstances: an institution is closing and the program wishes to accept displaced fellows; a current fellow 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 fellow must be extended for more than three months beyond the required 12 months of education 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 fellow complement, whether temporary or permanent, the Review Committee reviews the program's current accreditation status, recent program history, Resident/Fellow Survey data, and program resources. The decision is based on the how an increase might impact the education of current fellows and the presence of sufficient resources to support the education of the proposed number of fellows.
When a complement increase is approved, does the Review Committee consider the additional position as one full-time equivalent (FTE) or one person? *[Program Requirement: III.B.]*	One approved fellow position is considered one FTE, not one person, which means that the program may fill one approved position with two fellows, each completing the educational program on a half-time basis. Note that while part-time education is permitted, the program must be completed within a two-year period.
Educational Program	
What is the Review Committee's expectation for faculty preceptorship with fellows? *[Program Requirement: IV.C.7.]*	The Review Committee expects that preceptorship involves one-on-one and group meetings with the fellow and the fellow's preceptor, focusing on the fellow's development of competence integral to successful professional practice in the subspecialty. Examples of preceptorship include clinical supervision, advising, and research mentorship.

How much of the faculty must participate in scholarly activity to fulfill the faculty scholarship requirement? *[Program Requirement: IV.D.2.]*	Faculty members must demonstrate scholarship through participation in scholarly activities, including, local, regional, national committees, or educational organizations. A majority of physician faculty must demonstrate scholarship through peer-reviewed publications/book chapters/review articles and presentations at regional and national meetings. Some faculty members should demonstrate scholarship through peer-reviewed funding, in addition to the above. Programs may be cited for non-compliance with this requirement if physician faculty members do not provide documentation for regular (at least annual) 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 fellows? *[Program Requirement: VI.E.1.]*	All of the factors listed in the Program Requirements must contribute to the determination of an appropriate patient load for each fellow. In addition, the patient care setting, the complexity of the patient's treatment, and the fellow's role in carrying out that treatment 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 caseloads would be higher. There may be situations in which lower patient caseloads may be acceptable, as when a fellow is providing multiple and/or complicated interventions in patient care, or if a fellow 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 fellows in light of these factors. Program directors 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: VI.E.2.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; it is not to mandate that all be included in every case.