

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

Question	Answer
Personnel	
<p>Can a current fellow hold the position of associate program director?</p> <p><i>[Program Requirement: 2.4.]</i></p>	<p>No. Fellows cannot hold this position, as they are not eligible for certification in the subspecialty until completion of the program. American Board of Psychiatry and Neurology (ABPN) or American Osteopathic Board of Neurology and Psychiatry (AOBNP) certification in child and adolescent psychiatry is a requisite qualification for the position.</p>
<p>Must a child and adolescent psychiatry program maintain a specific minimum number of faculty members?</p> <p><i>[Program Requirement: 2.6.]</i></p>	<p>The physician faculty must include the program director and two core faculty members with current ABPN or American Osteopathic Board of Neurology and Psychiatry (AOBNP) certification in child and adolescent psychiatry.</p>

Fellow Appointments	
<p>Can a program accept a fellow who has not completed three years of psychiatry residency?</p> <p><i>[Program Requirement: 3.2.a.1.]</i></p>	<p>Yes. However, note that completing a child and adolescent psychiatry fellowship prior to completing three years of psychiatry residency can have implications for a fellow's ABPN or AOBNP certification. If completion of the remainder of the adult psychiatry years of education is not ensured by the affiliated core program, the fellow should be informed of this prior to acceptance into the fellowship.</p>
<p>How must a request for a change in fellow complement be submitted?</p> <p><i>[Program Requirement: 3.3.a.]</i></p>	<p>All requests for changes in resident complement, whether permanent or temporary, must be made through the Accreditation Data System (ADS). ACGME staff members will not receive the request until the designated institutional official (DIO) has approved it in ADS.</p> <p>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.</p>
<p>When should a program request a temporary increase in fellow complement?</p> <p><i>[Program Requirement: 3.3.]</i></p>	<p>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; or the educational program for a current fellow must be extended for more than three months beyond the required two years due to the need for remediation. Temporary increases should be limited to one position per year of the program, unless unique circumstances occur. When considering a request for an increase in complement, whether temporary or permanent, the committee reviews the program's current accreditation status, recent program history, Resident/Fellow Survey data, and program resources. The decision to approve the request is based on 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.</p>

<p>What procedures must be followed for accepting a transfer fellow into the program?</p> <p><i>[Program Requirements: 3.4.]</i></p>	<p>Prior to accepting any transfer fellow, the program director must receive written verification of the previous educational experiences and a summative, competency-based performance evaluation of the transferring fellow. Examples of verification of previous educational experiences could 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 fellow'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 fellow provided there is an open position for the fellow and the number of on-duty fellows will not exceed the approved complement. Once appointed, the fellow should be entered into ADS. It is recommended that plans to accept a fellow from another program be discussed with the ABPN prior to accepting the fellow in order to identify any issues that could potentially affect their eligibility for certification.</p> <p>Additional information about requesting a change in fellow complement for psychiatry programs can be found on the Documents and Resources page of the Psychiatry section of the ACGME website.</p>
Educational Program	
<p>Do four full-time equivalent (FTE) weeks satisfy a one-month FTE requirement?</p> <p><i>[Program Requirement: 4.11.f.2.]</i></p>	<p>Yes, four FTE weeks will satisfy a one-month FTE requirement.</p>

The Learning and Working Environment

What is an appropriate patient load for fellows?

[Program Requirement: 6.17.]

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 seven 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: 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.