

Frequently Asked Questions: Geriatric Psychiatry
(FAQs related to Geriatric Psychiatry Program Requirements effective July 1, 2025)
Review Committee for Psychiatry
ACGME

Question	Answer
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) or the American Osteopathic Board of Neurology and Psychiatry (AOBNP)? <i>[Program Requirement: 2.4.a.]</i>	No, the Review Committee does not grant waivers to this requirement and will withhold accreditation of new programs that are not led by ABPN- or AOBNP-certified geriatric psychiatrists.
Must a geriatric psychiatry program maintain a specific minimum number of faculty members? <i>[Program Requirements: 2.6. and 2.10.b.]</i>	The program can include any faculty members—physician or non-physician—who have a significant role in the education of residents. 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.

Question	Answer
<p>What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in geriatric psychiatry by the ABPN or the AOBNP?</p> <p><i>[Program Requirement: 2.8.]</i></p>	<p>Alternate qualifications will not be accepted for individuals who have completed ACGME-/AOBNP-accredited residency and fellowship 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.</p> <p>For a physician faculty member who has not achieved certification in geriatric psychiatry from the ABPN or AOBNP, the following criteria must be met in order to serve as a member of the faculty:</p> <ul style="list-style-type: none"> • completion of a psychiatry residency program • completion of a geriatric psychiatry fellowship program • leadership in the field of geriatric psychiatry • scholarship within the field of geriatric psychiatry • involvement in psychiatry organizations <p>Years of practice are not an equivalent to specialty board certification, and the ABPN, AOBNP, and the Review Committee do not accept 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.</p> <p>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.</p>

Fellow Appointments	
<p>Can a PGY-4 resident be appointed to a fellowship in geriatric psychiatry?</p> <p><i>[Program Requirement: 3.2.]</i></p>	<p>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 geriatric psychiatry fellowship.</p>
<p>When should programs request a temporary increase in fellow complement, and under what circumstances will the Review Committee approve such a request?</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 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 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>When a complement increase is approved, does the Review Committee consider the additional position as one full-time equivalent (FTE) or one person?</p> <p><i>[Program Requirement: 3.3.]</i></p>	<p>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 education on a half-time basis. Note that while part-time education is permitted, the program must be completed within a two-year period.</p>
Educational Program	
<p>What is the Review Committee's expectation for faculty preceptorship with fellows?</p> <p><i>[Program Requirement: 4.11.i.]</i></p>	<p>The Review Committee expects that preceptorship involve 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.</p>

<p>Are fellows no longer required to maintain a patient log documenting all clinical experiences?</p> <p><i>[Former Program Requirement: IV.C.12.]</i></p>	<p>Fellows are no longer required to maintain a patient log documenting all clinical experiences. Modern electronic medical record (EMR) systems are now equipped to capture detailed information about patient interactions and clinical experiences automatically. These systems can generate logs of clinical activities, reducing the need for manual documentation by fellows. For institutions that do not have EMR systems in place, alternative methods to ensure accurate tracking and documentation of clinical experiences can be implemented.</p>
<p>What is the minimum amount that faculty members must participate in scholarly activity to fulfill the faculty scholarship requirement?</p> <p><i>[Program Requirement: 4.14.]</i></p>	<p>Faculty members must demonstrate scholarship through participation in scholarly activities, including local, regional, or national committees/educational organizations. 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 one or more physician faculty members do not provide documentation of regular (at least annual) scholarly activity.</p>
<p>The Learning and Working Environment</p>	
<p>What is an appropriate patient load for fellows?</p> <p><i>[Program Requirement: 6.17.]</i></p>	<p>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 a 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 assess 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.</p>
<p>Must every interprofessional team include representation from every profession listed in the requirement?</p> <p><i>[Program Requirement: 6.18.a.]</i></p>	<p>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.</p>