

ASK THE APA CANDIDATES ...

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Candidate for Treasurer

What is your number one priority, and how would you work towards achieving that?

If elected treasurer, my first priority would be the fiscal health of the APA. The last few years have brought increases in our assets and the impending purchase of the new building space at 800 Maine Ave. in the District of Columbia at a pre-negotiated price has already turned out to be a very good investment.

The long-term health of the organization will depend on carefully reviewing all of the operations of the APA to make sure that we are lean and efficient. This is always an imperative for APA, but especially now that we have committed to important projects like updating practice guidelines, creating a national registry, and supporting Safe Prescribing in a variety of state fights, we need to make sure we maintain fiscal discipline and plan for the future.

The Treasurer's job is to make sure the money follows the mission of the APA and that all of the major constituencies in the organization – members, Councils, Assembly, Caucuses, Board – have effective and meaningful input into the priority-setting process.

We live in an uncertain world and we must maintain our financial strength for a rainy day.

What is your position on affiliate membership for non-physicians? How will you advocate for your position within this organization?

I do not believe that APA is ready for an affiliate membership category, although interprofessional collaboration is critical in the care of our patients, especially those with severe and persistent mental illness. Most other medical membership organizations have such a category, but in mental health care the combination of stigma, competition and economic pressure have made it very difficult for psychiatrists in some settings to maintain their unique role in care delivery.

As a field, we are torn between the critical need to clarify the role of the psychiatrist as the most highly trained mental health professional, and our wish to collaborate with well-trained and effective colleagues. This is playing out in very difficult ways for psychiatrists in many settings.

We need to figure out how to increase the pipeline of psychiatrists. If there were more of us, there would be less pressure on health care organizations to find alternatives to hiring us. Medical school enrollment has increased over 30% in recent years, while resident spots have only increased 10-15%, and I am advocating for us to work on finding creative solutions to this bottleneck in training and increase the number of psychiatrists in America.

From a member services perspective, what would you do to meet the professional needs of psychiatrists throughout their career from training to retirement?

The single biggest threat to the professional lives of psychiatrists at this point in time is burnout and problems associated with it. The APA Committee on Psychiatrist Wellbeing and Burnout, which I've chaired over the past three years, surveyed membership and found that 78% of members self-report some burnout and 18% of members rate themselves as having moderate to severe depressive symptoms.

These stunning figures are generally consistent with findings in other specialties, although we may be at somewhat less risk than our colleagues in other fields.

Burnout reflects a physician's experience of the workplace and is a response to workflow and other dysfunctional aspects of the work setting; it is a systemic problem, not an individual one.

Although APA members require many things to support their professional activity – advocacy, education, support, community, member benefits -- I believe that intervening on burnout could be the most important. This means studying and identifying burnout, creating materials to support advocacy with health system leaders, collaborating with other organizations on national initiatives about physician burnout, and creating tools for members to address burnout in their workplaces (please see psychiatry.org/wellbeing for resources about burnout).