The Creation of the Council of Pediatric Subspecialties: Addressing the Needs of the Subspecialties and Subspecialists

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The idea of creating a group dedicated to the interests of subspecialties and subspecialists emerged simultaneously in several pediatric organizations in 2004. The Association of Medical School Pediatric Department Chairs (AMSPDC) was interested in creating a subspecialty group that could address the interests of subspecialties, including the needs of division chiefs and fellowship directors. The Association of Pediatric Program Directors (APPD) began its outreach to subspecialty residency (fellowship) program director groups by hosting a forum to discuss issues in 2005. The Pediatric Academic Societies (PAS) discussed how best to address cross-disciplinary issues related to subspecialties. Finally, the Federation of Pediatric Organizations (FOPO) developed a Policy Statement on the Fellowship Application Process in Pediatrics and faced the challenge of communicating that policy to the sections of the American Academy of Pediatrics (AAP), the sub-boards of the American Board of Pediatrics (ABP), and numerous subspecialty societies within each discipline. There was a clear need for enhanced communication across the pediatric subspecialties, but there was not a single organization that spoke for all of the subspecialties.

An organizational model existed within internal medicine: the Association of Specialty Professors (ASP), an organization formed in 1993.[1] ASP is an executive council made up of 2 representatives from each of 12 participating subspecialties (including one fellowship director), 2 representatives from fellowships at community teaching hospitals, and 3 at-large members. The aims of ASP are (1) promoting the specialties of internal medicine; (2) facilitating cooperation within and among other organizations; (3) aiding the missions of education, research, and patient care; and (4) holding forums, supporting new initiatives, and publishing material related to policy and education.[2,3] ASP forms committees (Executive, Education, Geriatrics, Member Services) and charges task forces (Evaluation, Part-Time Careers) as the means of addressing specific issues within internal medicine specialties.

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PLANNING PROCESS

The authors of this commentary worked together to develop this concept by convening a series of meetings at the APPD and PAS meeting in the spring of 2005 and the ABP Subspecialties Consortium meeting in August 2005. A planning meeting was held in Memphis in January 2006 with representatives from pediatric subspecialties, related specialty fields, and other pediatric organizations. There was general agreement and interest at this meeting and at an Open Forum at the 2006 PAS meeting in the formation of an organization devoted to the pediatric subspecialties, although some attendees expressed concern that these needs could be met without forming another pediatric organization. The planning group continued its work over the summer months of 2006 to develop an organizational model, draft a first-year budget, and obtain sponsorship from AMSPDC and APPD for the inaugural year of the Council.

ORGANIZATIONAL STRUCTURE AND GOVERNANCE

On September 19, 2006, the first meeting of the Council of Pediatric Subspecialties was held in Arlington, Virginia. There were 34 attendees representing 17 pediatric subspecialties and related specialties and 6 pediatric organizations. The outcome of the meeting was the creation of mission, vision, and values statements (Table I); a definition of membership and voting procedures; the election of an Executive Committee (EC); and the formation of two task forces (Table II; available at www.jpeds.com).

Importantly, the chosen structure addressed the concern of having "another pediatric organization" by seeking to develop a nexus for communication among the existing pediatric subspecialty organizations and between the subspecialties and other pediatric organizations, rather than establishing a new

Table I. Council of Pediatric Subspecialties

Mission

The Council of Pediatric Subspecialties integrates approaches to subspecialty education, research, and patient care by providing a forum for members and other organizations and by serving as the common voice for the pediatric subspecialties.

Vision

All pediatric subspecialties working together to ensure excellence in pediatric subspecialty medicine.

Values

As an organization of professionals, we promote the following values:

- compassion
- diversity
- communication
- career development and satisfaction
- education, training, and research of the highest quality

professional society. An important element in this structure is the limitation of two representatives to the Council from each subspecialty field, which forces leaders within a discipline to communicate with each other. Communication within the subspecialties is one of the major objectives in the formation of the Council. In the field of pediatric cardiology, as an example, there are regular meetings with representatives from the AAP Section on Cardiology and Cardiac Surgery, the American Heart Association, the American College of Cardiology, and the Society of Thoracic Surgery. The formation of this type of communication network within disciplines that currently do not have regular communication may be a natural outcome of the formation of the Council.

Beyond the pediatric subspecialties, fields that will be included in the Council are pediatric dermatology, academic general pediatrics, child neurology, and child psychiatry. It was determined that the current size of the Council (40 members) was optimal. There will be an opportunity, however, to invite representatives from other organizations, and related disciplines such as the surgical sections of the AAP to a meeting once a year to discuss issues that are brought forward from the broader pediatric subspecialty community.

The Council of Pediatric Subspecialties will be made up of the following subspecialties with 2 voting representatives from each field, 1 of whom should be a Program Director, at least during the first year of the Council's activities: (1) Academic General Pediatrics, (2) Adolescent Medicine, (3) Allergy and Immunology, (4) Cardiology, (5) Child Abuse, (6) Child Psychiatry, (7) Critical Care, (8) Dermatology, (9) Developmental and Behavioral Pediatrics, (10) Emergency Medicine, (11) Endocrinology, (12) Gastroenterology, (13) Genetics, (14) Hematology-Oncology, (15) Infectious Diseases, (16) Neonatology, (17) Nephrology, (18) Neurology, (19) Pulmonary Medicine, and (20) Rheumatology.

In addition, there are non-voting ex offcio members including: (1) AMSPDC (2 members), (2) APPD (2 members), (3) AAP (1 member), (4) Ambulatory Pediatric Association (APA) (1 member), (5) ABP (1 member), (6) APS/SPR (1 member), and (7) FOPO Executive Director.

Voting will be accomplished by allowing 2 votes for each discipline as is represented on the Council for a total of 40 votes. Policy matters will require a supermajority at the level of 75% of votes cast.

The term of the EC will be 2 years with no one rotating off the Council for the first 2 years to establish a consistent presence and facilitate organizational memory. The EC will establish a sequence of rotations after the first 2 years.

THE WORK AHEAD

An extensive list of possible issues and topics were addressed by the Council, many of which related to the needs of fellowship training including the continued recruitment and maintenance of the pipeline of trainees and professionals who can provide the specialized pediatric care to young people and their families. This list (Table III; available at www.jpeds.com) consists of several large topic categories: education, workforce, clinical care, research, communication, professional and personal development, funding, and organizational issues. It was clear from the discussions that the Council would provide an important forum with broad cross-disciplinary input.

Since the inaugural meeting, the EC and the Task Forces have held several conference calls and begun their work, a Web site is being constructed, and planning is underway for an Open Forum at the Pediatric Academic Societies meeting in Toronto in May 2007.

The Council of Pediatric Subspecialties will undoubtedly continue to evolve as it seeks to respond to the concerns of its participating groups. A significant issue will be its ongoing relationship with established pediatric organizations, particularly with AMSPDC and APPD, which are presently providing resources to support this fledgling enterprise. Nonetheless, it is well underway in filling an important niche in the field of subspecialty pediatrics on behalf of the health of children.

We are grateful for the willingness of the Executive Committee to serve as leaders in this inaugural year of the Council of Pediatric Subspecialties and to the Task Force participants and the entire membership of the Council for their participation in this effort. We also acknowledge their thoughtful review of this manuscript by Paul Darden, Vicky Norwood, James Bale, Daniel Coury, and Mary Ann Shafer.

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3. High KP. AAIM and ASP: an introduction. Presentation at the Federation of Pediatric Organizations Subspecialty Meeting to Consider Developing an Organization for Pediatric Subspecialists, January 29, 2006, Memphis, TN.

Table II. Council of Pediatric Subspecialties: Executive Committee

Chair:	Paul Darden (General Academic Pediatrics)
Vice-Chair:	Vicky Norwood (Nephrology)
At-Large Members:	James Bale (Child Neurology)
	Daniel Coury (Developmental and Behavioral Pediatrics)
	Mary Ann Shafer (Adolescent Medicine)
Fellowship Application Process Task Force	
Charge: Respond to the Recommendations of FOPO about delaying the start of the application process to the beginning of the senior year	
Co-Chairs:	Thomas Abshire (Hematology-Oncology)
	Sharon Oberfield (Endocrinology)
Members:	Judy Aschner (Neonatology)
	Chris Kennedy (Emergency Medicine)
	Josef Neu (Neonatology)
	Steven Wassner (Nephrology)
Fellowship Core Curriculum Task Force	
Charge: Examine examples of core curricula and share these with the Council for possible dissemination to the membership	
Co-Chairs:	Judith Campbell (Infectious Diseases)
	Mary Ann Shafer (Adolescent Medicine)
Members:	Stephen Feig (Hematology-Oncology)
	B Li (Gastroenterology)
	Josef Neu (Neonatology)

Table III. Council of Pediatric Subspecialties: Potential Issues to be Addressed

1- Fellowship Training
   a. Fellowship Application Process
   b. Debt Burden by Trainees
   c. Fellowship Stipend Support
   d. Core Competencies
   e. Scholarship Oversight Committees/Scholarship During Fellowship
   f. Attracting Residents into Fellowships
   g. Interaction with the Accreditation Council for Graduate Medical Education (ACGME) and the Pediatric Residency Review Committee (RRC)
   h. Leadership Training
   i. Career Development
   j. New ACGME Requirements
      i. Common Requirements
      ii. Subspecialty-Specific
   k. Program Information Forms (PIFs)
   l. Interaction with the ABP and other boards
   m. Fellowship Director Leadership Training
2- Maintenance of Certification
3- Workforce and Pipeline
   a. Promote Pediatrics Subspecialty Career at Medical Student and Resident Levels
4- Speaking with One Subspecialty Voice
5- Funding of Council of Pediatric Subspecialties (CoPS)
6- Organizational Principles and Governance
7- Communication Plan for CoPS
8- Transitional Care (Children and Adolescents → Adult)
9- Work Life Balance
10- Career Development
   a. Academic Career
   b. Other Careers
11- Faculty Development - Teaching Skills
12- Develop and Share a Core Curriculum for Subspecialty Training
13- Develop and Share Evaluations of the Core Competencies
14- Leadership Training
15- Support for Division Chiefs/Section Chiefs
16- Subspecialty Reimbursement
17- Advocacy with Payors
18- Developing Cross-Cutting Core Issues across Subspecialties
19- Diversity of Workforce
20- Support for Research
21- Subspecialty-Specific Continuing Medical Education Courses