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CoPS Fall Council Meeting Minutes

November 16-17, 2017

Sheraton Chicago O'Hare Airport Hotel (6501 North Mannheim Road, Rosemont, IL)

Main Meeting Room: O'Hare East

DAY ONE: Thursday, November 16, 2017 from 9am-5:00pm

Welcome & Introductions

Dr. Melvin Heyman, CoPS Chair, gave an introduction to CoPS and welcomed the Council to the meeting. After the agenda was summarized, each meeting attendee introduced themselves; describing their role, member organization, how they got chosen/elected to attend on their organization's behalf and what they hope to get out of the meeting.

<p>Alice Ackerman <i>Association of Medical School Pediatric Department Chairs (AMSPDC)</i> NOTE: Will be presenting with Dr. John Barnard on AMSPDC and their role with CoPS.</p>	<p>Mark Atlas <i>American Society of Pediatric Hematology/Oncology (ASPHO)</i> NOTE: Has attended 4 or 5 meetings. He is most looking forward to the continuing dialog that goes on in CoPS; discussion with the important players in one room is unique.</p>	<p>Tandy Aye <i>Pediatric Endocrine Society (PES)</i> NOTE: She currently holds the position of CoPS Secretary/Treasurer. This is her 4th or 5th meeting. She will be discussing expanding CoPS subspecialties later on in the meeting.</p>
<p>John Barnard <i>Association of Medical School Pediatric Department Chairs (AMSPDC)</i> NOTE: Will be presenting with Dr. Alice Ackerman on AMSPDC and their role with CoPS. This is his 1st CoPS meeting.</p>	<p>Meredith Bone <i>Society of Critical Care Medicine - Pediatric Section</i> NOTE: This is her 2nd term as a Council member. She is looking forward to the discussion on workforce.</p>	<p>Debra Boyer <i>Pediatric Pulmonary Training Directors Association (PEPTA)</i> NOTE: She has attended too many meetings to count. She will be discussing workforce issues as Chair of the CoPS Workforce Action team.</p>
<p>Gary Crouch <i>American Academy of Pediatrics, Section on Hematology/Oncology (AAP)</i> NOTE: Has attended 3 or 4 meetings. He is interested in learning more about workforce and where we (CoPS) are.</p>	<p>Megan Curran <i>American Academy of Pediatrics, Pediatric Rheumatology Section (AAP)</i> NOTE: Has attended 3 meetings. She wants to learn more about fellowship funding and filling fellowship spots</p>	<p>Christiane E. L. Dammann <i>American Academy of Pediatrics, Section on Perinatal Pediatrics (AAP)</i> NOTE: Attending CoPS fall meeting for the 4th year. Her CoPS Council term expires in 2017 but she has asked to extend her representation. She is interested in the workforce topic.</p>
<p>Laura Degnon <i>Council of Pediatric Subspecialties (CoPS)</i> NOTE: She is the Executive Director of CoPS and has attended every CoPS meeting. In 2007 the fellows match</p>	<p>Anne Edwards <i>American Academy of Pediatrics (AAP)</i> NOTE: She is filling in for Dr. David Jaffe. This is her 1st CoPS Meeting. She will be discussing workforce later on in the meeting.</p>	<p>Gary Freed <i>American Board of Pediatrics (ABP)</i> NOTE: Was not in attendance during introductions.</p>

issue began and in 2017 Hem-Onc and Cardiology were the final two subspecialties to join the match.		
Jill Fussell <i>Society for Developmental and Behavioral Pediatrics (SDBP)</i> NOTE: She is currently a CoPS Member at Large and this is her 3 rd CoPS meeting. She is interested in fellowship and engaging changes through CoPS. She is most excited to see the Workforce discussion and discussing where and how CoPS can help. As Chair of the Communications Committee she is looking forward to an engaging conversation on CoPS involvement on Twitter.	Vivian Hernandez-Trujillo <i>American College of Allergy and Asthma & Immunology (ACAAI)</i> NOTE: Was not in attendance during the meeting attendee introductions.	Melvin B. Heyman <i>American Academy of Pediatrics, Section on Gastroenterology, Hepatology and Nutrition (AAP-SOGHN)</i> NOTE: Is currently CoPS Chair. He has been on the Executive Committee for 7 years and has attended countless meetings.
Pam High <i>Society for Developmental and Behavioral Pediatrics (SDBP)</i> NOTE: She has been involved with CoPS for 5 or 6 years. She is particularly interested in workforce and fellowship development/pipeline issues. She made note that the SPIN network has been a fabulous experience and has supported all of us individually and as a group.	Cynthia Holland <i>Society for Adolescent Health and Medicine (SAHM)</i> NOTE: This is her 1 st meeting and she is interested to learn about the various stake holders in CoPS. She also has a particular interest in pipeline workforce issues and 2 nd year fellowships.	Lisa Imundo <i>American College of Rheumatology (ACR)</i>
Imad Jarjour <i>Child Neurology Society (CNS)</i> NOTE: This is his 1 st CoPS meeting. He is interested in hearing about fellowship issues.	Karen Jerardi <i>The Council of Pediatric Hospital Medicine</i> NOTE: This is her 1 st CoPS meeting.	Alan Leichtner <i>North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHN)</i> NOTE: This is his 2 nd fall meeting. He feels that he is just getting in tune with the organization. He is interested in the full meeting agenda and is looking to CoPS for advice on how to align CoPS issues with his organization.
Laurel Leslie <i>American Board of Pediatrics (ABP)</i> NOTE: Was not in attendance during the meeting attendee introductions.	Susanna McColley <i>American Academy of Pediatrics, Section on Pediatric Pulmonology (AAP)</i> NOTE: This is her 3 rd year attending the CoPS Fall Meeting.	Gail McGuinness <i>American Board of Pediatrics (ABP)</i> NOTE: She has attended every CoPS meeting since CoPS has been in inception. She will be discussing MOC and other issues later on in the meeting.
Mary Moffatt <i>Helper Society</i> NOTE: This is her 2 nd fall meeting. She is looking forward to discussion on workforce challenges and continuation	Angela Myers <i>Pediatric Infectious Diseases Society (PIDS)</i> NOTE: She is a former APPD representative but is now the PIDS	Sarah Pitts <i>Society for Adolescent Health and Medicine (SAHM)</i> NOTE: This is her 1 st fall meeting, but she attended the spring webinar. Workforce

of fighting this issue through CoPS.	representative. She is interested in the issue of workforce.	and funding issues are her main interests.
<p>Kris Rehm <i>Joint Council of Pediatric Hospital Medicine (JCPHM)</i> NOTE: This is her 3rd fall meeting. She noted that there is so much to learn from other subspecialties; being in hospital medicine it is very helpful to be at the CoPS table. She is looking forward to the discussion on 2 year fellowships.</p>	<p>Markus Renno <i>American Academy of Pediatrics Section on Pediatric Trainees (AAP SOPT)</i> NOTE: He has attended one meeting previously as his organization's substitute representative. He found the meeting so beneficial he became the AAP SOPT representative following his attendance. He hoped to lend a hand to CoPS by providing perspective from someone who is currently in the hiring process.</p>	<p>Rob Ross <i>Society of Pediatric Cardiology Training Program Directors (SPCTPD)</i></p>
<p>Renate Savich <i>American Academy of Pediatrics Section on Perinatal Pediatrics (AAP)</i> NOTE: Replaced Linda Van Marter. This is her 1st year as a representative in CoPS. She is concerned about the future of children's health and is focused on training.</p>	<p>Rebecca Scherzer <i>American Academy of Allergy Asthma & Immunology (AAAAI)</i> NOTE: This is her 1st year attending the CoPS Fall Meeting.</p>	<p>Michael Somers <i>American Society of Pediatric Nephrology (ASPN)</i> NOTE: Chosen by the ASPN to attend CoPS, what he is hoping to get out of this meeting is more insight to the workforce issues.</p>
<p>Robert Spicer <i>Society of Pediatric Cardiology (SPC)</i> NOTE: He is currently the CoPS Immediate Past Chair. He enjoyed the premeeting readings – origin of CoPS and CoPS first 5 years. The issues that were important from the beginning are still important today. What he hopes to get out of this meeting is continued excitement about CoPS and their goals.</p>	<p>Diane Stafford <i>Pediatric Endocrine Society (PES)</i> NOTE: This is her 4th year as a CoPS representative. She thoroughly loves her involvement in CoPS and is happy to be able to stay on as a double PES representative. She is interested in workforce issues and will be helping with that discussion later in the meeting.</p>	<p>Franklin Trimm <i>Association of Pediatric Program Directors (APPD)</i> NOTE: This is his 3rd meeting. He is looking forward to every item on the agenda, as these are relevant to the future of children's health.</p>
<p>Teri Turner <i>Academic Pediatric Association (APA)</i> NOTE: She has been a CoPS representative for 3 or 4 years.</p>	<p>Brandi Walsh <i>Council of Pediatric Subspecialties (CoPS)</i> NOTE: CoPS Association Manager</p>	<p>Pnina Weiss <i>Association of Pediatric Program Directors (APPD)</i> NOTE: She is interested in the training of fellows. APPD's take on fellowship funding will be presented later in the meeting.</p>
<p>Amy Colleen Wilson <i>American Academy of Pediatrics Section of Nephrology (AAP)</i> NOTE: This is her 3rd time attending the</p>		

CoPS Fall Meeting. She first started in CoPS as a fill in for Rick Castel. She is interested in hearing about fellowship funding.		
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CoPS History/Update

Ms. Degnon gave the Council a brief summary of the history of CoPS. The 1st official meeting of the Council of Pediatric Subspecialties was in September 2006 and the 2017 fall meeting is our 22nd face to face meeting.

CoPS modeled their infrastructure off of the Association of Specialty Professors. At their birth, the finances went through APPD and as an organization they reported to both APPD and AMSPDC. On January 27, 2010, CoPS became a fully incorporated 501-c3 in the state of Delaware.

More information on the history of CoPS can be found in the reading material handed out to meeting attendees:

- The August 2007 issue of *The Journal of Pediatrics* (www.jpeds.com) features an article entitled “The Creation of the Council of Pediatric Subspecialties: Addressing the Needs of the Subspecialties and Subspecialists.” A free PDF of the article can be downloaded at <http://download.journals.elsevierhealth.com/pdfs/journals/0022-3476/PIIS0022347607002478.pdf>
- In August 2012, CoPS published a paper in Pediatrics entitled Council of Pediatric Subspecialties (CoPS): The First Five Years. This article summarized CoPS' accomplishments over its first five years of existence and is available at <http://pediatrics.aappublications.org/content/130/2/335.full.pdf+html>

Dr. Heyman gave an update of CoPS issues and accomplishments to the Council. CoPS 2017 past meetings and 2018 upcoming meetings were discussed and confirmed. He revisited the SWOT analysis that Dr. Spicer presented a few years ago. You can see the main SWOT points in the presentation slides.

Dr. Heyman made the Council aware that new At Large Member nominations will be happening soon. The CoPS Spring 2018 meeting will be when outgoing EC members are replaced with the incoming members. Dr. Spicer encouraged Council Representatives to consider an Executive Committee role to ensure the continuation of forward movement for CoPS.

ACTION: Management to send out call for nominations to full Council.

Liaison Presentations

- Academic Pediatric Association (APA) - Dr. Teri Turner

Dr. Turner briefly summarized the APA's upcoming events and mission statement. They are trying to be scholarly in three areas; education, QI, and advocacy. The Council had a discussion on APA training programs and where fellows end up after training. They offer fellowship online curriculum (started by Dr. Mary Ottolini) and host an academic fellow's conference online before PAS meeting. Their “New Century Scholars” section looks at pipeline and the fact that there are more applications than positions. www.academicpeds.org

- American Academy of Pediatrics (AAP) - Dr. Anne Edwards

Dr. Edwards updated the Council on recent AAP activity. Last year the AAP Board came up with a 5 year strategic plan. Some core issues highlighted in the strategic plan include; member value, opportunities for members, and leadership opportunities for doctors during all years of practice.

- Poverty and child health is a core plank within the AAP.
 - 2 new planks:
 - Diversity and bias through empathy and inclusions

- Physician health and wellness (healthy workforce needed to support children)
 - In July the AAP developed action steps to determine burnout and the definition of wellbeing. Being able to track this, refine messaging, create opportunities to support other pediatric professionals and continue partnerships is critical.

Advocacy is a large part of the AAP. Some of their main advocacy efforts are targeted towards Medicaid support, CHIP funding, military support progress (limited training within the military), and impact of training programs due to the travel ban.

The Academy has started a digital transfer; less paper files and more digital communication. They are working on the development of a clinical child health registry and central health data registry. Current and future practices are strong within the new strategic plan.

Q: How can we encourage folks to reach out to the AAP as well as enhance communication on current AAP activities?

A: There was an internal task force that looked at where subspecialty membership was; this work is still being looked at now to determine why people are, or are not, involved. The uniqueness of each subspecialty is valued. The AAP is not one size fits all; they will look to CoPS to collaboratively understand how they can engage more subspecialties.

Q: What is the advocacy that the AAP is doing and how far along they are?

A: Advocacy is an ongoing effort, and Dr. Turner will follow up with more information on where these advocacy efforts land.

- Association of Medical School Pediatric Department Chairs (AMSPDC) - Drs. Alice Ackerman & John Barnard

Dr. Ackerman, member of the AMSPDC Education Committee, discussed topics the Pediatric Chairs find important; funding is one of those issues. The AMSPDC Education Committee, specifically, has been working on an issue called Match Frenzy; fellows applying to an excess of spots due to the fear of not matching. Program Directors are wondering how many fellows need to be interviewed to fill slots. A survey has been administered and the outcomes are not necessarily a surprise; the fellows not matching are those students we would predict not to match (failures, mediations, etc.).

November 30, 2017 at 1pm AMSPDC will be hosting a webinar on how mental health training is being incorporated into clinical health programs. They will be discussing a set of tools to help encourage a better foundation in mental health.

AMSPDC will be surveying their membership on the following topics:

- Global Health
- Unfunded mandate for fellowship director's protected time
- Mission-based funding

Dr. Barnard spoke about the new AMSPDC Clinical Care Committee. There is not yet a mandate for the committee but brainstorming is currently underway. 3 topics they have identified as "hot topics" are; workforce, shortage of subspecialists and over supply in some subspecialties. AAP, ABP, and CoPS have some initiatives on these topics; he hopes they can contribute AMSPDC's view and concerns on these topics. Three topics will be presented at the upcoming AMSPDC meeting from the Clinical Care Committee

- Workforce subspecialty pipeline
- Women in the workforce
- Workforce amongst Pediatric Department Chairs

A council member commented that as you start to talk about Pediatric Department Chairs it should be kept in mind that Division Chief positions within some subspecialties are widely available. We should ask ourselves; are we training upcoming Chairs? Are we opening up conversations about what the institution is looking for? Should they broaden the horizon? RO1

research is currently a requirement for Endocrinology Pediatric Department Chairs, but those with that qualification may not want to be a Chair. Are there other professionals without that requirement who would do an excellent job in this position?

Q: Are there Residency Director and Subspecialty Director funding differences as well as revenue differences?

A: AMSPDC represents Chairs from both larger and smaller departments; issues at each can differ. The new survey will hopefully help us better understand the current gap as well as issues with mandated time. We want to know what the impact is going to be across the board in a prediction.

Q: ACGME all unfunded mandates, precipitated part of this discussion by doing a survey 2 or 3 years ago that was published. How much time are you getting versus how much they need? Gap is around .01

- Association of Pediatric Program Directors (APPD) - Drs. Franklin Trimm & Pnina Weiss

Drs. Franklin Trimm and Pnina Weiss gave an overview of APPD and their mission. Currently they have 3300 members that have access to APPD learning activities and leadership programs. They talked about APPD LEARN (Longitudinal Educational Assessment Research Network) which is a framework for studies across institutions. Their current strategic plan has a emphasis on wellness and resilience (of trainees and trainers) as well as diversity, equity and inclusion.

CoPS and APPD have collaborated since day 1. APPD is happy to welcome CoPS to their spring 2018 meeting. Further information can be found in the presentation slides.

- American Board of Pediatrics (ABP) - Dr. Gail McGuinness

Dr. McGuinness reviewed each part of MOC, what each entails and the current requirements. There have been changes to improve MOC for general pediatrics and subspecialty pediatrics. She explained MOCA-Peds – MOC part 3 to the Council. MOCA-Peds is a model meant for the board to assess learning as well as allowing an assessment for learning. This will replace the 10 year exam and align with diplomats in 5 years. If someone wishes not to participate in MOCA-Peds they may take the proctored exam. The first subspecialty model release will be in 2019; by 2020 there will be 3 subspecialties in MOCAPeds. Dr. McGuinness gave a background to MOC Part 4's earlier model and what has changed.

Specifics on this discussion can be found in the presentations slides.

Q: Why is the initial certification exam and maintenance of certification exam different?

A: General content is the same but the nature of the questions is different. Maintenance tends to be more clinically oriented.

Q: If someone wants to maintain their general certification but also be Board certified in a subspecialty how would they do that?

A: Maintaining more than one certificate requires you to do all questions for each subspecialty. If you don't want to do that you can do the questions for one and do the exam for the other (every 5 years)

Workforce –Drs. Debra Boyer (CoPS), Pnina Weiss (APPD), Laurel Leslie (ABP), Gary Freed (ABP), and Anne Edwards (AAP)

Dr. Freed presented on past and present workforce numbers of generalists versus subspecialists. He also discussed the percentage of subspecialists spending time on research. He left the Council with food for thought – be skeptical, be wary of the landscape changing, etc. Details can be found in the presentation slides.

Q: How does a subspecialty/society get information on workforce from surveys if contact lists are limited?

A: There are multiple things one can do to raise survey response rates and I'll be happy to talk to anyone about that post meeting. These things cost money and take time.

Dr. Leslie presented on ABP's history on workforce. The ABP will have new workforce data coming out soon. Currently a workforce book full of data is available for use. Details on this discussion can be found in the presentation slides.

Q: How many subspecialists decided to discontinue their certifications?

A: ABP's workforce data book has this information. It isn't broken down by subspecialty but they could break it down that way if needed. This book has a lot of user friendly information.

Q: How much have the optional questions changed at the end of the site exam (the big 10)?

A: It has been relatively stable. Other questions have been removed because they did not reflect on operations.

Dr. Edwards discussed the AAP's Practice Transformation Taskforce. They ask about the trends in pediatrics practice and their impact. 1/3 of AAP's members are Subspecialty Pediatricians. The AAP has a committee on pediatric workforce whose job is to inform policy makers, patients and families and medical communities about the unique role of pediatrician workforce. They have developed 20 surveys which have resulted in 13 publications.

Another project that is happening within the AAP is an introduction to the Reentry Project. Details on this project can be found in the presentation slides or at www.physicianreentry.com

Dr. Lynn Olson with the AAP (Sociologist) spoke about the AAP data source, specifically the surveys they do towards pediatricians. She explained the example of trends and looked for feedback. She shared an overview of the AAP research structure; periodic survey of fellows, graduating resident survey, and PLACES. You can see the trends that have been identified by these surveys within the presentation slides. The question that they posed to CoPS was: Should subspecialties be categorized; Generalist vs. Hospitalist and Procedural vs. Medical? The outcomes of this possible change are represented in the presentation slides.

Q: Can these data be found on the AAP website?

A: Some of this information is still being worked on but if you search AAP PLACES there is a lot of information available.

Dr. Pnina Weiss presented on APPD's data on fellowship funding. She talked about the aims of fellowship funding conversation and the methods in finding their data. Specifics on this data can be found within the presentation slides.

Workforce Breakout Sessions

The Council broke up into groups of 8 to 12 people to discuss 4 categories of workforce identified by the Workforce Action Team as topics of CoPS interest. The four categories are: 1) recruitment issues/pipeline, 2) funding of training, 3) job distributions/jobs after fellowship, and 4) scholarship/research during fellowship and beyond.

Report outs from Workforce Breakout Sessions

1. Recruitment issues/pipeline (Drs. Diane Stafford & Lisa Imundo - Room: Gateway)
 - a. What we already know:
 - i. 43% choose subspecialty before residency
 - ii. 85% choose by second year of residency
 - b. How can CoPS help?
 - i. DO: Encourage programs for exposure
 1. Med student/1st year resident
 2. Organization membership
 3. Tailored program or rotation
 - ii. DATA: Exploration of effect of 2 year fellowship (no data from residents)
 - iii. ADVOCATE: Decreasing debt
 1. Loan forgiveness in areas of lower sub populations
 2. Deferring debt during training
 3. Financial counseling
2. Funding of training (Dr. Pnina Weiss - Room: 306A)

How CoPS Can Help:

- a. With fellows' salary funds and fellowship program directors getting programs covered in mind, design a study or survey for job descriptions for fellowship directors within each subspecialty.
 - b. Create a toolbox with value of programs noted
 - c. Collect notes from current fellows on these programs that can be shown to Chairs for funding
 - d. CoPS website
 - i. as a home to educate foundations so they can learn about these programs and maybe encourage support of these programs
 - ii. Outside sources of funding info
 - e. Collaborate with liaisons of CoPS to advocate for funding
3. Job distribution/jobs after fellowship (Dr. Rob Ross - Room: 406A)
- a. Subspecialty job board information should be listed on the CoPS website
 - b. Create a survey template
4. Scholarship/research during fellowship & beyond (Dr. Christiane Dammann - Room: 506A)
- a. What do we know?
 - i. We don't know a lot about scholarship and research.
 - b. What do we need to know?
 - i. What are the real workforce resource needs?
 - ii. What do we know about research funding during training that affects this?
 - iii. How are pediatric program directors utilizing CTS programs for the best child health training?
 - c. Commonalities
 - i. Didn't discuss much but these issues seem to be common among all of us.
 - d. What CoPS can do to help
 - i. Survey program directors and department chairs
 - ii. Host webinars on research scholarships
 - iii. Figure out ways to report "eager beavers"

It was noted that the ABP does a lot of work in these sectors already. The representatives from the ABP had some ideas on how CoPS can help the ABP:

- Virtual network to coordinate with the ABP and AAP on what they are doing in regards to workforce.
- Create a survey vetting process so when people reach out to the ABP with a survey request the survey is already vetted.
- It is helpful for CoPS to prioritize interest/data and advocacy/action.

DAY TWO: Friday, November 17, 2017: 7:30am–11:40am

Welcome / Recap of Day 1

Dr. Heyman gave a recap of day one discussion.

2 Year Fellowship

Dr. Heyman summarized the background on the 2 year fellowship issue. This issue was triggered by the Hospitalist sub board accreditation. Subspecialties who wish to change their fellowship requirements to two years will have to agree across subspecialties. Dr. Gail McGuinness added to the discussion by talking about the full history of fellowship length and some of the changes and reasoning behind the ABP within the past 30+ years. The ABP requires both scholarly and clinical training in order to be certified.

Members of the Council joined in on the conversation and gave their insight on the topic. There was discussion about the worry of trainees not being exposed to research enough; cutting fellowships down to two years may cut down clinical time as well as research hours for trainees. It was mentioned that there are a lot of clinical jobs out there and that's what we need to be training our fellows for. Fellowship funding was touched on; there were concerns about how third year fellowships would be funded if a subspecialty switched to a 2 year fellowship. Currently some of those who enter a 4 year fellowship lack funding.

The group discussed competency based testing versus timed training. How many times does a resident need to do the same thing to be on top of it? This could vary from discipline.

The Council discussed the steps they need to take next. The question of pilot projects came up. Funding is going to be very important within this topic. The ABP Board of Directors would be the ones to decide if pilots are an option if they are to be approached for potential funding. There needs to be more data on this topic, currently we're making assumptions. The SPIN network is currently working on data projects within this topic so when they are complete we will have more information. Discussions within individual subspecialties need to be the next steps for CoPS representatives.

Hospital medicine is approved for a 2 year fellowship, but some individual institutions will not be doing this. If fellowships are changed within a subspecialty it doesn't necessarily mean there won't be 3 year fellowship programs.

Reflections by Dr. Gail McGuinness

Dr. McGuinness gave her insight to CoPS role in pediatric subspecialties. She noted that the ABP has always been a strong supporter of CoPS and this will be continued post her involvement at the ABP. We all talk about FTE support, the leadership of this group and the Degnon management team have all been stellar – a huge amount of time and hours have been spent on CoPS work. The Council presented Dr. McGuinness with her parting gift and said a few words thanking her for her work and support of CoPS. She received a standing ovation.

Financial Report

Dr. Tandy Aye briefly reviewed the previously approved CoPS 2018 budget with the Council as well as our overall assets.

Total Expense 100,110.00

Net Income 605.00

Dr. Aye noted that annually an independent CPA reviews our financials which is considered best practice.

Membership / Membership Committee Development

Dr. Aye provided background on current CoPS membership and posed the question of expanding CoPS membership to other subspecialties. Council members were interested in expanding membership and forming a membership committee.

The only subspecialty that was mentioned as not being worth approaching is psychology. The fear of expanding and losing something if we get too big was mentioned.

Action: Council members interested in forming the Membership Committee will email Dr. Aye.

Milestones 2.0 ACGME Update

Dr. Boyer gave a Milestones 2.0 ACGME update. It was mentioned that any subspecialty can come forward with specific milestones and the group would be happy to engage with them. HEMONC has come up with their milestones. Input from trainees is being looked for by the network.

New Transition Action Team

Dr. Heyman discussed the current resources for transition and some of the possible needs. It was noted that some subspecialties are already involved in the topic while other subspecialties may be struggling. HEM/ONC expressed that this is an important topic. Cardiology expressed that advocacy may be the role CoPS plays within this topic. Transitioning patients with insurance versus those on Medicaid or no insurance is different, this also comes into play. Some subs have the doctors but are not willing to help.

Action: It was confirmed that there is some interest in a Transition Action Team. Any Council member who is interested will reach out to Lisa Imundo or info@pedsubs.org.

SPIN Update

Dr. Fussell gave an update on SPIN. Details on this discussion can be found in the presentation slides.

Communications Committee / How to use Twitter

Drs. Ackerman and Atlas educated the Council on how Twitter is used, proper Twitter etiquette and the importance of Twitter. Medical education is a big topic in the Twittersphere. Advocacy for CHIP is another hot topic being discussed in the past 6 weeks or so. Live tweeting of academics is becoming more and more popular. Online social networking is continuing to increase.

Further details on this discussion can be found in the presentation slides.

There was discussion on where we should be going beyond Twitter. It was noted that we are trying to perfect our Twitter before moving to different platforms.

Dr. Fussell let the Council know that the Communication Action Team is now moving to be a Committee. Keeping our Twitter up to-date and website maintenance are continuing projects.

Action: Council members interested in joining the Communication Committee will reach out to info@pedsubs.org or Jill Fussell (Chair of Committee)

Action Plan for Workforce Initiative

After the workforce breakout sessions and discussion during day one Dr. Boyer created a list of actionable item for CoPS. The Council members were asked to pick the top five items they felt were most important for CoPS to focus on in the next 3-5 years. Below is the full list of actionable items and the number of votes on each.

Actionable Workforce Items for CoPS

1. Develop a workforce survey template that can be used as a starting point for subspecialty organizations to evaluate their workforces (15)
2. Generate a "roadmap" document for how to administer an effective survey, including how to reach the most helpful target audiences, best practices for reporting survey results, and a directory of supportive resources to help along the way (8)
3. Create a process for CoPS to provide oversight of workforce surveys, in order to coordinate efforts among specialties, minimize the risk of "survey fatigue", and ensure a high standard of data quality (17)
4. Use the CoPS website to store/compare workforce data (7)

5. Have an economist help us with our questions and analyses (7)
6. Create a job board on the CoPS website (5)
7. Devise a system for earlier exposure of peds subspecialties to med students and 1st year residents (13)
8. Develop new debt forgiveness programs for graduates to work in areas underserved by subs (8)
9. Create a tool kit with financial advice for fellows on how to ameliorate medical education debt (1)
10. Explore 2 year fellowship effects (23)
11. Develop surveys regarding funding obstacles, fellow research efforts, etc. (1)
12. Create a webinar to teach FPD and trainees about how to optimally seek research funding (2)
13. Work with AMSPDC on how to recruit and sustain junior faculty in their research paths (10)
14. Work with MD/PhD programs to get these med students more exposure to peds subs (2)
15. Survey the importance of fellowship programs to institutions to show Peds Chairs (4)
16. Develop a survey with the job description of a FPD (3)
17. Create a toolbox to communicate with Chairs why PDs need money (2)
18. Use the CoPS website (or develop a publicity packet) to show funding sources how peds subs have benefits (11)
19. Post sources of funding on CoPS website (3)
20. Liaison with other organizations to increase available funding sources (3)

After the voting was completed, the Council reviewed the numbers and discussed possible next steps. During this process they decided to combine actionable item #1 and actionable item #3. The final actionable items voted by the Council are as follows:

FINAL Actionable Workforce Items for CoPS

1. Create a process for CoPS to provide oversight of workforce surveys, in order to coordinate efforts among specialties, minimize the risk of “survey fatigue”, and ensure a high standard of data quality. Develop a workforce survey template that can be used as a starting point for subspecialty organizations to evaluate their workforces.
 - a. Can maybe partner with the AAP?
 - i. AAP surveys may be different then the types of surveys we would like to do.
2. Devise a system for earlier exposure of peds subspecialties to med students and 1st year residents
 - a. If tackled we would need additional voices. AMSA (American Medical Students Association) was mentioned. What are ways that we can get more engaged with students?
 - b. Contact the AAP for a contact list of groups we may be able to reach out to
 - i. Markus Renno mentioned that he has this list through his society, and it'd be easy to do but what is our ask and our goal?
 1. We are interested in knowing why students pick what they choose to do for a future career? What are some types of things that provide exposure?
 - c. Should we use Twitter to start this conversation?
 - i. The things that impact trainees have a lot to do with seeing someone living the life they want for themselves.
 - d. Exposing med students to sub specialty doctors or patients.
 - e. Offering small research positions
3. Explore 2 year fellowship effects
 - a. If subspecialty fellowships were 2 years instead of 3 years would that change the dynamic of people choosing to enter subs.
 - i. 1 or 2 questions put into the site exam could give us some idea weather this affects the number of people going into subs. Wording for this questioning has to be very particular.
 - b. How do we determine the influences on workforce if we entertain 2 year fellowships for some subspecialties? Do we think on a larger basis that it will change the trajectory?

4. Work with AMSPDC on how to recruit and sustain junior faculty in their research paths
 - a. AMSPDC is a great liaison who is always encouraging partnership. There is an AMSPDC webinar next month where this can be mentioned.
 - i. AMSPDC is always looking for ways to interact with our groups. Alice will bring this back to their education committee which will then be brought to the EC. John will also speak with him committee. We can then brainstorm how we can engage.
5. Use the CoPS website (or develop a publicity packet) to show funding sources how peds subs have benefits
 - a. Show where funding can be sought
 - b. Show the funding stakeholders

After extensive discussion each action item was devised to a group leader.

Drs. Angie Myers and Rob Ross will continue to spearhead conversation on actionable item #1; create a process for CoPS to provide oversight of workforce surveys, in order to coordinate efforts among specialties, minimize the risk of “survey fatigue”, and ensure a high standard of data quality. Develop a workforce survey template that can be used as a starting point for subspecialty organizations to evaluate their workforces

Dr. Mary Moffat will continue to spearhead conversation on actionable item #2; devise a system for earlier exposure of peds subspecialties to med students and 1st year residents

Dr. Diane Stafford will continue to spearhead conversation on actionable item #3; explore 2 year fellowship effects

Drs. Rob Spicer, Mel Heyman, John Barnard, Alice Ackerman will continue to spearhead conversation on actionable item #4; work with AMSPDC on how to recruit and sustain junior faculty in their research paths

Actionable item #5 was noted as “not pursuable at this time.” The Council is not sure how it will help workforce. It is useful information but not helpful in changing the workforce climate.

11:30am-11:40pm Action Plan: CoPS Focus for next 3-4 years (10 min) - Executive Committee
 Discussion was had about lengthening the CoPS meetings. Involvement between meetings is necessary. The agenda effects the needed time for discussion. Reports can maybe be discussed prior to the meetings. Council would appreciate the option to phone into the spring meeting.

Action: It was agreed to lengthen the spring meeting from 2-5pm to 1-5pm

Other

Dr. Fussell will take on the role as Vice Chair in March 2018. CoPS is currently soliciting nominations for one At-Large member (to fill the position that Dr. Fussell currently holds).

Next Face to Face Meeting:

The CoPS Spring meeting will take place in conjunction with the APPD meeting in Atlanta, Georgia March 20-23, 2018. Exact day/time of the CoPS meeting is March 20, 2018 from 1-5pm.