Tuesday, March 20, 2018 from 1pm-5:00pm

1:00pm-1:20pm  Welcome/Introductions (20 min) – Dr. Melvin Heyman

Council members attending the spring 2018 meeting introduced themselves noting their position within their institution and their representing society.

1:20pm-1:30pm  CoPS Update since fall meeting (10 min) – Dr. Melvin Heyman

Dr. Melvin Heyman gave an update on what CoPS has been working on post fall meeting. These issues and initiatives will be discussed later in the meeting. Fellowship funding has been a large issue for CoPS. Details on CoPS involvement in this issue can be found in the slides.

CoPS has been working on fellowship issues with APPD and AMSPDC. Information on these collaborations can be found in the slides.

1:30pm-1:45pm  Membership Committee (15 min) – Dr. Tandy Aye

Dr. Tandy Aye spoke about the CoPS membership committee that was created last fall. She noted that she is currently soliciting members for this committee. Dr. Aye gave an update on who we have invited to join CoPS:

- Pathology – pending
- Medical Genetics – declined
- Palliative Care Medicine – pending
- Children’s Hospitals Association – declined
- Dermatology
- Other invites noted in slides

After giving an update on the committee she posed a question to the Council; what about our surgical colleagues?

- Pediatric Anesthesia
- Urology
- General Surgery
- Orthopedics
- Plastic Surgery

Several comments and concerns were raised by the Council. It was noted that there is a fear that the bigger CoPS gets the less productive we will become. The idea of maybe doing split meetings so societies that aren’t associated with the ABP are focused on was raised but there wasn’t much comment.

Before approaching surgical subspecialties CoPS needs to think about what topics would be most meaningful for surgical societies and engage them in that. It is hard to know what their involvement would be because of the breakdown of their subspecialties.

Apart from surgical subspecialties the CoPS membership committee encourages the Council to talk about involvement among their institution’s subspecialties. Dr. Tandy Aye has created an email template to explain CoPS and what is in it for them if they join. It was discussed that we should stress our mission and values because CoPS could be similar to other societies.

Action: The membership committee will continue to approach other subspecialties to join CoPS. Those interested in joining the committee can reach out to Dr. Tandy Aye or Brandi Walsh (info@pedsubs.org)
Dr. Lisa Imundo presented on CoPS transition committee that was created at the fall 2017 meeting. She explained that different subspecialties are more involved in transition than others.

Cardio is a subspecialty that has created a very good solution to transitioning and has people who take care of those who age out of the pediatric system. It was shared by Dr. Rob Ross that cardiology’s family support groups were a huge advocate for setting up transition system. The adult cardio providers have no clue about pediatric diseases; they had no experience with certain issues. A group of cardiologists met gathered about 15 years ago to discuss transition. The ABP and American Board of Internal Medicine sat in on this first meeting. There are now Boards you need to take to be adult cardio providers and an adult congenital fellowship.

The council discussed what topics/issues within transition impact them and tried breaking it down to what issues would be beneficial to tackle.

Coding Advocacy
Engaging Adult Counterparts
Teen to Young Adult Research

Adult Congenital program has helped facilitate transition for Cardio. Advocacy can be done from CoPS to help keep health programs that have been created (example: people staying on their parent’s health insurance plan until 26).

MedsPeds group is being looked at for info from APPD in regards to transition clinics. Dr. Suzanne Woods spoke about having a connection with Med/Peds groups. Duke University has multiple combined med/peds fellows. Templates in Epic (EMR template) can facilitate planning so you start at the age of 13 to transition people. She is happy to share information. Med Peds directors would be a good community to approach.

Developmental delays cause issues with transition, both with the patients and parents. CoPS needs to be sure to not lose track of this group. There is a lot of work being done in transition; we need to be sure not to recreate what has already been done.

It was noted that the extension of healthcare has allowed pediatricians to take advantage of adult research projects. Subspecialty Pediatricians need to be mindful of expanding of scope of work (seeing older patients, seeing patients in the hospital, etc.

**Action:** Those interested will contact Lisa Imundo or Brandi Walsh (info@pedsubs.org) for further discussion.

**Action:** CoPS will look into making transition a topic for an AMSPDC paper.


**2:00pm-2:05pm** Communications/Social Media Committee (5 min) – Dr. Jill Fussell

Dr. Jill Fussell spoke about the fall meeting Twitter discussion. Since that meeting there has been no tweets sent to info@ nor has there been any tweeted out by the committee. She noted that we need members for the communications committee.

**Action:** Those interesting will contact Jill Fussell or Brandi Walsh (info@pedsubs.org) for further discussion

**2:05pm-2:20pm** Other issues from Council (15 min)

Neha Shah with the APA discussed Professional Development Opportunities by Career Level. Thursday, before PAS, they will be meeting to discuss these opportunities. Detail on these opportunities can be found within the slides.

Dr. Rob Ross raised a new issue that CoPS should look into. Fellow salaries aren’t equal across the board – depending on institution a fellow may make more or less.

**2:20pm-2:35pm** Break (15 min)

**2:35pm-4:20pm** Workforce – breakouts and collective discussion (105 min) – Dr. Debra Boyer

Dr. Debra Boyer gave a background to CoPS and workforce. A detailed background of the CoPS Workforce action team can be found in the meeting slides.

Drs. Debra Boyer and Laurel Leslie have formed a Virtual Workforce Working group. This group consists of a CoPS and ABP co-lead. They will have quarterly calls to discuss issues and hope to host a workforce summit.
in years to come. A list of the organizations involved in this working group can be found within the meeting slides.

**Action:** Council members are encouraged to reach out to Deb Boyer if they think of any more groups to join the virtual workforce working group.

After receiving a workforce update that Council broke out into four groups. These groups were defined by the four CoPS Workforce action teams that were created at the fall 2017 meeting. After the group spoke everyone gathered back together and talked about the brainstormed ideas.

1. **Workforce Surveys Action Team**
   Chairs: Drs. Angie Myers and Rob Ross
   - Create a template on how to create a survey that we can share on the CoPS website. Break it down into modules so it can be utilized. Would like to link with AAP and ABP. Include an instruction kit for different subspecialties.
   - Get accurate survey lists so the return rate is higher.
   - Buff up the workforce section of the website. Ask the subspecialties to add a link for to the CoPS website on their pages.

2. **Exposure of Pediatric Subspecialties Action Team**
   Chair: Dr. Mary Moffat
   - There is a Student/Doctor network that exists. CoPS job can be to ensure that information is factual and the features that help students pick a certain pathway, having a counter presence on the website. Dr. Jill Fussell will sign up.
   - Create Youtube videos of being a subspecialist and link them to the website.
   - Create a pediatric program director and student speed dating meeting to increase face to face time with residents.
   - Clinical Application and Correlation lectures – CoPS can do case studies with hidden message on how and why to become a subspecialists.
   - Loan forgiveness and subspecialist funding.
     - Building into recruitment packages. LRP??
   - Tool kit – collection of things people can do to increase the visibility of their subspecialty to others. What can attendings do in lectures, QI projects, shadowing?
   - Using advocacy groups to talk about subspecialties at programs that don’t have specific subspecialist. This funding is potentially an untapped resource.

3. **Exploring 2 year fellowship effects Action Team**
   Chair: Dr. Diane Stafford
   - Site exam questions (hope to get this out by 2019). We need to know what questions are asked currently and hopefully create branching logic off of that.
   - Use current trainees to beta test the wording
   - How you would actualize going to a 2 year program and the issues around certification
     - We need to be clear about when talking about 2 year programs on the program side is more documentation of case logs showing you can adequately train in 2 years versus 3.

4. **Recruiting and sustaining junior faculty in their research paths Action Team**
   Chairs: Drs. Rob Spicer, Mel Heyman, John Barnard
   - Purpose
     - Define research path
       1. Academic
       2. Offer
       3. Mentor
   - Collaborate
     - AMSPDC
     - Pediatric Scientist Program
   - Objectives
     - Funding – define the metrics (K, T grant, RO1)
     - Outcomes-Career Development
     - Define Thinking
     - Help Hospital Medicine

**4:20pm-4:30pm**

**SPIN Update (10 min) – Dr. Richard Mink**

Dr. Richard Mink gave an update on SPIN. They are now accepting outside applications, this can be found on the CoPS website. Details on this talk can be found in the slides.
Dr. Richard Mink shared the data on the fellowship start date survey. A history of this issue and the survey data can be found in the meeting slides.

Dr. Melvin Heyman said his final thoughts as Chair of the Council welcoming Dr. Debra Boyer as the new chair. Dr. Debra Boyer gave a special thanks to Melvin Heyman presenting him with his Chairperson plaque.

Next Face to Face Meeting
2018 Fall Meeting
When: October 22-23, 2018
Where: Chicago, IL