



CoPS Communications

Summer 2009

Editor's Note:

Welcome to the second edition of **CoPS Communications!** We hope that you find this edition of our newsletter informative as CoPS continues to expand its activities. If you did not receive this newsletter directly, your e-mail address has changed or you have any comments, please e-mail Laura Degnon (laura@pedsubs.org).

Thanks.

Richard Mink, M.D.

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Message from the Council of Pediatric Subspecialties (CoPS) Chair



Vicky Norwood, MD

As CoPS gets ready to begin its fourth year, I am happy to report that our group has been involved in a dramatic new arena. In December 2008, the Institute of Medicine published a report recommending further decreases and restrictions in duty hours in resident and fellow duty hours. CoPS was asked by the Organization of Neonatal Training Program Directors to weigh in on this issue and we have done so vigorously. We were able to participate in a rapid publication entitled "Resident Duty Hour Restrictions: Is Less Really More?" (J Pediatr 2009;154:631-2). I invite you to review this publication in which the summary opinion states that "proceeding with additional regulations without appropriate evaluation of current outcomes and without advanced planning to determine optimal infrastructure, resources, methods, personnel, and scheduling required to optimize the training of new specialists and subspecialists gravely risks the delivery of patient care and the future of medical education and research."

Subsequently, the ACGME requested comments from the medical community regarding these issues. CoPS, led by Dr. Jim Bale, submitted a thorough assessment of the IOM proposal from the perspective of all pediatric subspecialists. ([For more information, click here.](#)) Following this, CoPS was invited by the ACGME to participate in their duty hours congress held in June. Dr. Bale and I testified along with representatives from nearly every component of organized medical education. We were pleased and honored to be able to represent pediatric subspecialties at this event and joined forces with the APPD and the AAP (the other invited pediatric representatives) to present a strong and cooperative opinion. Details of our response are available in this newsletter and our PowerPoint presentation can be viewed on the CoPS website ([View the presentation](#)). Our primary point that "one size does not fit all" regarding duty hour regulations, was echoed again and again by all representatives of graduate medical education.

We had a very productive spring meeting in May associated with the PAS meetings in Baltimore. We are making strides toward developing a dues structure and have begun a process for becoming more involved with federal government liaisons through the academy

and subspecialty Washington representatives.

It is clear that in a short period of time, our organization has become known as the voice for pediatric subspecialties. This is indeed exciting and the reason that we came into being. Our need for active, involved, and responsive representatives of each subspecialty is critical for these endeavors and I encourage your active participation. For more information and to get involved, please contact your [representative](#).

Update on CoPS Task Forces

Fellowship Core Curriculum

Co-Chaired by B. Li, MD and Josef Neu, MD, this group is evaluating the core curricula needs for fellowship programs. The group prepared a questionnaire that was just sent to the "super" fellowship directors. The purpose of the survey is to determine what core curriculum is currently provided for pediatric subspecialty fellows as well as to assess what would be most beneficial for the CoPS task force to provide to programs. If you received the survey and are a "super" fellowship director, please complete it.

Communications

This task force, led by Richard Mink, MD, is working to develop an effective inter-subspecialty communications network. This task force developed CoPS first newsletter and the e-mail listing needed for its distribution and is now evaluating methods to keep the e-mail listing current. The task force is now in the process of updating the organization's website. This includes a plan to add descriptions of the pediatric subspecialties to serve as a reference for residents interested in a subspecialty career but who need more information about the subspecialty.

Relationships with Regulatory Agencies

Charged with forming pro-active and interactive partnerships to enhance subspecialty training and practice, this task force, led by Chris Kennedy, MD, is utilizing a request from the ABP to structure a working group to address these issues. The ABP has requested that CoPS assist in the development of a subspecialty program director's guidebook to improve the understanding, efficiency, and accuracy of processes required of training directors. This guidebook will build on the document developed for core pediatric directors and will include information regarding timelines, differentiating certification from accreditation, definition and evaluation of competencies, links to available ABP materials, forms and documents, and FAQ's.

Advocacy and Workforce Task Forces

The Advocacy (interim chair Bill Schnaper, MD) and Workforce (chair Christopher Harris, MD) Task Forces are working together to address related recruitment and quality-of-life issues that appear to be of paramount importance for most pediatric subspecialties. These task

forces were instrumental in having CoPS join with other pediatric subspecialist groups to advocate for a workforce study. [More information is included in this newsletter.](#)

Additional information about the CoPS Task Forces can be found on the [CoPS website](#).

Two New Members Elected to the CoPS Executive Committee

Chris Kennedy, MD and Richard Mink, MD have been elected to serve on the CoPS Executive Committee. Members of the Executive Committee are elected by the CoPS representatives and serve a 2-year term. One position was to fill that of Mary Ann Shafer, MD whose term recently expired. The other increased the number of At-Large Members to four. Including the Chair and Vice-Chair, there are now six members on the Executive Committee. CoPS deeply appreciates the tireless efforts of Mary Ann who served during CoPS' formation.

CoPS Joins Pediatric Subspecialties Workforce Effort

An informal coalition of organizations with a specific interest in pediatric subspecialties has coalesced around the issue of pediatric work force concerns. The group includes, among others, the Child Neurology Society, American Society of Pediatric Nephrology, the AAP, the National Association of Children's Hospitals and CoPS. At the recent CoPS meeting in Baltimore during PAS, CoPS voted to endorse a position paper prepared by this work group. It calls for a Federal study of pediatric subspecialty workforce issues, and suggests a number of steps that might alleviate the problem of an insufficient number of pediatric subspecialists. These steps include better reimbursement for subspecialists' services, loan repayment programs, and support for subspecialty fellowship graduate medical education.

As part of the Children's Health Insurance Program Reauthorization Act of 2009, this group determined that the Government Accountability Office has been asked to study some of these issues. Members of CoPS and representatives of these other organizations have met with Congressional Staffers in an effort to expand the GAO study to cover all of the issues that we, as Pediatric Subspecialists, think are important.

IMPORTANT REQUEST: If anyone knows of a Senator or Representative who might have a strong interest in subspecialty care for children, please let Chris Harris, MD (christopher.harris@cshs.org) or Bill Schnaper, MD (Schnaper@northwestern.edu) know. We would like to work with that legislator to help move our agenda forward.

CoPS Responds to the IOM Duty Hours Report

In response to the Institute of Medicine (IOM) Report on Resident Duty Hours, CoPS submitted a formal position paper to Thomas J. Nasca, MD, MACP, Chief Executive Officer of ACGME in April. The paper provides an in-depth analysis of the impact of the key recommendations proposed by the IOM. The main points include:

1. Restricting resident duty hours further will have a significant impact on the preparation of residents for pediatric fellowships and on the competency of fellows.
2. Restricting duty hours further will be costly to implement, especially for small programs.
3. There is a workforce shortage in pediatric subspecialties.
4. Fellows must be viewed differently than residents.
5. Changes in the educational and duty hour requirements for fellows must be data-driven.

Each point includes supporting information. To view the letter, [click here](#).

CoPS Presents at the ACGME Duty Hours Congress

On June 11, 2009, Vicky Norwood, MD and Jim Bale, MD represented CoPS at the ACGME Congress on the Institute of Medicine Report on Resident Duty Hours. The CoPS position paper, while agreeing with the importance of patient safety and the adequate supervision of trainees, advocated the following:

- CoPS believes that non-patient care, educational activities of fellows should be exempt from the 80 hour rule.
- CoPS opposes to the IOM recommendation regarding the revised 30 hour day (16 hours of work followed by a 5 hour rest period).
- CoPS opposes limiting the maximum frequency of inpatient shifts to 4 nights in a row.
- CoPS agrees with a mandatory 5 days off per month.
- CoPS agrees with counting both external and internal moonlighting toward the 80 hour rule. However, new mechanisms to reduce trainee educational debt should be identified.
- CoPS agrees with increasing the supervision of trainees.
- CoPS agrees that patient "handovers" should be studied and

improved.

The CoPS position statement emphasizes:

- Residents may not be adequately prepared for fellowships currently, especially in critical care specialties.
- The IOM duty hour restrictions will have a disproportionate effect on small programs.
- The current "one size fits all" approach to training does not fit the complexities of fellowship training, including the needs for autonomy and scholarship.
- A workforce crisis exists in pediatric subspecialties.
- GME funding for fellowships must increase.

[View the Slides](#)

Report from the Organization of Program Directors Associations (OPDA) Meetings

Josef Neu, MD represented CoPS at the Organization of Program Directors Associations (OPDA) meeting held in Chicago on May 8, 2009. The OPDA is an umbrella organization that has representatives from most program director's groups and provides a forum for networking. Discussion focused predominately on the IOM Duty Hours recommendations and the group concluded the following with little debate:

- IOM Total hour allowance: No Change, although there was discussion about allowance of "voluntary research" and other educational activities beyond the 80 hours
- 30 hour limit with 5 hour nap: Disagreed with IOM
- Maximum hospital days on-call with averaging: Disagreed with IOM
- Minimum time off between shifts: Disagreed with IOM
- Maximum Frequency of hospital night shift: Disagreed with IOM
- Days off per month: Disagreed with IOM
- Moonlighting: Agreed with IOM
- Emergency Room Limits: Agreed with IOM

In spite of this productive meeting, the group expressed some concern that the views of the various organizations may not have sufficient influence when the regulations are updated.

Proposed Policy for Conflict of Interest for Societies and Organizations

Disclosure of potential conflicts of interest is important for members of organizations and societies as these individuals develop clinical guidelines and recommendations that must be recognized as unbiased. The North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) has developed a conflict of interest policy for its officers, committee chairs and committee members. NASPGHAN would like to share the policy it has developed with other organizations and societies and a copy of their proposed policy is available on the CoPS website at <http://www.pedsubs.org/issues/pdfs/NASPGHANcoipolicy.pdf>. For additional information, please contact B Li, MD at bli@mcw.edu.

CoPS Participates in the First Pediatric Educational Excellence Across the Continuum (PEEAC) Conference

Do you teach medical students, residents, fellows, peers and/or colleagues? Would you like to enhance your skills as an educator? If you answered "Yes" to these questions, mark your calendar and plan to attend an innovative conference for teachers in Pediatrics. The Pediatric Educational Excellence Across the Continuum (PEEAC) conference will be held September 11 and 12, 2009 at the Westin Arlington Gateway in Arlington, VA. The focus for the meeting is skill development and the format was chosen to ensure opportunities to practice skills and to problem-solve with like-minded colleagues.

You will leave this conference ready to incorporate new skills and strategies in your daily interactions with learners. The faculty are nationally recognized experts in education and leaders of the sponsoring organizations for the meeting: the Academic Pediatric Association, the Association of Pediatric Program Directors, the Council on Medical Student Education in Pediatrics and the Council of Pediatric Subspecialties. The meeting will start with a plenary address presented by Dr. Lewis First, Chair and Professor of Pediatrics at the University of Vermont and Editor-in-Chief of Pediatrics. Interactive workshops will emphasize:

- effective and efficient teaching in inpatient and ambulatory clinical settings
- using technology in teaching
- assessment and evaluation of learners
- providing feedback to learners
- navigating challenging interactions with learners
- planning and creating structured learning experiences and curricula
- using a scholarly approach in your teaching so that you can create scholarship out of the work that you do as a teacher.

Small group discussions and interactions with faculty are built into the agenda to ensure networking opportunities. You will leave prepared to meet the challenges you face as a teacher and armed with resources and connections with colleagues to support you in your continued professional development as an educator.

Additional information, including the complete program and registration information, is available at <http://www.peeac.org/index.cfm>.

Hope to see you there!

ABP Issues First Electronic Newsletter

The American Board of Pediatrics has issued its first electronic newsletter for Program Directors. The newsletter highlights the expanding resources that the ABP is now providing for Program Directors. The newsletter is available [here](#).

ABP Maintenance of Certification (MOC) for the Pediatric Subspecialist

You are probably aware that the ABP and all other specialty Boards have moved from a certification system based solely on a periodic test of knowledge. Maintenance of Certification (MOC) assesses the six core competencies now measured during residency and fellowship training. This is to assure the public that throughout their professional career, certified pediatricians continue to meet and demonstrate proficiency in those competencies.

As before, there is no requirement that certification in general pediatrics be maintained in order to meet the MOC requirements in a subspecialty, although many subspecialists choose to do so. Before MOC, this meant passing an exam in general pediatrics every 7 years. MOC has added a little complexity:

For those with subspecialty certification expiring in 2010 through 2016 to remain certified in a subspecialty you will have to:

- complete Part 1,2 and 4 requirements in your subspecialty by the certificate expiration date
- enroll in MOC in the year your certification expires for your next 5-year MOC cycle
- EXAMS ARE NOW VALID FOR 10 YEARS. Note that examinations neither begin nor end a cycle of MOC.

For diplomates with subspecialty certification expiring in 2010 through 2016 to also maintain a time-limited certificate in general

pediatrics, you will need to:

- complete the MOC requirements in your subspecialty.
- complete the additional Part 2 requirements in general pediatrics (see abp.org)
- pass a general pediatrics examination 10 years after your last general examination.

In 2010, a new MOC based on a 5-year cycle, rather than the current 7-year cycle, will be fully implemented. In this version, Part 2 and 4 activities will be assigned a point value. In each 5-year cycle, diplomates must accumulate 100 points in Part 2 and 4 activities. One major change is that the menu of activities in Part 2 and 4 is completely open and any completed activity can be used for, and will count for, all areas of certification.

To maintain subspecialty certification for certifications beginning in 2010 and beyond within 5 years you must:

- accumulate 40 Part 2 and 40 Part 4 points and an additional 20 points in either area
- pass an exam every 10 years in your area of subspecialty
- maintain an active and unrestricted license to practice
- re-enroll in MOC every 5 years.

If a subspecialist elects to also maintain certification in general pediatrics, the following additional requirements must be completed:

- pass an examination in general pediatrics every 10 years.
There are no additional Part 2 or 4 requirements

For those with permanent certification in general pediatrics and a pediatric subspecialty:

- Beginning in 2010, whether a diplomate meets or does not meet the requirements of MOC will be public information.
- In 2009, those with permanent certification can enroll by taking the subspecialty exam in October and then be recognized as meeting the current requirements of MOC in their subspecialty. You will then have until the end of 2014 to complete Parts 2 and 4 of MOC.
- There is no requirement to take the general pediatrics exam unless you wish to meet the requirements of MOC in general pediatrics.

For those with a time-limited subspecialty certification and permanent general pediatrics certification who also wish to be recognized as meeting MOC requirements in general pediatrics:

- Continue to fulfill your MOC requirements in your subspecialty
- Pass an examination in general pediatrics.

- Note that beginning in 2010, whether a diplomate meets or does not meet the requirements of MOC for general pediatrics will be public information.

The [ABP website](#) has much more information about MOC for the subspecialties. In early 2010, your individual requirements will be also available in your personal portfolio. Details on the competencies and how MOC assesses them can be found at www.abp.org or www.abms.org. If you have additional questions, please contact the ABP's MOC staff at moc@abpeds.org.

2009 Pediatric Subspecialty Certifying Examination Dates

GENERAL PEDIATRICS EXAMINATION:

Examination Date: October 12

SUBSPECIALTY EXAMINATIONS:

Neurodevelopmental Disabilities
Examination Dates: September 21-25

Sleep Medicine
Examination Date: November 16, November 19

Child Abuse Pediatrics
Examination Date: November 16

Pediatric Endocrinology
Examination Date: November 16

Pediatric Gastroenterology
Examination Date: November 16

Pediatric Infectious Diseases
Examination Date: November 16

For more information about dates and fees for the subspecialties, [click here](#).

2009 Certifying Examination Dates of American Board of Medical Genetics Examination Dates: August 17-21

2009 Certifying Examination Dates of the American Board of Psychiatry and Neurology

[Click here](#) for the examination dates for Child Neurology and Child Psychiatry