



CoPS Spring Council Meeting Agenda

March 26, 2019

New Orleans Marriot, 555 Canal St., New Orleans, LA 70130

Main Meeting Room: Riverview 2 – 41st floor

Breakout Room: Riverview 1 – 41st floor

Tuesday, March 26, 2019 from 1:30pm-5:30pm

1:30pm-1:50pm Welcome/Introductions (20 min) – Dr. Debra Boyer

Attendees introduced themselves and the society they represent. Dr. Debra Boyer presented the Council with the CoPS Mission, Vision and introduced the Executive Committee. She followed up this introduction with a summary of current CoPS projects and meeting goals.

1:50pm-2:05pm Milestones 2.0 update (15 min) – Dr. Debra Boyer

Dr. Debra Boyer gave the Council some background on the Milestone 2.0 presentation that took place at the CoPS 2018 Fall meeting. She stated; Laura Edgar with the ACGME attended the CoPS fall meeting. The ACGME had decided that it is an appropriate time to redo the Milestones. They are rewriting them in hope of improvement. The ACGME has reached out to different groups including the subspecialties to see how they would like to proceed – Do they want new milestones? Do they want to revamp their current Milestones? Or are they satisfied with their Milestones and want them to stay the same?

Subspecialists were concerned about the Milestone survey results the ACGME received as we did not feel that the subspecialists surveyed understood what they were being asked. CoPS left the Fall meeting with the hopes of creating a new survey. Each example of Milestones that they have come up with was confusing. Currently, the general pediatrics group is in the middle of rewriting their Milestones. Their first meeting will be in August 2019 so there are no current updates. It is the Council's hope that General Peds will rewrite their Milestones which will hopefully help with creating examples for the subspecialty milestones survey CoPS hope to conduct. The ACGME has approved of these next steps and currently subspecialties are on hold in terms of deciding how to proceed with the subspecialty Milestones.

Dr. Rob Ross raised the question; How are the current Milestones working? Is there a metric we can look at to decide this? Dr. Debra Boyer mentioned she doesn't believe there are many good metrics to revise this. The reason for the revamp is due to negative feedback and confusion on how to use the current Milestones.

Dr. Kenneth Paris told the Council that Allergy Milestones were created by reviewing general pediatrics competencies. The subspecialty felt the general pediatric Milestones were too wordy and complicated, they worked off that to make their own simplistic Allergy specific Milestones. Dr. Pnina Weiss commented that PEPTDA thinks there are only a limited number of competencies that help assess our learners effectively.

The Council discussed the idea of having common Milestones that subspecialties can add to when/where appropriate. The ACGME has been clear in stating that subspecialties can each do their own thing.

Action: The CoPS Executive Committee will keep the Council updated on next steps. Hopefully within the next year we will have General Peds Milestones to look at.

2:05pm-2:15pm APA National Academy of Distinguished Educators (10 min)- Dr. Teri Turner

Dr. Teri Turner presented the Council with information on the new APA National Academy of Distinguished Educators. The mission is driven around the professional development of practitioners and bettering the

service for children that are most vulnerable. The need for this program was established when the APA looked at how we currently recognize elite educators and how do we plan to continue to train to create elite educators.

The goals of the Academy are:

- to recognize elite medical educators
- foster exchange of innovative ideas and
- to accelerate the development of junior and mid-career educators.

The needs for the Academy:

- Enhance the prestige and visibility of the education mission nationally
- Improve academic promotions for educator tract physicians
 - Consultation and review of junior and mid-career clinician educators' promotion documentation
 - Provide career coaching
- Dissemination of cutting-edge ideas
- Strategic thought leadership

Academy structure:

- Honorary service academy
- Elected for a 3-year term (1 renewal followed by Emeritus status)
- Educators across all organizations in Pediatrics
- ~ 20 hours of service per year
- Working in collaboration with the National Academies Collaborative
 - Choose 15-20 educators for inaugural class in Summer/Fall 2019
 - Academy will meet annually at PAS (first meeting 2020)

Academy selection criteria:

- Initially Full Professor status
- Scholarly productivity and national contributions
- Educational excellence in at least 4 of 5 domains of educator activity
 - Teaching
 - Curriculum development
 - Learner assessment
 - Mentoring/advising
 - Leadership/administration

The selection of the inaugural class will be done by a select group of volunteers that are not from the APA.

The Council had some questions regarding how selected parties entering the inaugural class would be held accountable for the work that needs to be done in order to fulfil the Academy criteria. Dr. Teri Turner mentioned that there will be a contract of some sort that participants will be required to sign. The group that selects the inaugural class will oversee deciding how to proceed if criteria is not met.

Holding a full-time professor position is the requirement now but it has been discussed that there are others who could possibly do a great job in the Academy. The APA stated that they will likely reconsider this criterion after the inaugural class. Bob Vinci supports the program. He feels it will be a great lift for an educator. APA wants to see a diversity of educators across the spectrum. There will be a review of the selection criteria after the inaugural class.

The APA is estimating to receive around 13-20 applications, but it is not limited. They are advertising by sending to all organizations they have talked to with an electronic pamphlet with deadlines to be distributed through their membership listservs.

Dr. Suzanne Woods presented an update from the ABP.

ABP Professionalism Guide: The ABP education and training committee takes the time to edit this guide. Most recently they created a chapter on trustworthiness. This chapter is on its final steps of editing and will be published soon.

Hospital Medicine: Applications for the initial exam are due Feb 1-April 30, 2019. The ACGME requirements are posted for comments. Over 1,000 applications have already been received.

Online Tracking: ABP online tracking system will begin this fall. The ABP uses paper as of now so all Program Directors track program information on paper but this will be changing with the new system. The system will allow Program Directors to track things such as roster, trainee info, score reports, etc. The system will also include a communications feature. All edits will be able to be done electronically. Development of evaluation feature will be the next step in building the system.

Duration of training: 14 disciplines currently have certificates; hospital medicine is not included in this yet. Data on these subspecialties can be found in the slides that are posted.

Child abuse has the smallest number of trainees, but the trend is positive over time. It is encouraged to think of training across the board. The number of practitioners that are general pediatrics certified but never did a fellowship is at 58.50%. The best time to recruit for subspecialties is out of general pediatrics training.

Match trends were presented to the Council. This info can be found in the slides. It was mentioned that practitioners focusing on workforce issues should work with societies to review match data and training needs. If you are going to increase number of programs you need to review this. Fill rate is going to look differently. Look at those who have unmatched because there is clearly availability.

Match Data vs. Board Data shows that data is not capturing everyone that is training if you are only looking at match data. People are in the trainee force without being in the match.

When thinking about the duration of training, disciplines need to look at entrustment that Program Directors have with their trainees at the end of their fellowship. This is important data to review. Some Program Directors mention increasing slots for fellowship training so that they can keep trainees at their institution. But this ignores geographical needs.

Is changing the duration of training really going to change the number of trainees within a subspecialty? This question was presented by Dr. Woods. Considerations/questions were presented to the Council. These considerations can be found in the slides.

The number of programs within certain disciplines was discussed. Cardiology's workforce survey suggested that graduates were having trouble finding jobs, yet they added 11 fellowship spots. The ACGME is not there to control workforce. There needs to be a level of discipline within each subspecialty to create the correct number of spots of training. No one currently over sees when/where new fellowship programs open. Practitioners need to brainstorm how they make their subspecialty attractive. The ABP encourages those reviewing workforce to keep eye on the number of people going into the field versus the number unfilled. It was mentioned that limiting number of fellowships might be an issue because the population is growing.

Dr. Cynthia Holland created a one pager on what people can bring back to their subspecialties on if they are thinking of changing the duration of training.

The ABP is creating questions that subspecialties should ask themselves when reviewing the duration of training. The ABP would have to see an overwhelming number of people supporting a change to do it. All programs or no programs within one subspecialty would be required to make the change. In addition, a

subspecialty would need to be able to demonstrate that the trainees have achieved competency in the reduced period that is similar to the 3-year period.

The ABP is open to pilots and innovation but people need to take initiative and create the pilots.

2:45pm-2:55pm Women in Pediatric Subspecialties proposal (10 min)- Dr. Christiane Dammann
Dr. Christiane Dammann informed the Council of the work she is doing in promoting women in leadership in pediatrics. Neonatal Perinatal recently published data come out on inequality within the subspecialty. Dr. Dammann would like to collect data on this issue for all subspecialties. She encourages all representatives to go back to their societies/institutions and recruit someone to pull this data to establish networking and leadership training opportunities.

The ALF resolution passed at the recent AAP meeting, but it did not make it to the top 10.

Action: Dr. Dammann will put something together requesting a contact point from each subspecialty to begin next steps. Dr. Dammann will spearhead this initiative in the beginning until the group figures out the needs.

2:55pm-3:10pm New website demonstration (15 min)– Dr. Jill Fussell
Dr. Jill Fussell gave the Council a preview of the new CoPS website: <https://www.pedsubs.org/>

Action: The Council will work together to continue the improvement of CoPS website material. If anyone has anything they would like to add or edit on the website, please email info@pedsubs.org

3:10pm-3:25pm Break (15 min)

3:25pm-4:50pm Workforce discussion:
-Updates on Workforce initiatives in CoPS (5 min)- Dr. Debra Boyer
Dr. Debra Boyer gave an update on the Virtual Pediatric Workforce Network. A few people included in this network include; Laurel Leslie, Gary Freed and Debra Boyer who have spear headed the Network calls. There calls have included representation from a number of key organizations focusing on workforce. The Network calls are focused on working to compose and create collaborative projects. On the first call they discussed funding and GME funding, on the next couple of calls they will focus on capacity of workforce, pipeline, physician scientist pipeline, etc.

Dr. Boyer invited Action Team Chairs to update the Council on the work they have done since the 2018 CoPS Fall Meeting.

-Workforce Surveys Action Team (Drs. Angie Myers and Rob Ross)

The Workforce Survey Action Team has been working on creating a general basis of questions for those who want to survey their subspecialties about workforce, as well as a list of things that subspecialties might want to think about that aren't specifically subspecialty driven. They hope to have a guideline on how to go about thinking about surveying your workforce out soon.

-Exposure of Peds Subs Action Team (Dr. Mary Moffatt)

The Exposure of Pediatric Subspecialty Action Team is currently looking at ways to outreach to students and trainees to increase interest, awareness and application to subspecialties. They are looking to augment descriptions on the CoPS website to be interactive, as well as working to catalog early career offerings.

-Exploring 2-year Fellowship Effects Action Team (Drs. Tandy Aye and Pam High)

After conversation with Dr. Suzanne Woods with the ABP Dr. Boyer has officially changed the Action Team name to Exploring the Length of Training Action Team. Their plan is to compile a list of "considerations" for programs who are considering changes to their length of training. This list will include those items from the ABP.

-Recruiting and Sustaining Fellows/Jr. Faculty in Research (Dr. Melvin Heyman and Audrea Burns)

How can we help fellows understand the resources they have available to them? What are Program Director needs for coaching their trainees to sustain their careers in research? The Action Team hopes to work with SPIN and John Barnard (AMPSPDC) to tackle these issues.

Demonstration of ABP Workforce Website (10 min)- Dr. Debra Boyer

Dr. Debra Boyer introduced the Council to some of the documents and interactive dashboards that the ABP offers on their workforce website and encouraged the Council to show this to their subspecialty societies. If a practitioner or society wished to see additional data on this site, they may email Suzanne Woods with the ABP.

Link to ABP Workforce website: <https://www.abp.org/content/workforce>

-Breakout into 4 Workforce Action Teams- (30 min)

-Reporting back from small groups/discussion of next steps (40min)

After the Action Teams broke out into working groups they updated to Council on their discussion and next steps.

-Workforce Surveys Action Team (Drs. Angie Myers and Rob Ross)

A lot of subspecialties are in the process of thinking about doing a survey or already conducting a survey. The Workforce Survey Action Team would like to get the Cardiology and Infectious Disease surveys on the CoPS website so they can be used as templates. The working group discussed the best way to get surveys out. In the past the ABP shared information with Cardiology but they have decided they will no longer be sharing that information due to privacy concerns.

Action: The Action Team wants subspecialties to brainstorm how to access the correct people to survey.

-Exposure of Peds Subs Action Team (Dr. Mary Moffatt)

The working group discussed that there could be two types of surveys conducted; quantitative and qualitative. They will be working on a quantitative survey first. A set of questions will be created and sent out to the Council to disseminate to their subspecialties to information about best practices in early exposure to the subspecialties.

Action: Create quantitative survey.

Realizing the vast majority of pediatric residents are using the AAP's Pedialink system to document Individualized Learning Plans (ILP), this Action Team is requesting the AAP consider placing a link to the Subspecialty Descriptions on the CoPS website within the ILP. As this is where pediatric residents are prompted to document their long-term career plans, the link would provide descriptions of all subspecialty's residents could consider for careers.

Action: Dr. Hilary Haftel will take this request back to the AAP, and let CoPS know the decision.

- Exploring the Length of Training Action Team (Drs. Tandy Aye and Pam High)

Currently this action team would like to combine the list of items to consider when shortening the length of training from the ABP which will be provided by Dr. Woods along with the list that was started by Dr. Holland. We would in addition like start to consider what can be done for subspecialists to improve reimbursement and make sure that subspecialists are represented in discussions regarding ICD and CPT codes. We would like to consider perhaps using design modeling and thinking exercises.

-Recruiting and Sustaining Fellows/Jr. Faculty in Research (Dr. Melvin Heyman and Audrea Burns)

The working group set out to more clearly define the issue and then create a mission/vision for their Action Team.

1. Physician-Scientist Definition: What precise population are we trying to support?

Narrow Definition: Small Group of Devoted investigators?

Larger Definition: Those who do clinical>research but apply for grants?

Shall we limit to extramural support to define type of scholarship or have an all-inclusive definition of research support (i.e. QI, outcomes)

Final Consensus: To focus on those who have 50% of their time protected for research.

There are 2 domains of interest: training and sustainability, as well as 3 components of success: protected research time, strong mentor, and the inner drive/resiliency of the trainee/junior faculty member

We need to better define metrics of success: scientists choosing a specific subspecialty; number of publications; success in K awards, extramural funding from any source

2.Mission: The Action Team has a two-part mission; First, major barriers to the pursuit of and the success of careers as physician-scientists will be identified. Second, working with the CoPS network of pediatric subspecialties and liaison organizations, initiatives to eliminate or reduce the barriers will be developed.

3.Vision: Create a sustainable pipeline of physician-scientists who are happily engaged and focused on scholarship that will improve the health of children.

Action: The Action Team plans on sending out a survey for specifics in training physician scientists. They also hope to have a proposal for SPIN submitted or about ready to submit by the 2019 CoPS Fall meeting.

4:50pm-5:05pm ABP Roadmap on Behavioral/Mental Health Update (15 min)– Drs. Mel Heyman/Jill Fussell

Dr. Jill Fussell presented the Council with data collected in a survey that was initiated by the ABP that stemmed from their 2016 strategic plan. She shared the networks goals and CoPS related activities that focus on behavioral/mental health. These goals/activities can be found in the slides along with the survey data.

An update was given that the ALF resolution passed but didn't make the top ten.

Action: Will discuss curriculum development on the next Network call.

5:05pm-5:10pm Transition Action Team update (5 min) – Dr. Lisa Imundo

Dr. Lisa Imundo introduced the Council to the GotTransition website. The GotTransition program has been the leader in setting standards on transition. They are requesting feedback of their 2.0 program they have created. The 2.0 version has more materials for the adult side of transition and for family medicine and Med/Peds Practice. The goal has changed from 18 years of age to 22 years of age for a finalized transition.

A raise of hands at the level of every institution compliance regarding steps they take in helping with transition: majority raised for level 3. Feedback included: internet resources for multiple specialists to access a common transition site / data base to share transition information on patients.

5:10pm-5:15pm APPD Lead recruitment (5 min)- Drs. Angela Myers and Mary Moffatt

Angie and Mary informed the Council of APPD LEAD which helps people get immersed into APPD. It provides a lot of leadership training you can't find elsewhere. It is a 9-month program that involves mentorship and 3 in person meetings, along with an educational project. This program has led to increased national leadership and scholarship opportunities including educational and division leadership.

If anyone has questions on how to get involved, they can reach out to Drs. Angela Myers and/or Mary Moffatt for additional information.

5:15pm-5:30pm Final thoughts/action items (15 min) – Dr. Debra Boyer

Next Face to Face Meeting

2019 Fall Meeting

When: October 23-24, 2019

Where: Chicago, IL