



CoPS Fall Council Meeting Minutes
November 3-4, 2016
Sheraton Chicago O'Hare Airport Hotel

DAY ONE: Thursday, November 3, 2016: 9am-5pm

9:00-9:40am Welcome and Introductions (Heyman/Group)

- Discussed who one is representing; anything the organization wants CoPS to know and potentially consider discussing at this meeting.

9:40-9:55am CoPS overview (Heyman)

- Table of common themes presented regarding MOC
- PEEAC meeting will not be continuing
- Request that representatives review and make updates as necessary to their subspecialty description pages on our website

9:55-10:00am Financial Report (Leavey)

10:00am-12:00pm Workforce (Boyer) - CoPS Findings (Boyer)

How can CoPS help?

- When asked what the turnaround time would be for CoPS to add questions to the ABP survey of fellows we were told 6 months at least; perhaps even a year.
- **What should CoPs focus on?**
 - Workforce summit
- How do we determine the need for various subspecialists?
 - Look at access for patients in each subspecialty
 - Look at numbers
 - Chairs are looking for subspecialists – is there a compilation: clinical FTE's/test takers
 - Compile jobs available in different subspecialties
- Questions/Comments/Concerns posed:
 - Board certification. – ABP questions
 - Program Directors. – ease of getting jobs (98%)
 - How many jobs do you anticipate being open? – Replacing or new?
- Proportion in private practice is growing if you only look at academic jobs you aren't surveying everything
 - **Should CoPS work on survey to hit all**
- It was commented that there may be more jobs out there than one thinks; perhaps we should collaborate with AAAP
- Ask general pediatrics: Who is it that they need to send their children to?
- Partnership between subspecialists and general pediatricians:

- Should we reevaluate how we work together?
- When should gen peds refer?
- Rheumatology. – ask patients about their access to a doctor
- Fellowship funding – non hospital based fellowships might be in less secure positions?
 - CoPS could help do research on this
 - CoPS is interested in training future scientists
 - Reps noted ACGME mandate for PD support; willing to work with APPD and others (e.g., AMSPDC) to consider options
 - It was noted that the ABP has data which illustrates the dramatically increased number of people going into subspecialties. 3,000 peds 15,000 intern fellowships – info reinforced by big 10 info (not counting hospitalists)
 - Numbers have increased every year
- Attempt to better understand how/why decisions are made (subspecialty selection) – need of numbers in low subspecialties. **(Summit sounds like a good idea based on discussion)**
 - It was also recommended we look at Gender perspectives (many subspecialties have data showing women get paid less) and inter professional teams
- Enhancing training and care of primary peds- do policy makers understand needs? And funding?
 - Altering the length of training? Time based verse milestone based?
 - CoPS look at the shift in how we look at training
- **EC and action team will discuss concrete ways to move forward and potential partners outside of CoPS**
 - AAAP – government advocates and gen peds. – CHA – parents

ABP Perspective (Leslie/Freed)

- Economist to put value – NPR data 50% matching
- Workforce studies – want the study to show WHAT they need rather than IF they need
- Different issue: how many people does a subspecialty actually need?
- Intervention that we want to do will be guided by the why? Why did they choose this specific field?
- Are their choices financial reasons, personal reasons or is it that they didn't know they could do a specific subspecialty? – We need to react to reason's better/help educate
- Are we training too many fellows?
- Formulate a proactive working group to build questions – unique to individual specialties as well as across the board
- Antitrust recommendations? Legality? Fact sheets – YES – Number of the boards have collected data that is seen as Operational not research oriented – IRB of record –what are the implications? More information to come.
- Where does one go to find advance practice providers within subspecialties
 - NP and PA – series of studies – nation organizations. of NP and PAs to do studies –ABP/CoPS need to work better with organizations that we already have relations with

- Tracking is critical with changes in the medical field
- Training needs to be looked at – Are we training in the best way possible/most valuable way?
 - National in scope so it will show what is prevalent across the board
- Do issues change over time? Where in the training process does realization kick in?
- What questions are already being asked? Do they already answer some questions?
- Maps – extremely helpful, Graphs – not so much, Info graphics – Yes
- Implications across all surveys- need to understand how they are interpreted and talked about
 - CoPS needs to produce best data possible and be a leader in how they are distributed
 - CoPS may not have the bandwidth but partnership could work/be beneficial
- People doing workforce are survey trained – expertise exists in pediatrics but not in pediatrics subspecialties
 - CoPS: find people at institutions who are trained
- 90% of emergency care felt burnt out and look for a change in expertise
- Hospitalist – 60% feel “changed”
- Graduate school selection – geography/debt are big factors in choosing graduate school
- Low response surveys are normally answered by dissatisfied people

1:00-4:00pm MOC (Nichols/Heyman- Intro by Spicer)

- CoPS has a long impact on the profession
- Trainees entering subspecialties will increase importance
- Constructive criticism is very welcome

Origins and Rationale of MOC

- MOC purpose is to assure the public that doctors stay up to date with the changes in medicine and have demonstrated the necessary competencies
 - MOC should be a seamless part of the pediatric workflow.

ABP MOC UPDATES:

A robust discussion was held; see attached slides from Dr. Nichols.

4:15-4:45pm AMSPDC Lifelong Principles

AMSPDC Lifelong Principles

- ACTION NEEDED: The vast majority of the council did not want to endorse the paper. They do not want to endorse the principles without letting the communities at large know and have a voice. There is no sign of anyone else being asked to endorse. CoPS will put aside the idea of endorsement but share information via the CoPS website.

DAY TWO: Friday, November 4, 2016: 8am-12:00noon

8:00-8:05am Welcome; Recap of Day 1, spring meeting

- Council met on Sunday May 7, 2016 at PAS in San Francisco. There was feedback that the Council often feels rushed at these 2-hour spring meetings; and the PAS meeting is very packed. It was tentatively agreed that CoPS will be meeting again at PAS in 2017; more information to follow.

8:05-9:05am Action Teams / Other Reports

8:05 Journal pages (Heyman)

AMSPDC has invited CoPS to produce 2 papers per year. A paper on lifelong learning was discussed to be the next topic. Fellowship funding is another potential topic for future submission. Currently manuscripts are pending for SPIN (Rich) and Fellows as Teachers (Boyer)

8:20 Communications (Van Marter)

Action: CoPS web address needs to be sent to all member organizations. All member organizations are asked to link to our website from their organization website. CoPS will reciprocate.

Website update ideas discussed:

- Potentially add photos to subspecialty pages
- Proposal for webpage update will come in the Spring
- Personalize subspecialty pages with personal testimonials and real life stories. The subspecialty description pages are very useful and important. All reps were asked again to please ensure their description remains up to date.

Social Media

- Planned Twitter launch in January. Tweets will be requested monthly from Council members.

8:35 Start Date (Mink)

- Action: Dr. Mink will send out information noting where this process stands. CoPS needs to help keep promoting the importance of changing the start date.

H1B Visa

Action: CoPS and APPD have agreed in sharing the costs of hiring an attorney to help write a letter for the community around this issue.

8:50 SPIN/EPA Project (Mink)

Spin/EPA update was given.

Study Participation

- 80 institution
- 200 programs
- 20% participation
- 1000 fellows from each data point
- 1/2/3rd year all involved

9:05 Fellows Core Curriculum (Ottolini)

It was requested that 3 committees be formed for the CTSA grant funded project. The suggested committees are as follows:

- Policy and procedure committee

- Review committee
- Content development committee

Is it worthwhile? What will CoPS role be?

- Scholarly work is less funded
- Fellowship directors have a problem with training
- Educational research – fellows want to dive in – what can we add to that?
 - Ed., quality improvement development – IHI and other org. funding

Q: Will there be assessment?

A: Yes – we want to build it and have the capability

- In order to complete the module you need to complete assessment
- Fellowship core curriculum will be discussed at PAS – Bruce Herman is putting together this curriculum
- Super fellowship directors are good resources
- Discussion forums
 - Help engagement especially for fellows in smaller groups
- Scholarly project vs. Research
 - Matches curriculum for scholarship EPA
 - Does it work?
 - Video – then a meeting – need to do an in person demonstration

9:20-10:15am Other issues (Heyman + EC)

9:20 Workforce summary

The CoPS Workforce Action Team will potentially be hosting a workforce summit in the future. The action team must find partners in this endeavor to help with funding and coordination.

9:35 MOC follow up

Action: Concrete suggestions to go to the ABP from CoPS in regards to MOC and MOCA Peds. Subs.

- CoPS can help facilitate acceleration of MOCA Peds. Subs. by writing questions. CoPS wants a discussion to occur at ABP in regards to waiving fees for fellow's graduation that took part in writing questions.
 - Waive fees for fellows graduating if they took a part in writing questions
 - Look into creating an action team for MOC related tasks
- Final ACTION ITEM: Communication to be sent to the ABP (Attention Dr. Nichols) to include the following summary points:
 1. To further the acceleration of MOCA-Peds for subspecialists, we remain interested in the possibility of fellow participation in question writing. Details of this proposal are needed, but benefits include: earlier inclusion of pediatric subspecialists, inclusion of an important section of the community (fellowship PD's) in their own personal MOC, and possible financial implications of this new approach, such as by waiving the fee or part thereof for graduating fellows.
 2. With ABP encouragement, CoPS will draft a proposal to the ABP suggesting that Department Chairs or Small Practice Medical Directors attest to physicians doing meaningful QI work, without having to complete a separate ABP application and with a minimal fee if any.

3. Questions were raised regarding the point system that mandates "40 MOC4 and 40 MOC2 and 20 either", which means that every physician has to complete at least two QI projects every five years. We propose a single QI project every five years to satisfy the requirement set by the ABP and believe that this would meet the public expectation for QI and MOC.
4. CoPS feels that a peer-reviewed publication describing a QI project be considered sufficient to have each participating physician credited with MOC part 4 activity and replace the formal application and fees currently required for such credit.
5. Our final request was for the slide set, which we would like to make available to our members. We will provide an email cover explaining further follow up with the ABP, either incorporating your responses to the above 'take back issues' or simply with an explanation of the purpose of our meeting last week.

10:00 Hospital Medicine approval

- HEMONC: not voting this year but looking for evidence that there will not be a problem getting fellow applicants
 - *PD were asked to help build consensus – cardio wouldn't be acceptable to do interviews – anonymous support was given that they could move forward. Some ways it is easier because they are mentoring the fellows
- Pulmonary switched match and there was a 30% increase in applications/interviews
- We will see what happens in the next month or two – what is the evidence we are looking for?
 - Survey Program Directors and applicants?
 - Less rigorous way may exist – do we need publishable data?

10:15am Break and Check out of hotel room

10:45-11:45am Strategic Plan Continued (Heyman + EC)

Action: Change "Premiere" to "The Leading Network"

Q:

- Does the plan with changes still serve the needs of all members/org?
- What role can CoPS play to communicate?
- Is it time to tweak or develop a new strategic plan?

A:

- Four goals:
 - Premiere (internal)
 - Agreed to change to: The leading network
 - Effective and efficient inside ourselves
 - Serve (external)
 - Clear outside of the network
 - Enhance
 - Maintain
- Mobile friendly site needs to be visited – CoPS website is a valuable resource

- Pedialink? – noted as a good idea
- Values and Mission made in 2011 – this org has changed and there is thought that this org is stronger than the values currently listed
- Have goals – strategies – tactics and who is responsible and org can follow things over time
 - When the plan is reviewed we can see where we are
- 1 day strategic plan 1 day fall meeting? – Do we want a big shift? What are people envisioning that we'd get out of that?
 - We've been looking at 1 or 2 issues a year and have been extremely productive
 - Workforce
 - MOC
 - Match date
 - Website
 - Publications
 - The EC creates direction and is good at looking at the next steps
 - There are multiple big asks – 1 or 2 of them is enough
- Structure seems to fit issues
 - Issue: should this org take on the work on transitions for sub
 - A lot of work has been taken on by generalists – CoPS should speak to adult colleagues
 - Work done in cardio that could act as a template –this work may be simpler than it appears
 - Endo, Pulmonary and cardio have started to work – others have also started – Communicate best practices?

Action:

CoPS EC will continue to work on the strategic plan and check back in with the Council. Michael Somers (ASPN) offered to work with the EC. The fall meeting will not include a revamp of the plan.

- Council's role is to continue to push CoPS further and further. How aware are subs of all of the exception work CoPS has done and continues to do?
- Feedback requests need to be answered and reviewed by societies
 - Some AAP sections are not allowed to comment if AAP is already working on the issue elsewhere – the EC needs to discuss

11:45am Meeting Adjourned.