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#### **CoPS UPDATE APRIL 2013**

Please forward to your subspecialty society/section or allied organization members as appropriate.

## ACGME CHANGES TO THE COMMON PROGRAM REQUIREMENTS

The ACGME has issued proposed changes to the Common Program Requirements. Of note, the new requirements specify that at least 3 faculty members must serve on the Clinical Competency Committee (CCC). For some subspecialties, this would require that individuals outside of the subspecialty serve on the CCC and evaluate trainees. In addition, the regulations indicate that residents in their final year may serve on the CCC and evaluate their peers. The requirements also describe a Program Evaluation Committee and specify that it must actively participate in a substantial number of program activities. To view the proposed changes, click <a href="https://example.com/here-example.com/h

Please send any comments about the proposed changes to CoPS at <a href="mailto:info@pedsubs.org">info@pedsubs.org</a> by May 6. Comments that are sent to CoPS will be collated and then submitted as an organizational response.

#### A COMMON FELLOWSHIP MATCH DATE?

The simplification of the match process for trainees was, and continues to be, an important focus of CoPS. At the time of its inception in 2006, the application process for subspecialty training was highly variable and few subspecialties utilized a matching service. Times certainly have changed. Nearly all subspecialties now use the Electronic Residency Application Service (ERAS) to process applications and out of 18 subspecialties represented by CoPS, 16 are using a matching service, most the National Residency Matching Program (NRMP). This has greatly simplified the application process and improved the manner in which trainees are selected.

The remaining challenges focus on the timing of the match and the coordination of dates. Based upon data from the NRMP website, 6 subspecialties have their match in the second year of training on two different dates. The remaining programs have their match in the third year of training but on 4 different dates. These numerous dates challenge both pediatric residency program directors and applicants to keep track of these various times. There are substantial benefits of having a single match day for all subspecialties, including the ability to use a couples match. However, the NRMP couples match can only be used if the match is held on the same date. The single date in the third year of training is also in line with resident preference.

CoPS highly supports a single match date in the Fall for all pediatric subspecialties. Recently, Neonatology voted to move to the Fall Match and CoPS applauds this decision. In the past, resistance to moving to a Fall match date was related to some subspecialties needing more time to review applications for training grants and for international students to acquire visas. CoPS requests that these subspecialties determine whether these reasons are still applicable and encourages them to discuss moving to the Fall Match date.

#### THE ABP TASK FORCE ON SUBSPECIALTY CLINICAL TRAINING AND CERTIFICATION

The Subspecialty Clinical Training and Certification (SCTC) Initiative has proceeded according to its timeline and in February of this year, CoPS spearheaded the communication of the draft recommendations from the SCTC Task Force. After a six-week period of dissemination, review, and comment, the results have been collated. Feedback was received from 28 individuals representing nearly every subspecialty. Additionally, 13 shareholder organizations, predominantly AAP sections, responded with feedback representing the consensus of their organization. On April 19th, the Task Force reconvened and Dr. Rob Spicer presented the feedback which was received by CoPS. Drs. McGuiness and Stevenson will be finalizing the Task Force's recommendations prior to their presentation to the ABP Board of Directors. A final decision on the proposed recommendations is expected to be made by the Board in June 2013. The Task Force again thanked all of the individual subspecialists and subspecialty stakeholder organizations who contributed enthusiastic and thoughtful responses.

#### **FELLOWSHIP READINESS**

This Action Team, charged with determining the specific qualifications or characteristics that make a resident better prepared to enter a pediatric fellowship and suggesting a career-focused curriculum for residency program directors, has developed a survey to garner input from stakeholders. Spearheaded by Drs. Mel Heyman and Debra Boyer, surveys have been sent to recent graduates, fellows and fellowship and residency program directors. If you have received a request to complete one of these surveys and have not yet done so, please take a moment to complete it. Your input is important.

## THE FEDERATION OF PEDIATRIC ORGANIZATIONS (FOPO) PEDIATRIC TRAINING WORKGROUP

In 2012, FOPO sponsored an endeavor to envision the future of pediatrics and to begin to align activity in the profession to that vision. Four working groups were developed, each focusing on one of the following 4 major areas: Child Health Research; Gender and Generations; Diversity and Inclusion; and Pediatric Training along the Continuum. Dr. Patrick Leavey joined the task force evaluating Pediatric Training Along the Continuum (PTAC) as the CoPS representative.

The activities of the PTAC working group have been to develop 8 different themes addressing issues including: target training of pediatricians to society's needs, track pediatrician supply, demand and distribution issues over time, identify and insure needed funding of pediatric training, identify impact of inactive pediatricians and re-entry issues, assess impact of earlier entry into the workforce via shortened/focused training based on ability and accomplishments.

Analysis of each of these 8 themes has been completed and submitted to FOPO for further evaluation and integrated trend identification. When this analysis is completed, the PTAC working group will then begin to develop a list of Megatrends. Final resolution of this work will culminate in a visioning summit in September 2013. The PTAC working group sponsored a workshop at the APPD/COMSEP meeting held this month and will present a topic symposium May 5th, 2013 at the Pediatric Academic Societies meeting.

# 2013 PEDIATRIC EDUCATIONAL EXCELLENCE ACROSS THE CONTINUUM (PEEAC) CONFERENCE

CoPS, in collaboration with the APA, APPD and COMSEP, is sponsoring the 2013 PEEAC conference to be held at the Renaissance Arlington Capital View Hotel, Arlington, VA October 4-5, 2013. CoPS representatives, Drs. Jim Bale, Scott Pentiuk, Mary Otolini and Doug Swanson serve on various planning committees for PEEAC. This conference provides the opportunity for pediatric educators to gain content expertise and teaching skills and to network with skilled pediatric educators from throughout the US. The target audience includes any interested pediatric educator involved in the training of students, residents, fellows or faculty. It will include large and small group sessions, including a poster session and workshops, and opportunities for personalized faculty development and mentoring. The Poster abstract submission deadline is May 16, 2013. See <a href="https://www.peeac.org">www.peeac.org</a> for additional details.

## ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs) FOR THE PEDIATRIC SUBSPECIALTIES

The ABP Foundation supported a meeting on March 14 and 15 to begin the process of developing the EPAs for the subspecialties. CoPS partnered with the ABP to identify key thought leaders from each subspecialty for this invitational conference. Representatives from the ACGME as well as CoPS also participated in the meeting. The group came to consensus about EPAs that would be applicable to all of the subspecialties and mapped them to the competencies and milestones critical to making entrustment decisions. Subspecialty representatives were charged with developing subspecialty specific EPAs, estimated to be no more than 4-5. CoPS will continue to work with the ABP to develop a formal process to provide information and garner feedback about the development and implementation of EPAs for the subspecialties.