



**Council of Pediatric Subspecialties (CoPS)  
April 29, 2012 Meeting Minutes  
Boston, MA**

*Present: Sue Aucott, Neonatology; \*James Bale, Neurology; Christine Barron, Child Abuse; Marty Bauer, Pulmonology; Bruce Boston, Endocrinology; Ann Burke, APPD; Dan Coury, Developmental-Behavioral; Gary Crouch, Hematology/Oncology; \*Paul Darden, Academic Generalist; Laura Degnon, CoPS; Mary Beth Fasano, Allergy and Immunology; \*Susan Furth, SPR; Bonnie Halpern-Felsher, Adolescent Medicine; \*Christine Gleason, APS; Bruce Herman, Child Abuse; \*Melvin Heyman, Gastroenterology; Patricia Hicks, APPD; Pam High, Developmental-Behavioral; Lisa Imundo, Rheumatology; Rick Kaskel, Nephrology; \*Chris Kennedy, Emergency Medicine; Gail McGuinness, ABP; Angela Myers, Infectious Diseases; Richard Mink, Critical Care; Victoria Norwood, Nephrology; Mary Ottolini, Academic Generalist; Marilyn Punaro, Rheumatology; \*Amy Schull, CoPS; \*Theodore Sectish, FOPO; Robert Spicer, Cardiology; \*Fan Tait, AAP; \*Linda Van Marter, Neonatology; Leslie Walker, Adolescent Medicine  
(\*denotes the individual was not able to participate in the entire 2-hour meeting.)*

**Welcome, Overview of Program, Ratify Exec Cmte Nominations Slate, PEEAC meeting, St. Geme Award  
Dr. James Bale, CoPS**

Dr. Bale opened the meeting by welcoming everyone. Brief introductions were made by attendees. Dr. Bale reviewed the tremendous progress that has been made by CoPS since the October meeting and everyone received a handout outlining the numerous activities that have taken place since then. (<http://www.pedsubs.org/about/pdfs/CoPSApril2012UpdateonActivities.pdf>).

The following nominations slate was proposed:

Vice-Chair: Robert Spicer, MD, Cardiology

Secretary-Treasurer: Mel Heyman, MD, Gastroenterology

Executive Committee At-Large: Patrick Leavey, MD, Hematology-Oncology

*There was a motion to accept the slate as presented; it was seconded and unanimously approved.*

Dr. Bale indicated that CoPS was a full sponsor of the Pediatric Educational Excellence Across the Continuum (PEEAC) meeting in the fall of 2011 along with the Association of Pediatric Program Directors (APPD), Academic Pediatric Association (APA) and the Council on Medical School Education in Pediatrics (COMSEP). Plans are currently underway for the fall 2013 PEEAC meeting and we are looking for volunteers to serve on the planning committee and potentially present a workshop during the meeting.

Action: Dr. Bale will send out more information about this request on the CoPS Listserv and form an Action Team.

Dr. Gail McGuinness was recognized for being the recipient of this year's Joseph St. Geme Leadership Award and a standing ovation ensued. She was thanked for her tremendous leadership on behalf of the pediatric community.

## **Subspecialty Training and Certification Initiative**

***Dr. Robert Spicer, CoPS and Dr. Gail McGuinness, ABP***

Dr. Spicer briefly shared the history of the initiative and CoPS involvement. The ABP held an invitational conference in July 2010 that was sponsored by the ABP Foundation. It was attended by ~80 from 14 subspecialties, ABP, ACGME, and others. As a result of this meeting, the ABP created a task force that is charged with examining the current model of pediatric subspecialty fellowship training and certification with emphasis on competency-based clinical training and with recommending changes in the current requirements if warranted. Dr. David Stevenson is Chair of the ABP Task Force. In the fall of 2011, CoPS was selected as the collaborating partner to help with this initiative because of our unique position as an organization that can access the network of the subspecialty societies and groups within each subspecialty field in pediatrics. CoPS created its own working group to help with this effort. The working group consists of Drs Spicer (Chair), Punaro and Van Marter. CoPS has been on monthly calls with the ABP; helped with presentations at meetings and continues to disseminate information to the community.

Dr. McGuinness shared the initiative's timeline: The ABP will be gathering input and feedback from pediatric subspecialists as it reviews the current clinical training requirements and determines whether changes are warranted to meet the future needs of subspecialists and the children they serve. The initiative's timeline: Spring 2012: Meeting with Stakeholders (FOPO, AMSPDC, AAP, APPD, ACGME, PAS; May 2012: Task Force meets to review survey results and feedback from stakeholders; Fall 2012: Task Force begins to formulate specific recommendations; Spring/Summer 2013: Finalize Recommendations.

It was noted that the survey work conducted by Dr Gary Freed is currently being analyzed; it was noted that he received an 85% response rate from all subspecialty program directors. The results of the survey are expected to be shared in the coming months.

A rich discussion ensued and it was agreed that we would create a PowerPoint presentation for the CoPS representatives to take back to their respective organizations to present information regarding this initiative.

*ACTION: We will distribute this PowerPoint presentation via the CoPS listserv as well as post in on the CoPS website.*

## **Secretary-Treasurer Report**

***Dr. Daniel Coury, CoPS***

Dr. Coury gave the CoPS financial report. The fiscal year is July 1 – June 30 and for the current year we are doing slightly better than projected. Receipt of dues continues to improve with support from 20 organizations representing 16 subspecialties. We have strong support from our Sustaining, Supporting and Contributing Members. We have kept expenses under budget, noting that there are anticipated expenses in the next 2 months.

The current year's projected budget approved last year included a total income of \$62,750 and total expense of \$60,750. YTD our income is \$68,830 and expense is \$52,909.

## Leadership Changes

### *Drs. James Bale and Richard Mink, CoPS*

Dr. Coury was recognized and thanked for his service as an Executive Committee member from 2008-2012 and Secretary-Treasurer from 2011-2012.

Dr. Bale was recognized and thanked for his service as Chair from 2010-2012.

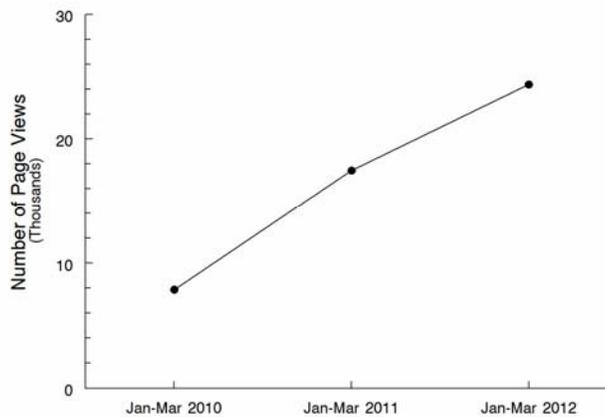
Dr. Norwood was recognized and thanked for her service on the Executive Committee since 2008 and her role as Immediate Past Chair from 2010-2012.

## New Initiatives/Strategic Plan: Goals for May-October

### *Dr. Richard Mink*

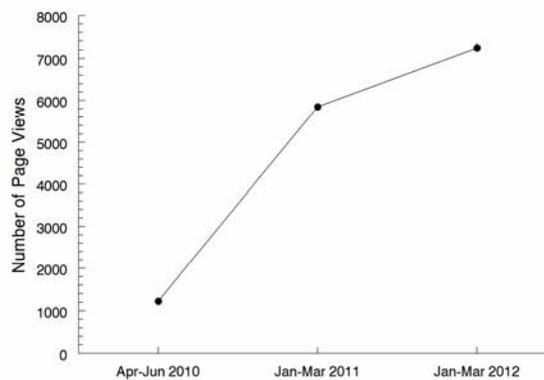
Dr. Mink gave an impressive overview of the statistics regarding the CoPS website and the number of views it is getting. All page views in the CoPS website are as follows:

- 24,385 total views
- average of 267 views per day
- main page 7426 views
- peak activity mid-February



The page views of subspecialty descriptions are as follows:

- 7248 page views
- average of 79 views per day



The number of views of individual subspecialty descriptions is as follows:

• neonatology	993	• dermatology	232
• hematology-oncology	758	• pulmonary	232
• neurology	456	• allergy-immunology	219
• critical care	406	• academic generalist	215
• cardiology	356	• child abuse	203
• gastroenterology	361	• rheumatology	186
• infectious diseases	320	• developmental-behavioral	197
• nephrology	297	• adolescent medicine	194
• endocrinology	294	• child psychiatry	176
• emergency medicine	291		

Dr. Mink then presented an overview of the 2011 goals from our strategic plan as well as the 2012 goals. Tremendous progress has been made, as all of the 2011 goals are completed; noting several of which will be ongoing activities. We are continuing to work on the ongoing activities, the 2012 goals, and also as outlined in our strategic plan we need to identify a particular issue CoPS will take the lead on over the next year. Dr. Mink indicated that several issues have been raised recently for CoPS to consider. Issues raised by attendees include but are not limited to: EPAs; fellowship start date; workforce issues, and whether residents are adequately prepared to be fellows. With the new requirement for career based educational units, there is an opportunity to address this issue.

There was discussion regarding the workforce issues. Dr. McGuinness noted that the ABP has a lot of data on entering fellows and they are seeing a steady increase of subspecialists. She also indicated that through the SCTC initiate the ABP has asked every fellow that took the site exam in March a list of questions. Questions were asked such as: What was the primary reason you chose your specialty? Was it debt, life style, geography, etc?

Discussion ensued regarding the individual 6-month of training change and whether or not fellows are ready when they enter their fellowship and also at the conclusion of their fellowship. There was a divided opinion as to whether there has been a change in fellow preparedness. Nonetheless, it was suggested that there is a great opportunity to improve this with the APPD and CoPS working together. Similarly to what the APPD and the National Board of Medical Examiners are doing with their pilot study looking for intern readiness (medical school to residency), we could do the same and have APPD-CoPS work together on residency to fellowship readiness. It was noted that there will be a second pathway and one consideration is to have CoPS-APPD work on a project through this vehicle.

After a rich discussion regarding the level of specialty exposure to residents, it was agreed that this was a worthwhile endeavor. A survey to the fellows might be helpful to gather information regarding what they wish they had during their categorical residency that wasn't offered. We have a great opportunity to have 6 focused educational units and therefore it would be helpful to see if there is something across all subspecialties that would be good to bring into education at the residency level.

*ACTION: There was consensus that we should look at resident readiness to enter subspecialty training and how this could be improved. CoPS will work with APPD on this issue. A call for volunteers amongst the CoPS membership to help with this will be forthcoming. As a part of this endeavor, the group will explore the issue of fellowship start date to determine if this issue warrants further evaluation.*

## Advocacy Update

**Mr. Mark Del Monte; Mr. James Baumberger and Ms Rebecca Davison, AAP**

Mr. Del Monte thanked CoPS for being invited to provide an update. He introduced Mr. Baumberger and Ms. Davison, who are two on the staff of 16 in the AAP DC office that work on federal affairs.

Mr. Del Monte shared that there are four topics going on in DC that he wanted to highlight:

1. Best Pharmaceuticals for Children Act (BPCA) There are 3 FDA bills that have been on the portfolio for many years that are due for reauthorization in September. BPCA provides an additional 6 months of marketing exclusivity for pharmaceutical companies that conduct drug studies in pediatric populations at the request of FDA. The Pediatric Research Equity Act requires pediatric studies as a standard part of FDA processing of drug company applications. It was noted that the bills are bi-partisan but that doesn't mean they're easy. There is a need for more therapeutics in kids; labeled right and studied in kids. This go-round we emphasized the need for drug studies in the NICU. There are both scientific and policy issues to raise the profile. The IOM just issued a report that's complementary to our fight. The laws must be reauthorized by the end of September.
2. GME funding: President Obama reversed his 2012 budget position by not zeroing out the Children's Hospital GME funding program; he did want to cut it by 2/3 however. We're doing better with Congress than the White House. CHGME is unlike Medicare funding – it is an annual appropriation and therefore easier to cut. A deep cut to Medicare GME was on everyone's list but the Super Committee failed so we lucked out. We need to do better and educate Congress.
3. Pediatric Subspecialty Workforce: There is broad agreement on Capitol Hill that a shortage of primary care providers exists for adults and subspecialists for children but there is a disconnect with this understanding and lack of support for the funding streams to meet those needs. We've been working hard to add start up funds (5 million) for the pediatric subspecialty loan repayment program. There are great champions in the Senate with regard to specialty issues. Mr. Del Monte noted that if anyone has relationships with members of Congress, this is an important issue to discuss with them - we need the money into the loan repayment program!
4. Affordable Care Act: In the ACA is an increase in Medicaid payments. There is an increase in funds from 2013-2014; who is eligible and what codes are covered is unclear from the legislative text and DHHS will be issuing regulations soon to clarify eligibility. It is identified in the law as an increase to primary care but pediatrics advocates have argued that anyone who takes care of children should be eligible. A large coalition has put forward legal opinions and lobbied the Hill. We expect guidance very soon from CMS – will soon know if available. What you identify as your specialty is a state by state determination. If the definition is at state level there may be an opportunity to advocate for inclusion there.

Mr. Del Monte stated that the AAP appreciates the role of CoPS in this endeavor. Mr. Del Monte was then thanked for the great work he is doing with his team on behalf of children. One question was raised regarding tobacco legislation. It was noted that the FDA is getting ready to put out regulation regarding tobacco; the new law is that only cigarettes and smokeless tobacco will be considered tobacco.

**ACTION: We will continue to keep CoPS informed of advocacy work by the AAP; and when appropriate the AAP will seek CoPS to sign onto letters.**

**Next CoPS Meeting**  
***Dr. Richard Mink, CoPS***

Everyone was thanked for attending the meeting and their ongoing commitment to the important work of CoPS. The next CoPS meeting will take place Thursday, October 11 from 10am-6pm and Friday, October 12 from 8am-1:30pm in Chicago, IL.

Meeting adjourned at 9:05am