

CoPS Fall Meeting
October 11-12, 2012
Sheraton Chicago O'Hare

Welcome and Introductions

Dr Mink welcomed everyone to the meeting and asked people to go around the room, introduce themselves and briefly share their organization's activities.

Dr Mink responded to everyone stating that clearly Milestones and EPAs are a concern, which is why we have guests from ACGME today. Workforce is also a concern and is included in the COPS strategic plan. The Executive Committee has met on several occasions, including at PAS and over the summer for a day and half and again yesterday.

CoPS Accomplishments as identified by the Members

Reviewed by Rich

- Provides a forum/communication network for the subspecialties
- Working with the ABP on the SCTC
- Website, including subspecialty descriptions
- ERAS/Match
- Financial
- Collaboration with other organizations
- ACGME duty hours
- General visibility

Financial Update

Provided by Dr Heyman (see attachment 1)

Overall financial status (unaudited):

June 30, 2012 balance: \$19,007.34

An independent CPA is currently reviewing our finances. We will present overall financial review at spring meeting.

Bylaws

Laura Degnon presented an overview of the changes. According to the bylaws, 30 days to review followed by 30 days to cast vote must be given so no vote will be taken today.

The overview was followed by discussion and questions:

A question was raised about voting percentage - should the 52% also need to meet some sort of critical mass of subspecialty representation for a vote to be to valid?

ACTION: Dr Kennedy will incorporate the proposed changes/suggestion to ensure they are clear and distribute them electronically prior to a vote. (It was noted that legal council will also have to review.)

Action Teams

Fellowship Readiness Action Team:

Dr Heyman reviewed slides on the charge of the action team and key points they are considering. (See attachment 2)

The group was asked to share their thoughts on index cards:

3 attributes residents should have as they enter your training programs

3 attributes residencies are doing well in preparing your income

3 attributes they are lacking

Communications Team:

Dr. Mink reviewed the changes to the website and webpage activity (see attachment 3)

Subspecialties were encouraged to get creative and possibly include video or other interesting information, including relevant links, on their respective subspecialty description web pages.

Dr Mink brought up the discussion that since the dues structure/membership to CoPS has changed and we are now “pay to play,” if there is a particular subspecialty that hasn’t paid or isn’t participating, do we continue to leave their descriptions on the CoPS website?

One suggestion was put a “last updated” on the page and it will just look like old news if it’s long outdated.

Another suggestion: since it’s up to individual responsibility what if a page isn’t updated within “x” timeframe, the page is withdrawn?

Suggestion from Hicks: if we advertise/communicate through APPD so they know this is a resource, I think it will be more successful at enriching and adding to the value of the page.

ACTION: Dr Mink to send an email/listserv to ask for volunteers to help with the communications/website to ensure things are updated and current, as well as make a proposal for how to update the subspecialty descriptions and how to handle outdated pages.

Other Updates

Response to proposed ACGME changes to requirements

(See attachment 4)

FOPO Initiative –

(See attachment 5)

Dr Leavey gave an update with regard to his involvement in the workgroup, Pediatric Training along the Continuum, one of four workgroups in the FOPO Visioning Summit. The Summit is a project that hopes to envision the future of pediatrics and align activity in the profession to that vision. Dr. Leavey reviewed process of the workgroup and the priorities they will be working on over the next year, leading up to the Summit in late 2013.

Dr Sectish added: the FOPO just sent out the first bulletin to the Board of Directors. We are re-working the website to reflect the activities of the workgroups. After this summit we’re hoping to have a

blueprint for child healthcare. We would like to invite the larger pediatric community to chime in at PAS during some symposiums.

If you have interest, ideas and/or input regarding the issues around any of the 4 working groups, please feel free to be in touch with Ted via Visioning_Summit@fopo.org

Dr. Mink asked if there is some sort of announcement that we can include on the CoPS website? Dr Sectish responded that the Visioning Summit Bulletin that was just sent out would serve that purpose.

ACTION: FOPO Bulletin Visioning Summit to be posted on the CoPS website

Legislative Affairs

Dr Harris provided an update. (See attachment 6)

Fellowship Match

Dr Kennedy provided some statistics around the Match process. (See attachment 7)

There is a lot of variability in applications process. There is now a Spring Match and a Fall Match with 5 participants each, with a few outliers with other dates. Are all using NMRP now which is an improvement.

Dr Kennedy began a discussion around the following three areas:

Should we try to close gap (some are in the 2nd year, and some are in the 3rd year and still different dates within them) and work toward all matches in the 3rd year?

Should all fellowship matches be on the same day?

Do we need a repeat survey to program directors and fellows to inform the process?

Some subspecialties have concerns regarding not filling all their spaces. For example, many residents do not have exposure to DBP until well into their 2nd year, so for those that choose to match early in their second year, they mostly likely have not been exposed to the field before they make their choices. Situations like these favor the third year match.

Couples matching appears to be problematic.

Conversation was deferred until Friday due to time constraints.

ACGME Next Accreditation System (NAS)

Dr. Mary Lieh-Lai (ACGME) presented information regarding the Next Accreditation System (NAS). (See attachment 8 **NOTE: slides and all content in the slides are the sole property of ACGME and may not to be reproduced**)

Milestones have been developed for Pediatrics. They are general enough to be useful for all subspecialties. For subspecialty specific milestones, it is anticipated that the first reporting will not take place until December 2014. Regarding program requirements, all the subspecialty language was tinkered with the make “outcomes” rather than “experiences” the focus.

The ACGME and ABP want to bring together experts from each subspecialty (with the help/input of CoPS) for input to work on EPAs.

CLER

Dr. Mary Lieh-Lai (ACGME) provided an overview of the Clinical Learning Environment Review (CLER) program. (See attachment 9)

There are Six Focus Areas:

1. Patient Safety Programs
2. Quality Improvement Programs
3. Supervision
4. Transitions in Care
5. Duty hours policy, fatigue management and mitigation
6. Professionalism

Please keep in mind the initial site visits are not for accreditation purposes, except for egregious situations, they are solely for the collection of baseline data and to promote learning.

Everyone will be expected to develop a “Clinical Competence Committee” (CCC) to provide ongoing evaluation of fellows although did not have many details yet. They stated that there would be significant emphasis on “Faculty Development” for those on the CCC but are still lacking specific details. The ACGME is no longer going to require CVs. They aren’t updated, you can’t get information from them and they take up an inordinate amount of memory. Instead, the ACME will be going to a standardized reporting system that will request more specific, recent information regarding publications, presentations, training, etc.

The current PIF will only be used through spring 2013 then goes away.

There is an illustrative EPA on nephrology on the APPD site that is for informational purposes, only.

ACGME available webinars:

CLER: 12/14/12

NAS update: 1/2013

Self-study: 2/2013

Milestones/ccc/evaluations: 4/2013

Will be recorded and made accessible

Dedicated email address for questions

Dr Sectish asked if there has been any economic analysis done on this. Is it meeting the strategic plan of making things more simple and efficient? Dr Fischer was not aware of any but said she would take it back for further information. There were concerns that very few of the Department chairs are going to have money to dole out for training of additional faculty time.

Additional concerns centered on the smaller programs – they might only have 2 members of faculty – so adding all these other things doesn’t make sense. They wanted to make sure the ACGME kept this in mind.

SCTC Update

Dr. McGuinness and Ms. Speck (ABP) presented information regarding the Subspecialty Clinical Training and Certification and Dr Spicer shared information from Dr. Freed’s data from his Fellowship Task Force Program Directors Study. (See attachments 10a, 10b and 10c)

Dr McGuinness noted this Fellowship Task Force Program Directors Study is the kind of data that will be published. She reviewed things quickly to allow plenty of time to spend discussing the recommendations. In brief, the survey demonstrated a wide variety of opinions regarding length of training. She wanted the opinion of CoPS regarding the possibility of different lengths of training between subspecialties and different tracks potentially within a given specialty or program (i.e. clinical, clinical educator, research, etc.) to take back to the subcommittee.

Dr McGuinness clarified that we were all trying to digest what we've all been hearing. They spent some time at that initial meeting putting some parameters around:

1. Looking at subspecialty training, specifically, not core pediatrics.
2. This started out with clinical training but got deeply into competencies. There were very different perceptions. Does a fellow have to do a project? Have a final product? Etc...

Dr McGuinness passed out a handout with initial, very preliminary recommendations. She emphasized that these are NOT the final recommendation and may look very different after the next meeting in November, where things will be hammered out further and then distributed widely.

Dr McGuinness reviewed the process for the November meeting:

The committee wanted to get some time/space between their initial meeting and follow up, so they can take a critical look at their draft recommendations. The committee will review the initial recommendations and make revisions based on feedback. After the November meeting they plan to distribute a more final draft and officially ask for comments/feedback during a specific time period. There are four key areas: areas what do we mean about competencies? What will really be required for scholarship? What about EPAs? What about committee oversight?

Ms Speck (ABP) wanted to know, what's our best way to tap into your organizations to get the feedback we need? She pointed out that it will be important to keep in the mind the window of opportunity for this effort and that there will be timeframes set to receive feedback/opinions.

Dr Mink shared that CoPS has a listserv, but also has a list of fellowships as well as admins for the various organizations. He also mentioned that we do want to make sure everyone knows about this initiative so when they get these recommendations down the road, they will already have some knowledge.

Dr McGuinness responded that the ABP had not thought about getting this out to each individual for initial review, they want it to go the stakeholders. However, there are updates in the Board newsletter, among other sources, about this initiative so people should have some knowledge of its existence.

One concern of CoPS is to be able to see how the information that we gather, collate and share influences things, ultimately. Maintaining transparency is vitally important.

McGuinness emphasized that is the goal and why the committee will need things in a timely way. The committee will also be going to a few other meetings and getting additional reactions/feedback. The next step will be that information will come back to the committee; they will review all of it at their spring meeting and make final recommendations that will be presented to the ABP in June.

Action Team Update

PEEAC

Dr Bale gave a brief update on the last year's PEEAC meeting. CoPS agreed to take on financial responsibility. It was essentially a breakeven meeting. Planning for 2013 is underway.

Dr Mink added that if we are going to continue to be involved, we should get people involved other than executive level, so if you know of anyone please let encourage them and let us know.

Strategic Plan Update

Dr Mink provided an outline of the strategic plan and reviewed with the group. (See attachment 11) He pointed out that what was initially labeled as the "later" group that was 2013 and beyond and we need to now take a look and begin addresses/making a plan for these next pieces. We need to have a clear definition of what we need to work on next before we leave here today.

During the review and discussion that followed, it was pointed out several times that the involvement of SOMSRFT would be beneficial, especially in things such as social networking. It was noted that they are a member but weren't able to send a representative for this meeting.

Dr Mink asked the group how many have some sort of fellowship committee that we could use to get directly to them. A large number indicated they did. Dr Mink thought perhaps we could put together a database of these names. Communication with this younger audience might facilitate their involvement as well as drive continued traffic to the subspecialty descriptions web pages.

Several organizations mentioned they were very pleased to see this strategic plan outlined so clearly and were excited to share it with their respective organizations. Dr Sectish suggested an "elevator speech summary" so that in one minute everyone can go back to their organizations with exactly what activities CoPS has been up to (the SCTC, relationship with Board, porthole to get to the subspecialties, etc.). It was also pointed out that a couple of slides would be useful as some of the representatives have to present at their national meetings.

ACTION: Dr Mink to put together some summary/presentation slides that the representatives can use to illustrate to each of their organizations what activities CoPS has been involved with and what the plans are going forward.

Match discussion continued from Thursday

Dr Mink continued the discussion of match dates from the previous day. He reminded the group that there need some sort of action/recommendation. How are we going to proceed?

There were three main questions:

1. Should we try to close this gap and work toward all matches in the 3rd year?
2. Do we need a repeat survey to program directors and fellows to inform the process?
3. Should all fellowship matches be on the same day?

There was a lengthy discussion that resulted in the overall opinion being that CoPS recommend moving the Fall match date to one consolidated date, or at the very least, a much smaller range of dates.

ACTION: Work toward consolidating the fall match into one date. In the meantime, ask subspecialties to move to one of the two current dates in the spring and fall and then over time, encourage them to move to the fall. Dr. Kennedy to draft a recommendation.

Dr Kennedy added that if we hit roadblocks that certain groups CAN'T move to a certain date, we'll work to get the range as tight as possible. We do have a lot of say as to what the actual dates are; the NRMP has indicated they are flexible.

Dr Weitzman: there may some significant pushback if you make it much later than November. Other thing: DBP perspective – we are really asking them to accelerate their development and doesn't give them enough time to really wrap their head's around the decision.

An additional concern was brought up regarding couple matching. How often is there a need for couples matching? Is it a priority? It was mentioned that this is a really complex question – students aren't always coming into fellowship at the same time, it comes down to advocacy and relationships. The couples match will always be an extra variable, no matter what the match dates/process.

ACTION: Kennedy to investigate with NRMP how would the couple match work if everyone were on the same date of the year.

New Issues

Growing CoPS by adding new members.

Dr Spicer reviewed the membership requirements of CoPS and some of the additional groups that have been identified as potential members:

American Academy of Physical Medicine

Pediatric Surgical Association (fairly new group)

Society for Pediatric Anesthesia

Hospitalist organization (10,000 members, 30,000 hospitalists)

International organizations

North American organizations, especially those in Canada. What are the thoughts on going international?

Dr Stapleton suggested Society of Pediatric Radiology, as well.

Dr Jaffe mentioned the APA has a special interest group for hospitalists. APA also does a leadership conference in conjunction with the hospitalists meeting.

Dr Heyman brought up that the issues that international organizations deal with are very different than what we in the U.S. deal with. The closest would probably be Canada.

Proposal: Dr Spicer made a motion for Dr Mink to approach the Pediatric Surgical Association and Society for Pediatric Anesthesia to invite them to attend one of our meetings and to invite Hospitalist Medicine to become a member.

ACTION: Dr Mink to invite the Pediatric Surgical Association and Society for Pediatric Anesthesia and to attend one of our meetings as guests. Dr. Mink to invite Hospitalists to become a member. One consideration would be for Dr Mink to send the invitation to the Joint Council and ask them who they would like to send/forward to.

Entry into Fellowship: Program Directors Perspective

Dr. Bale presented slides on survey results followed by discussion. (See attachment 12)

The proposed action plan from the survey:

- Based on anecdotal information from Internal Medicine PDs, this issue is of concern for IM, as well, DIOs are important stakeholders
- Create a white paper that summarizes the issues and the available data and suggest an action plan.
- The action plan could include a strategy to obtain current impressions from pediatrics and other specialties

There was a discussion around programs requiring people to report before their actual finish date so some people are leaving early. Even though the new RRC requirements give us flexibility, the issue of residents leaving early becomes very important. The ACGME is the more important organization to approach about this, if people are leaving early, that's a problem. For ABMS as an organization it's not going to be very high on their agenda.

Action: Dr. Mink to create a fellowship start date action team to be led by Drs. Mink and Bale with a charge to examine potential solutions to the fellowship start date issue.

Social Media

Dr Kennedy gave a presentation about social media and began a discussion with the group about if and how CoPS should have a presence. See attachment 13

There was a very interactive discussion regarding social media, the benefits, the drawbacks, costs, etc. The consensus was that it *may* be useful on a small scale, if we are careful to define our audience and purpose regarding the type of information we are trying to promote. If done correctly, we can strategically find the right people to follow and then re-tweet information from those sources. We need to be sure to remain in line with strategic plan - engage fellows and update the subspecialty descriptions. The idea is that subspecialties could use this as a strategy to attract people. It's important to remember that we don't have to reinvent the wheel, we just need to get our message out and we could partner with these organizations.

ACTION: Alice Ackerman to chair an action team to examine the utility of using social media to communicate with students, residents and fellows. Dr. Mink indicated that he would create a formal charge for the group and then Dr. Ackerman may select 2-3 individuals to serve on this action team.

Dr Norwood said she would approach some fellows to see if she can identify one to help.

Concept of a Warehouse as it relates to the Strategic Plan

Dr Mink lead a discussion regarding whether there might be a way that COPS can help promote meetings that would appeal across disciplines (not just relevant to one specific subspecialty). Or perhaps another idea is there a spot on the website for leadership development, research being one of them (maybe more on the fellowship level). Dr Mink asked for comments/opinions.

Dr Stapleton shared that APS has successful "K" awards on their website where interested parties can access and read successful examples of applications.

One person warned that they make CME modules available on their website. They had very low access rates and tried to make it able to archive. A lot of it became stale and then was rapidly out of date because no one was in charge of keeping it fresh. They suggested a needs assessment.

Dr Mink asked - Does this sound like a reasonable thing to proceed with?

ACTION: Dr. Mink to formulate plans for the development of a Warehouse on the CoPS website.

Spring meeting

Dr Mink opened up discussion to the group looking for suggestions as to how CoPS can meet in the spring. As it is right now, the spring meeting is informational than detailed like the Fall meeting.

Dr McGuinness suggested a webinar. She shared that it's important for this group to meeting twice a year. Perhaps a webinar would allow for even more participation?

Other suggestions were to look and see if there is a time AFTER the PAS Meeting, the possibility of an evening meeting AND video conferencing so everyone could participate?

Dr Mink noted that we had lost quite a few attendees so this needed to be discussed/weighed in on further electronically.

ACTION: Dr Mink to send to the group electronically the options for a vote regarding a spring meeting.

Three options:

- 1. Informational meeting**
- 2. EC meeting with only the action team individuals**
- 3. webinar**

Dr Mink thanked everyone for their time, wished them a safe trip and adjourned the meeting.