

**Brief Summary of the Council on Pediatric Subspecialties (CoPS)  
Oct 7 and 8, 2009 Meeting**

Action Items:

1. Subspecialty Representatives
  - b. Each representative should commit to a 3 year term, overlapping
  - c. 1 representative should be a current or recent fellowship director. If only one representative then that one should be a current or recent fellowship director.
  - d. Forward the process and names of representatives to CoPS
2. All subspecialties will be asked to come up with a subspecialty description over the next 2 months. This is for trainees considering subspecialties.
3. Be aware that ACGME will be releasing a new duty hour recommendation. Scheduled for January 2010

Report on meeting

The mission of CoPS:

The Council of Pediatric Subspecialties integrates approaches to subspecialty education, research and patient care by providing a forum for members and other organizations and by serving as the common voice for the pediatric subspecialties.

In the initial presentation the origin of CoPS was reviewed including that the initial funding was from APPD and AMSPDC. This funding is ending and CoPS will need to introduce some sort of dues in order to continue. At present CoPS operates with a memorandum of understanding with APPPD and AMSPDC. CoPS has requested that these be terminated and it will become an independent entity. A vote was taken and it was unanimously approved that CoPS should become an independent organization with its own financial structure. At present the dues structure being considered will be to ask all pediatric departments and subspecialty organizations to pay dues, on the order of \$500-\$750 each.

Each subspecialty and liaison organization offered a report. Interestingly GI has gone from 30 to 100 fellowship slots. American Board of Pediatrics - board eligibility will be time limited to get certified, you have 7 years after qualifying (finished residency or fellowship). This can affect an international graduate who does specialty training prior to general training. In 2011 the Subspecialty In-training Examination (SITE) will be offered at your institution via the internet (rather than Prometrics). Beginning in the fall of 2011 initial certification examinations will be computer-based at Prometrics.

There was discussion of the CoPS response to the duty hours report from the IOM. The fellow liaison from the AAP Section on medical students, residents and fellows noted that trainees felt the response was condescending to trainees. It was noted that the ACGME will offer draft duty hours regulations in January 2010 and that CoPS should be prepared to respond.

### **Task forces presented reports and formulated plans:**

Advocacy and workforce have combined. There was a vote that advocacy was an appropriate activity for CoPS that passed. There was a lot of discussion as to how that should be put into action. It was noted that CoPS should coordinate with other organizations and should start by talking with the AAP and PPC.

Education is now Education/Professional Development. There were 3 main areas for work.

1. Common Match Date. Work on getting more subspecialties to utilize a common match date. It was noted many times that the primary beneficiary is the fellow applicant, but the programs also have more visibility and more applicants (examples neurology and GI). Primary subspecialties not using the match Heme Onc and Cardiology.
2. IOM/ACGME work hours SWAT team. Need to start thinking about a response now. Not stated but previous response driven by Neonatology, felt to denigrate fellows and be "whiney". Response from CoPS should be directed at fellowship training and not cover the whole training spectrum.
3. Common Curriculum. Work on a common curriculum. Coordinate with APPD and the share warehouse.

Regulatory - working on a program guide for fellowship directors based on the program guide for program directors. Requested by ABP and encouraged to be broader than ABP and not housed there.