

Council of Pediatric Subspecialties Meeting
Tuesday, September 19, 2006
Arlington, VA

Meeting Highlights/Outcomes

Mission

The Council of Pediatric Subspecialties integrates approaches to subspecialty education, research and patient care by providing a forum for considering issues raised by our members or by other organizations; by serving as a voice representing the pediatric subspecialties; and by addressing issues and opportunities of importance to pediatric subspecialty medicine.

Vision

All pediatric subspecialties working together to ensure excellence in pediatric subspecialty medicine.

Values

As an organization of professionals, we promote the following values:

- compassion
- diversity
- communication
- career development and satisfaction
- education, training and research of the highest quality

Membership

Beyond the boarded pediatric subspecialties, fields that will be included in the Council in some way include pediatric dermatology, academic general pediatrics, child neurology, child psychiatry and pediatric anesthesiology. Representation from organizations such as the APS, SPR, and the surgical sections of the AAP needs to be determined. *(We need to consider including other non-medical, non-surgical areas, especially pediatric anesthesia and pediatric radiology)* The thought was that the initial Council should not start out with too many additional representatives. It may be possible to invite representatives and form a larger group to meet once a year (i.e. at the AAP or PAS) with the Council to vet issues that are brought forward from the broader pediatric subspecialty community.

Organizational Structure and Governance

We elected a Chair, Paul Darden (General Academic Pediatrics), and a Vice-Chair, Vicky Norwood (Nephrology), and three additional At-Large members of the Executive Committee: Mary Ann Shafer (Adolescent Medicine), James Bale (Child Neurology), and Daniel Coury (Developmental and Behavioral Pediatrics).

The term of the Executive Committee (EC) will be 2 years with no one rotating off the Council for the first 2 years to establish a consistent presence and facilitate organization memory. The EC will establish a sequence of rotations after the first two years. The remainder of the Council will be made up of the following subspecialties with two representatives from each field, one of whom should be a Program Director (at least during the first year of CoPS' formation). These members have voting privileges:

- 1- Academic General Pediatrics

- 2- Adolescent Medicine
- 3- Allergy and Immunology
- 4- Cardiology
- 5- Child Abuse
- 6- Child Psychiatry
- 7- Critical Care
- 8- Dermatology
- 9- Developmental and Behavioral Pediatrics
- 10- Emergency Medicine
- 11- Endocrinology
- 12- Gastroenterology
- 13- Genetics
- 14- Hematology-Oncology
- 15- Infectious Diseases
- 16- Neonatology
- 17- Nephrology
- 18- Neurology
- 19- Pulmonary Medicine
- 20- Rheumatology

There are non-voting Ex-Officio members including:

- 1- AMSPDC (2 members)
- 2- APPD (2 members)
- 3- AAP (1 member)
- 4- APA (1 member)
- 5- ABP (1 member)
- 6- APS/SPR (1 member)
- 7- FOPO Executive Director

It is not yet resolved whether the following organizations will have representation at Council meetings: Anesthesia, Surgery, and Radiology.

Voting will be done by allowing 2 votes for each discipline as is represented on the Council for a total of 40 votes. Policy matters will require a super majority at the level of 75% of votes cast.

Budget

The one-year draft budget was accepted. The group suggested that the sponsorship will be necessary for the next three years in order to allow the Council to establish itself within the pediatrics community and Council will seek a continuation of funding from AMSPDC and APPD.

Bylaws and Rules of Operation

A subcommittee will draft a set of bylaws with the assistance of Laura Degnon for distribution to Council members.

List of Possible Issues to be Addressed by CoPS

- 1- Fellowship Training
 - a. Fellowship Application Process
 - b. Debt Burden by Trainees

- c. Fellowship Stipend Support
 - d. Core Competencies
 - e. Scholarship Oversight Committees / Scholarship During Fellowship
 - f. Attracting Residents into Fellowships
 - g. Interaction with the ACGME and the Pediatric RRC
 - h. Leadership Training
 - i. Career Development
 - j. New ACGME Requirements
 - i. Common Requirements
 - ii. Subspecialty-Specific
 - k. Program Information Forms (PIFs)
 - l. Interaction with the ABP
 - m. Fellowship Director Leadership Training
- 2- Maintenance of Certification
 - 3- Workforce and Pipeline
 - a. Promote Pediatrics Subspecialty Career at Medical Student Level
 - 4- Speaking with One Subspecialty Voice
 - 5- Funding of CoPS
 - 6- Organizational Principles and Governance
 - 7- Communication Plan for CoPS
 - 8- Transitional Care (Children and Adolescents → Adult)
 - 9- Work Life Balance
 - 10- Career Development
 - a. Academic Career
 - b. Other Careers
 - 11- Faculty Development – Teaching Skills
 - 12- Develop and Share a Core Curriculum for Subspecialty Training
 - 13- Develop and Share Evaluations of the Core Competencies
 - 14- Leadership Training
 - 15- Division Chiefs/ Section Chiefs
 - 16- Subspecialty Reimbursement
 - 17- Advocacy with Payors
 - 18- Developing Cross Cutting Core Issues Across Subspecialties
 - 19- Diversity of Workforce
 - 20- Support for Research
 - 21- Subspecialty-Specific Continuing Medical Education Courses

Executive Committee

The Executive Committee (EC) will work with Laura Degnon to review the Bylaws and a Memorandum of Understanding between CoPS and APPD/AMSPDC. Another subgroup discussed the need to develop a Communications Plan and there was interest to designate one person as the Communications Director from the At-Large Members. This person could be the point person with Laura Degnon to develop a website for the CoPS. Listservs, Discussion Groups, and Conference Calls were discussed as modes of communicating.

It was also determined that an article, such as in the *J Peds* using the AMSPDC pages, could be drafted to describe the organization and its current structure. In addition, there should be an Executive Summary and a brief (2-paragraph) fact sheet about the Council that could be

distributed to the various stakeholder organizations, and for insertion in newsletters and other journals.

Task Forces

Two Task Forces were formed:

Fellowship Application Process Task Force

Co-Chairs: Sharon Oberfield (Endocrinology)
Tom Abshire (Hematology-Oncology)
Members: Steven Wassner (Nephrology)
Josef Neu (Neonatology)
Chris Kennedy (Emergency Medicine)

This Task Force is charged with responding to the Recommendations of FOPO about delaying the start of the application process to the beginning of the senior year.

Fellowship Core Curriculum Task Force

Co-Chairs: Mary Ann Shafer (Adolescent Medicine)
Judith Campbell (Infectious Diseases)
Members: Josef Neu (Neonatology)
Stephen Feig (Hematology-Oncology)

This Task Force is charged with examining examples of core curricula and sharing these with the Council for possible dissemination to the membership.

Conflict of Interest/Duality of Interest Statement

It was suggested that CoPS identify such a statement. Alan Rogol will send to Vicky a sample statement for the group to review.

Exec Summary: The "founding four" (Drs. Sectish, Stapleton, Schnaper, Behrman) will write this summary and share it with the new EC for comments before distribution.

Next meeting will be held during the PAS meetings in Toronto. The EC will determine the best day/time for the (open) meeting to take place.

Attendance at Meeting:

SPECIALTY	First Name	Last Name
Academic Generalist	Paul	Darden
Adolescent Medicine	Pamela	Murray
Adolescent Medicine	Mary-Ann	Shafer
Allergy and Immunology	Sami	Bahna
Allergy and Immunology	Vincent R.	Bonagura
Cardiology	Gerard R.	Martin
Child Abuse	Desmund	Runyan
Critical Care	Alice D.	Ackerman
Dermatology	Robert A.	Silverman
Developmental-Behavioral	Paul H.	Dworkin
Developmental-Behavioral	Daniel Lee	Coury
Emergency Medicine	Chris	Kennedy
Endocrinology	Alan D.	Rogol
Endocrinology	Sharon E.	Oberfield
Hematology/Oncology	Stephen A	Feig
Hematology/Oncology	Thomas	Abshire
Infectious Disease	Michael	Brady
Infectious Disease	Judith	Campbell
Neonatology	Josef	Neu
Nephrology	Steven J.	Wassner
Nephrology	Victoria F.	Norwood
Neurology	James F.	Bale
Pulmonology	Christopher	Harris
Rheumatology	Michael	Henrickson
AMSPDC	Bruder	Stapleton

APPD	Theodore C.	Sectish
APPD	Robert S.	McGregor
APS/SPR	H. William	Schnaper
FOPO	Richard E.	Behrman
*ABP	James	Stockman
AAP	Robert	Perelman
AAP	Eileen M.	Ouellette
AAP	Jay E.	Berkelhamer
Management	Laura	Degnon

**Joined the meeting for the afternoon only.*