



CoPS Communications

Winter 2011

(Please forward this newsletter to other Pediatric Subspecialists)
Council of Pediatric Subspecialties (CoPS)
<http://www.pedsubs.org>

Editor's Note:

In this issue of *CoPS Communications*, we introduce you to our new CoPS Chair, James F. Bale, MD. Dr. Bale is a Child Neurologist practicing at Primary Children's Medical Center in Salt Lake City. He is also Associate Chair for Education of the Department of Pediatrics and Program Director of the Pediatric Residency at the University of Utah. CoPS is indeed fortunate to have him as our leader. Also new to the CoPS Executive Committee is Robert Spicer, MD. Dr. Spicer is a Pediatric Cardiologist who serves as the Cardiology Fellowship Program Director at Cincinnati Children's Hospital Medical Center. True to the CoPS mission, the [Executive Committee](#) is composed of leaders representing a variety of pediatric subspecialties including Child Neurology (James Bale, Jr. MD), Critical Care (Richard Mink, MD), Nephrology (Vicky Norwood, MD), Developmental-Behavioral Pediatrics (Dan Coury, MD), Emergency Medicine (Chris Kennedy, MD) and Cardiology (Robert Spicer, MD). Read about CoPS' activities below.

Thanks
Richard Mink, MD

In The Issue

[Message from the Council of Pediatric Subspecialties \(CoPS\) Chair](#)

[Pediatric Subspecialty Descriptions Now on CoPS Website](#)

[IOM Duty Hours Update: CoPS Participates in the APPD Conference Call for Pediatric Fellowships](#)

[CoPS Input Into New Duty Hours Regulations Recognized by ACGME](#)

[CoPS to Hold Strategic Planning Meeting](#)

[Report from the Organization of Program Directors Association \(OPDA\) Meeting](#)

[Utilizing a Match for the First Time: The Developmental-Behavioral Pediatrics Experience](#)

[CoPS Co-Sponsors the 2011 Pediatric Educational Excellence Across the Continuum Conference](#)

[CoPS Participates in the Public Policy Council Strategic Planning Meeting](#)

[ABP Foundation Holds Conference on Subspecialty Clinical Training and Certification](#)

Quick Links

[CoPS Website](#)

[**Contact Us**](#)

Message from the Council of Pediatric Subspecialties (CoPS) Chair



James Bale, Jr. MD

As we enter another pivotal year for CoPS, we can reflect on our past successes and the opportunities for the future. Among the successes are the streamlining of the application process for entry into pediatric fellowships, the opportunity to represent pediatric subspecialties in the processes that led to the Accreditation Council on Graduate Medical Education (ACGME) new duty hour regulations for residents and fellows, and participation on the planning group for the 2011 conference on Pediatric Excellence in Education Across the Continuum. Among the opportunities will be those posed by supporting more fully pediatric fellowship programs and program directors, attracting

trainees to pediatric subspecialties, and creating a sustainable business plan that will support CoPS for the coming years. To these ends, we eagerly anticipate the upcoming [Strategic Planning Session](#) on January 29 and 30, 2011.

As summarized in this issue of *CoPS Communications*, Developmental and Behavior Pediatrics is the latest subspecialty to join the growing ranks of pediatric specialties and subspecialties which utilize a match to fill their trainee positions. With the addition of Child Neurology a total of 15 pediatric-related specialties and subspecialties employ the match process to fill their positions. Of more than 1100 positions offered by 10 pediatric subspecialties in 2009-2010, nearly 80% were filled!

By demystifying the process by which residents or medical students enter pediatric subspecialties, the match process can increase the numbers of applicants to trainee positions. This has been especially true for child neurology which went from approximately 30 to 50 applicants per year into child neurology training programs before instituting a match to currently more than 100 applicants annually. While such successes are tributes to everyone who labors to recruit medical students and residents into our disciplines, much more work lies ahead. The members of CoPS must work together to encourage medical students and residents to enter pediatric specialties and subspecialties; we must share the enjoyment and fulfillment we gain from our roles as clinicians, educators and physician-scientists. The [subspecialty descriptions](#) now available on the CoPS website will provide a much needed resource for medical students and residents.

As we face the challenges posed by the new ACGME duty hour regulations, we should take some solace in the fact that the ACGME is beginning to hear the message that "one size does not fit all". The tiered approach to resident duty hours and supervision in the 2011 regulations provides the opportunity to promote future modifications that will provide fellows greater independence, especially in the later stages of training when they function much like junior faculty. All members of CoPS should convey this message whenever they have the opportunity to speak with members of the ACGME or the Pediatric Residency Review Committee.

The principal challenge faced by CoPS in the coming year will be to create a sustainable business plan that will enable us to promote our vision of "All pediatric subspecialties working together to ensure excellence in pediatric subspecialty medicine". Among the opportunities that lie ahead include a need to devise novel curricula that better prepare pediatric residents for the rigors of fellowships and new

collaborations with pediatric organizations, such as the Association of Pediatric Program Directors, to enhance the leadership and educational skills of fellowship program directors. With the right support, CoPS will continue to achieve its goal of enhancing the success of all pediatric specialties and subspecialties!

Pediatric Subspecialty Descriptions Now on CoPS Website

In an effort to provide more information to medical students and residents about a career in the pediatric subspecialties, CoPS has created detailed descriptions of the individual subspecialties on its [website](#). Each section was written by a member of the subspecialty and includes information about what that subspecialist does, career opportunities, lifestyle and financial compensation as well as how to identify training programs and how to apply. Helpful links to both general and subspecialty specific websites are provided. There is also information about alternative training pathways and requirements for international medical graduates. CoPS believes that this website will be a valuable resource for medical students and residents as they consider a subspecialty career and asks that Program Directors and all subspecialists make them aware of this site. Advise them to go to the CoPS website (<http://www.pedsubs.org>) and click on subspecialty descriptions.

IOM Duty Hours Update: CoPS Participates in the APPD Conference Call Pediatric Fellowships

On December 2nd, a conference call was held to discuss how the new duty hour and supervision regulations will affect pediatric subspecialty fellowship programs. Thirty-one individuals participated in the session which was lead by Debra Boyer, MD and James Bale, Jr, MD. Several themes emerged during the call including 1) Education of fellows and management of clinical responsibilities (spreading clinical time over 3 years, use of NPs and hospitalists), 2) Duty hour violations occurring during research time (research time must be included in the 80 hour work week, possible effect on research productivity), 3) Moonlighting must be counted towards the 80 hour work week (many programs prevent moonlighting, some provide additional salary or encourage the NIH loan repayment program, 4) Preparation of fellows (use of boot camps, relationship with categorical residency programs) and 5) Compliance with the common requirements (need for on-line educational modules, sessions provided at PAS). CoPS will continue to work with the APPD in examining the effect of the new requirements on training.

Cops Input Into New Duty Hours Regulations Recognized by ACGME

In a letter sent to CoPS by Thomas Nasca MD, MACP, Chief Executive Officer of the ACGME, CoPS' contributions to the development of the revised Resident Duty Hour Standards were recognized. CoPS was an invited participant of the ACGME Congress on the Institute of Medicine Report on Resident Duty Hours held in 2009 and has continued to provide significant input to the ACGME. To read Dr. Nasca's letter, please click [here](#).

CoPS to Hold Strategic Planning Meeting

On January 29 and 30, 2011, CoPS will hold its strategic planning retreat at the Washington Dulles Marriott Suites hotel near Washington, DC. The retreat, involving the members of CoPS and its liaison organizations, will be facilitated by Bob Harris, CAE a strategic planning facilitator well known to many members and associates of CoPS. With more than 25 years of experience in association

management, Bob has led similar retreats for many public and private organizations. We are looking forward to refining the mission, vision, values of CoPS, as well as clearly articulating our goals for the next several years.

Report from the Organization of Program Directors Association (OPDA) Meeting

Representing CoPS, Chris Kennedy, MD attended this year's OPDA Fall meeting in Chicago, IL. The major topic for discussion was the Accreditation Council on Graduate Medical Education (ACGME) duty hour and supervision regulations that became effective July 1, 2011. There remains considerable concern, especially among the program directors of surgical specialties and subspecialties, that the new rules will further compromise the clinical experiences of trainees and their preparation for real world experiences. CoPS leadership encourages subspecialty program directors to document the deficiencies of new trainees. This information will be very helpful for pediatric residency programs as they design curricula to adapt to the new regulations. An additional topic discussed at the meeting included a presentation by the National Association of State Medical Boards proposing the creation of a maintenance of licensure (MOL) program similar to the ABP's maintenance of certification (MOC) program. Rest assured, however, that the ABP MOC program will meet all requirements for MOL. Finally the question was raised "Do program directors across specialties perceive a problem with medical student preparation?" This was suggested as a possible topic for further investigation, especially in light of the decreasing duty hours and how this might impact the decision of trainees to seek subspecialty training.

Utilizing a Match for the first Time: The Developmental-Behavioral Pediatrics Experience

Developmental-behavioral pediatrics (DBP) became the latest subspecialty to utilize a match, joining emergency medicine, critical care and rheumatology in the Pediatric Subspecialties Fall Match. Since the [CoPS recommendation](#) in 2007 encouraging subspecialties to use a match, 4 subspecialties have done so.

For DBP, this was a new experience. Of thirty-five ACGME accredited DBP fellowship programs, 27 signed up for the match process (77%) with one later withdrawing. Twenty of the twenty-six programs filled (77%), with twenty-five of thirty-two positions filled (78%). For a first time process, the results seem to be positive and similar to pediatric emergency medicine (85% of programs and 87% of positions filled) and critical care medicine (59% of programs and 77% of positions filled).

Several DBP program directors commented on the reduced pressure to quickly sign candidates during the interview season, and suggested that there was a small increase in candidate applications. Candidates have campaigned for more consistency in the pediatric subspecialty placement process (one of the forces behind the founding of CoPS), and the match provides this as well as the opportunity for both candidate and program to reflect on their best option. In this regard, CoPS has been successful in advocating for a match in the subspecialties and this has benefited the applicant side of the equation. Additional progress needs to be made in developing more standardized match dates. In addition, many positions in all four of the subspecialties were unfilled (click [here](#) for match statistics). This illustrates the continued difficulty in recruiting subspecialists and underscores the role that CoPS can play in developing effective responses to improve the workforce pipeline.

CoPS Co-Sponsors the 2011 Pediatric Educational Excellence Across the Continuum Conference

In collaboration with the Academic Pediatric Association, the Association of Pediatric Program Directors, and the Council on Medical Student Education in Pediatrics, CoPS is sponsoring the 2nd Pediatric Educational Excellence Across the Continuum Conference (PEEAC). This state-of-the-art educational conference will be held September 9-10, 2011 in the Washington, DC area. The conference enables educators involved at all levels of pediatric medical education to share novel concepts and effective educational strategies. Among the topics planned are: effective strategies for teaching learners with different learning styles, using technology in teaching, effective and efficient teaching of learners at different levels, teaching performance improvement, team-based learning, the problem learner, providing effective feedback and educational scholarship. A poster session is planned to enable attendees to present educational "works in progress" and obtain feedback from experts in medical education.

Similar to the highly successful first PEEAC conference held in 2009, this conference will be highly relevant to pediatric fellowship program directors and to subspecialists with an interest in teaching. Details regarding the location and hotel accommodations will be available soon. For more information about conference content, please contact Chris Kennedy, MD at ckennedy@cmh.edu. Please also visit the meeting website: www.peeac.org.

CoPS Participates in the Public Policy Council Strategic Planning Meeting

CoPS leadership was invited by the Public Policy Council (PPC) to a strategic planning meeting in June 2010. The PPC was established in 1984 by the American Pediatric Society, Society for Pediatric Research and the Association of Medical School Pediatric Department Chairs to advocate for pediatric research at a national level. Over time, the goals of the PPC have changed, leading to a broadening of scope. This conference was convened by the American Academy of Pediatrics to discuss the possibility of future collaborative efforts to unite our efforts at the federal level. Also present at the meeting were representatives from the Academic Pediatric Association, Association of Pediatric Program Directors, the Federation of Pediatric Organizations, and the American Academy of Pediatrics. While the final structure of this coalition remains to be determined, the organizations are clearly dedicated to advancing the issues of children's health care for patients, families, and providers - including the issues unique to the pediatric subspecialties.

ABP Foundation Holds Conference on Subspecialty Clinical Training and Certification

An Invitational Conference on Subspecialty Clinical Training and Certification, sponsored by the American Board of Pediatrics (ABP) Foundation, was held on July 28-29, 2010, in Durham, NC. Invitations were issued to a wide range of stakeholders with an interest in subspecialty graduate medical education and a large number of CoPS representatives were in attendance. The objective of the conference was to discuss the expectations for clinical training across the various subspecialties and to identify any concerns that may exist regarding the current model of subspecialty fellowship training.

Several themes emerged from the discussions. First, there was a general sense that the "one size" training of three years for all subspecialties in which the ABP offers a Certificate of Special Qualifications required re-evaluation. Second, there was discussion about how individual subspecialties should best determine the core professional activities and competencies (clinical, scholarly, and procedural) of its discipline and what should be expected upon completion of training. Third, there was a strong belief that scholarship was important in subspecialty training and that fellows must be taught to be critical thinkers and to utilize practice evidence-based medicine. Fourth, there has been concern that there is not sufficient flexibility in residency and fellowship training. However, many subspecialties already have flexibility for both scholarly activity and clinical training but do not appear to be taking advantage of the opportunities. At its subsequent annual meeting, the ABP Board of Directors endorsed the formation of a task force to further evaluate these issues. CoPS leadership will continue to be involved with these processes.

Upcoming Meetings For Fellowship Directors and Fellows

APPD Forum for Fellowship Directors ~ April 29, 2011, Denver, CO

Don't miss the APPD Forum for Fellowship Directors in Denver! In addition to course offerings at the APPD 2011 Annual Meeting in Miami (March 31 - April 3), subspecialty directors are invited to attend the All-Day, intensive Forum for Fellowship Directors, scheduled for Friday, April 29, just prior to the PAS Meeting in Denver. Highlights include valuable morning updates from other national organizations (ABP, ACGME, NRMP, and CoPS), followed by three essential workshops (and more).

For more information visit:

<http://www.appd.org/meetings/PDF/2011ForumFellowshipsPrelimProg.pdf>

APPD/PAS Session for Fellows ~ April 29, 2011, Denver, CO

The APPD and the PAS will sponsor a special program at the PAS Meeting in Denver on Friday afternoon and evening, April 29. This special program will be for fellows only and in addition to the learning experience it will provide a unique opportunity to network with other fellows and to get oriented to the PAS meeting. Three 1 ½ hour sessions that meet the core curriculum requirements for fellows of any subspecialty (certificates will be given) followed by dinner.

For more information visit:

<http://www.appd.org/meetings/PDF/FellowsProgramPASFlyer.pdf>

2011 Pediatric Subspecialty Certifying Examination Dates

GENERAL PEDIATRICS EXAMINATION:

Examination Date: October 10, 2011

Registration for first-time applicants: December 2, 2010 through May 5, 2011

Registration for re-registrants: February 15, 2011 through May 26, 2011

SUBSPECIALTY EXAMINATIONS:

Sleep Medicine

Examination Date: November 10, 2011

Child Abuse Pediatrics

Examination Date: November 14, 2011

Pediatric Gastroenterology

Examination Date: November 15, 2011

Pediatric Infectious Diseases

Examination Date: November 16, 2011

Pediatric Endocrinology

Examination Date: November 17, 2011

Registration for first-time applicants

February 1, 2011 through May 2, 2011

Registration for re-registrants

March 15, 2011 through June 15, 2011

For more information about dates and fees for the subspecialties, click [here](#).

2011 Certifying Examination Dates of the American Board of Psychiatry and Neurology

Click [here](#) for the examination dates for **Child Neurology and Child Psychiatry**