

# Update and Controversies in Fellowship Training for Chairs

Viewpoints from the  
Council of Pediatric Subspecialties  
(CoPS)



# CoPS: The First Five Years

SPECIAL ARTICLE

## Council of Pediatric Subspecialties (CoPS): The First Five Years

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### KEY WORDS

CoPS, Council of Pediatric Subspecialties, pediatrics, pediatric subspecialties

### ABBREVIATIONS

AAP—American Academy of Pediatrics  
ABP—American Board of Pediatrics  
ACGME—Accreditation Council of Graduate Medical Education  
AMSPDC—Association of Medical School Pediatric Department Chairs  
APPD—Association of Pediatric Program Directors  
CoPS—Council of Pediatric Subspecialties  
ERAS—Electronic Residency Application Service  
IDM—Institute of Medicine

[www.pediatrics.org/cgi/doi/10.1542/peds.2011-2979](http://www.pediatrics.org/cgi/doi/10.1542/peds.2011-2979)

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## abstract

The Council of Pediatric Subspecialties (CoPS) was founded in September 2006 largely due to concerns about the nonuniformity of the fellowship application process. Working with the pediatric subspecialty community, CoPS has been successful in promoting a uniform process with many more pediatric fellowship programs now using a matching program and the Electronic Residency Application Service. More important, the organization has created a bidirectional network of communication among the pediatric subspecialties and has used this to accomplish a great deal more than improving the entry of residents into subspecialty training. CoPS has provided a united voice for the subspecialties in response to the Institute of Medicine's Duty Hours report, participated in the development of educational conferences geared toward the subspecialist, promoted careers in the subspecialties, and worked with other pediatric organizations to advocate for improved health care for children. This article highlights CoPS' many achievements and describes the methods it used to accomplish them, illustrating how pediatric subspecialists can develop a communication network and use this to work together to achieve common goals. *Pediatrics* 2012;130:335–341



AMSPDC Webinar

# Goal-Simplify the application process

- Create a common match process
- Encourage utilization of a common application



# CoPS approach



- Created Task Force
- Raised awareness of the available process and benefits (NRMP and ERAS)
- Conducted paired surveys of trainees and programs
- Negotiated dates that worked
- Built consensus



# Match process



- Now nearly all subspecialties use a match and ERAS
- Focus currently on a common match date



# Common Match Date/Process

- Initially disparate dates and very confusing, 22 different dates
- Now two common dates/times of the year
  - PSFM
  - PSSM
    - Heme-Onc and Cardiology
- CoPS advocating for single match date in Fall



# Moving to the Fall



- With SOMSRFT, surveyed residents entering fellowship to solicit trainee preference  
Over 1110 respondents
- Moved the PSFM to a later date
- Obtained formal APPD support for moving to the fall



# Challenges remaining for one match date?

- Discuss with constituencies the remaining issues for spring match?

Cardiology and Heme/Onc

- Request Pediatric Department Chair support
- CoPS to consider consolidation of subs with stand alone matches



# The Stand Alone Matches- potential alignment?



- |                               |                               |
|-------------------------------|-------------------------------|
| • Academic Generalists        | Starting NRMP this year       |
| • Allergy                     | Joined MSMP                   |
| • Adolescent Medicine         | Applicants from FP/Peds/IM    |
| • Child/Adolescent Psychiatry | Considered Psych Subspecialty |
| • Child Neurology             | Considered Neuro Subspecialty |
| • Dermatology                 | San Francisco Match           |
| • Rehabilitation Medicine     | Stand Alone                   |
| • Sports Medicine             | Combined adult and peds       |



# The SCTC Initiative



Published on *The American Board of Pediatrics* (<https://www.abp.org>)

[HOME](#) > SCTC Final Recommendations Now Available!

## SCTC Final Recommendations Now Available!

Wednesday, July 31, 2013 - 00:00

The American Board of Pediatrics (ABP) is pleased to announce the final recommendations from the Initiative on Subspecialty Clinical Training and Certification (SCTC).

Beginning in 2010, the ABP served as a catalyst to bring members of the pediatrics community together to review subspecialty fellowship training with a focus on competency-based education, clinical performance, and certification. As a result of this attention to competency and assessment, the ABP embarked on an initiative to evaluate the current model of subspecialty fellowship training and recommend changes, if warranted.

[Click here](#) <sup>[1]</sup> to read more about the Final Recommendations from the Initiative on (SCTC).

**Source URL:** <https://www.abp.org/news/sctc-final-recommendations-now-available>

### Links

[1] <https://www.abp.org/sites/abp/files/pdf/finalsctcrecommendations.pdf>





## Pediatric Educational Excellence Across the Continuum (PEEAC)

[Home](#)

[Meeting Objectives](#)

[CME Information](#)

[Schedule](#)

[Meeting Registration and Hotel  
Information](#)

[Program Committee](#)

[Previous Meetings](#)

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Meeting Registration  
Now Open



Pediatric Educational Excellence Across the Continuum (PEEAC)  
September 18-19, 2015  
Westin Peachtree Plaza  
Atlanta, GA

4th Biennial Meeting Sponsored by:  
Academic Pediatric Association;  
Association of Pediatric Program Directors;  
Council on Medical Student Education in Pediatrics;  
Council of Pediatric Subspecialties



Academic Pediatric Association  
(APA)



Association of Pediatric  
Program Directors (APPD)



Council on Medical Student  
Education in Pediatrics (COMSEP)



Council of Pediatric  
Subspecialties (CoPS)

This fourth biennial PEEAC Conference will be a perfect venue for rising educators to gain content expertise, specific teaching skills and valuable networking with like-minded clinicians. Faculty recognized for their teaching expertise from the Academic Pediatric Association (APA), Association of Pediatric Program Directors (APPD), Council on Medical Student Education in Pediatrics (COMSEP) and Council of Pediatric



AMSPDC Webinar

# CoPS Web Site

<http://www.pedsubs.org/about/index.cfm>



*All pediatric subspecialties  
working together for  
optimal child health.*



HISTORY • ORGANIZATIONAL STRUCTURE • MEMBER ORGANIZATIONS • PRESENTATIONS

ABOUT CoPS

CoPS MEETINGS

CoPS REPRESENTATIVES

ACTION TEAMS

ISSUES AND TOPICS

NEWSLETTERS/UPDATES

SUBSPECIALTY DESCRIPTIONS

**MISSION**  
The Council of Pediatric Subspecialties advances child health through communication and collaboration within its network of pediatric subspecialties and liaison organizations.

**VISION**  
All pediatric subspecialties working together for optimal child health.

**VALUES**  
As an organization, we embrace:

- Collaboration
- Responsiveness
- Diversity
- Transparency

**RECENT NEWS**

[CoPS November 2015 Update of Activities](#)

[CoPS July 2015 Update of Activities](#)

[Support Letter for the Ensuring Children's Access to Specialty Care Act](#)



```
graph TD; Network --> Expertise; Expertise --> Workforce; Workforce --> CoPS; CoPS --> Network;
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# Subspecialty Descriptions



All pediatric subspecialties  
working together for  
optimal child health.



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CoPS  
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PEDIATRIC SUBSPECIALTIES DESCRIPTIONS

**Pediatric Subspecialties**

- › [Academic Generalist](#)
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- › [Rheumatology](#)

**DESCRIPTIONS OF PEDIATRIC SUBSPECIALTIES**

These pages provide brief descriptions of what a career in one of these pediatric subspecialties involves. Each narrative was developed by representatives from the respective subspecialty and there are links on each page to provide additional information. The [ACGME](#), [National Resident Matching Program \(NRMP\)](#) and [San Francisco Match](#) websites also serve as valuable resources. Interested individuals are highly encouraged to contact their advisor, categorical and fellowship program directors and/or faculty at their institution for more information. Two additional items:

**American Board of Pediatrics Special Training Pathways**

In many of the pediatric subspecialties, the duration of training may be altered to allow the individual to enter subspecialty training at an earlier time. Generally, these pathways have been devised to foster development of the physician-scientist. For example, MD/PhD physicians may be interested in the Integrated Research Pathway which allows for 24 months of specified pediatric rotations and 12 months of research to be completed during the 3 year pediatric residency. Others may choose the Accelerated Research Pathway in which there are 2 years of general pediatrics training and 4 years of subspecialty training. For those interested in dual certification (e.g. cardiology and critical care medicine), the total training time usually required to achieve certification in both subspecialties may be able to be reduced. A new pathway, Dual Certification in Pediatric Critical Care Medicine and Anesthesiology was recently approved by both the American Board of Pediatrics and the American Board of Anesthesiology. In addition, individuals trained in medicine and pediatrics who are interested in subspecialty certification by both the American Board of Internal Medicine and the American Board of Pediatrics may be eligible for a 1 year reduction in the total training time. Finally, those who have substantial research accomplishment completed before entering fellowship may wish to petition for subspecialty fasttracking. Guidelines and requirements for these pathways can be found on the [American Board of Pediatrics website](#). Individuals who are interested in special training pathways should begin their planning as early as possible.

**International Medical Graduates**

Many programs have an established track record of training international graduates. However, since there may be funding issues for non-US residents, international medical graduates should contact specific programs for details. Information regarding credit for non-US medical school training and US visa requirements can be found at the [US Department of State Bureau of Consular Affairs](#) and at the [Educational Commission for Foreign Medical Graduates \(ECFMG\) website](#).

Updated 6/24/2013

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# Pulmonary Medicine



ACTION TEAMS

ISSUES AND  
TOPICS

NEWSLETTERS/  
UPDATES

SUBSPECIALTY  
DESCRIPTIONS

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Updated 04/16/2015

## PEDIATRIC PULMONARY MEDICINE

[What does a Pediatric Pulmonologist do?](#)  
[What are the career opportunities?](#)  
[What Board, if any, certifies a Pediatric Pulmonologist?](#)  
[What is the lifestyle of a Pediatric Pulmonologist?](#)  
[What is the compensation of a Pediatric Pulmonologist?](#)  
[How do I become a Pediatric Pulmonologist?](#)  
[Where do I find out about available programs?](#)  
[When do I apply?](#)  
[Why should I choose to become a Pediatric Pulmonologist?](#)

### **What does a Pediatric Pulmonologist do?**

A Pediatric Pulmonologist provides comprehensive evaluation and management for children with respiratory disorders, including chronic/recurrent cough or wheezing, asthma, pneumonia, pleural effusions, apnea, sleep-disordered breathing, hypoventilation syndromes, chronic lung disease, chronic respiratory failure, congenital lung malformations, lung transplantation and interstitial lung disease. Many pulmonologists specialize in the care of patients with cystic fibrosis. Pediatric lung disease specialists may also specialize in sleep medicine. By virtue of training, experience, and curiosity, the pediatric pulmonologist is intimately involved in research, teaching, and public policy. Pediatric pulmonology procedures include flexible fiberoptic bronchoscopy, bronchoalveolar lavage, transbronchial and mucosal biopsies, and interpretation of pulmonary function studies and polysomnograms.

### **What are the career opportunities?**

Currently there are more positions available for Pediatric Pulmonologists than there are Pediatric Pulmonologists. These include jobs in academic institutions, private practices, research institutes, and government and private agencies. Opportunities for leadership roles abound in cystic fibrosis, chronic ventilation, asthma, pulmonary physiology, pulmonary pathology, pulmonary pharmacology and research, and medical engineering industry, to name a few.

### **What Board, if any, certifies a Pediatric Pulmonologist?**

The American Board of Pediatrics offers sub-board certification in Pediatric Pulmonology. The candidate must be board certified in Pediatrics to qualify for certification in Pediatric Pulmonology, and, with a few exceptions, complete a three year fellowship in an accredited program.

### **What is the lifestyle of a Pediatric Pulmonologist?**

For those who work within an academic setting, duties are divided between patient care, teaching, research, and administration. The specific allocation of time depends on the interests of the Pediatric Pulmonologist and the needs of the institution. Some pulmonologists maintain a general clinical practice, while others develop a niche in caring for a subset of patients (e.g. patients with cystic fibrosis, chronic respiratory failure, asthma, interstitial lung disease, or sleep-disordered breathing). Because of the chronic nature of many pulmonary disorders, the Pulmonologist has an opportunity to develop longstanding relationships with



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# Subspecialty Descriptions

- What does a Pediatric Pulmonologist do?
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- Why should I choose to become a Pediatric Pulmonologist?



# CoPS Communication Initiatives



# Journal of Pediatrics

## August 2015



A M S P D C

### NOTES FROM THE ASSOCIATION OF MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS, INC.



## Delaying the Pediatric Fellowship Start Date to Improve Trainee Well-Being

Richard Mink, MD, MACM<sup>1</sup>, Grace Caputo, MD, MPH<sup>2</sup>, Ethan Fried, MD<sup>3</sup>, Dena Hofkosh, MD, MEd<sup>4</sup>,  
Khanh-Van Le-Bucklin, MD<sup>5</sup>, Julia McMillan, MD<sup>6</sup>, Elaine Muchmore, MD<sup>7</sup>, Aurora Pryor, MD<sup>8</sup>, Daniel Vargo, MD<sup>9</sup>,  
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In this issue of *The Journal*, the Council of Pediatric Subspecialties (CoPS) is pleased to make its inaugural contribution to AMSPDC Pages. The work of the CoPS Fellowship Start Date Action Team reported here demonstrates the successful networking capabilities that CoPS has developed. CoPS thanks AMSPDC and *The Journal* for this opportunity.

—Rob Spicer for CoPS

Graduating pediatric residents in the US are under contract until June 30 and may be assigned patient care duties up until then. However, those entering fellowship are usually expected to begin their training on July 1. In addition, many are required to attend orientation before June 30 or must relocate to another city. These factors can cause considerable distress for trainees. To minimize their effect, categorical program directors (PDs) have used diverse methods with varying success.<sup>1</sup>

In November 2013, the Council of Pediatric Subspecialties (CoPS) convened an Action Team to examine the current start date for fellowships and to make recommendations on how the transition could be improved. The group included individuals representing PD and fellowship PD (FPD) organizations from multiple specialties as well as Designated

were divided between July 7 and 15 as their preferred start date (**Figure**).

The FPD survey was conducted by CoPS in August 2014 with 495 individuals responding (response rate 56%). Fifty percent did not believe there was a problem with the current July 1 start date and most (67%) were unaware that the APPD had released a statement about this. Thirty-three percent of FPDs indicated that fellows were required to attend orientation before June 30. There was no preference for one particular start date (**Figure**). However, after the resident data were provided and the survey question repeated, the number of FPDs selecting July 1 decreased by 38% and July 7 became the favored date (**Figure**). The Action Team made the below recommendations that were accepted by CoPS.



AMSPDC Webinar

# Journal of Pediatrics

## ? Spring 2016



A M S P D C

### NOTES FROM THE ASSOCIATION OF MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS, INC.



## Delaying the Pediatric Fellowship Start Date to Improve Trainee Well-Being

Rich  
Khanh-Van

### Achieving A Common Match Date

In this issue of **SOMSRFT, CoPS, et al**

AMSPDC Pages. The work of the CoPS fellowship start date action team reported here demonstrates the successful networking capabilities that CoPS has developed. CoPS thanks AMSPDC and *The Journal* for this opportunity.

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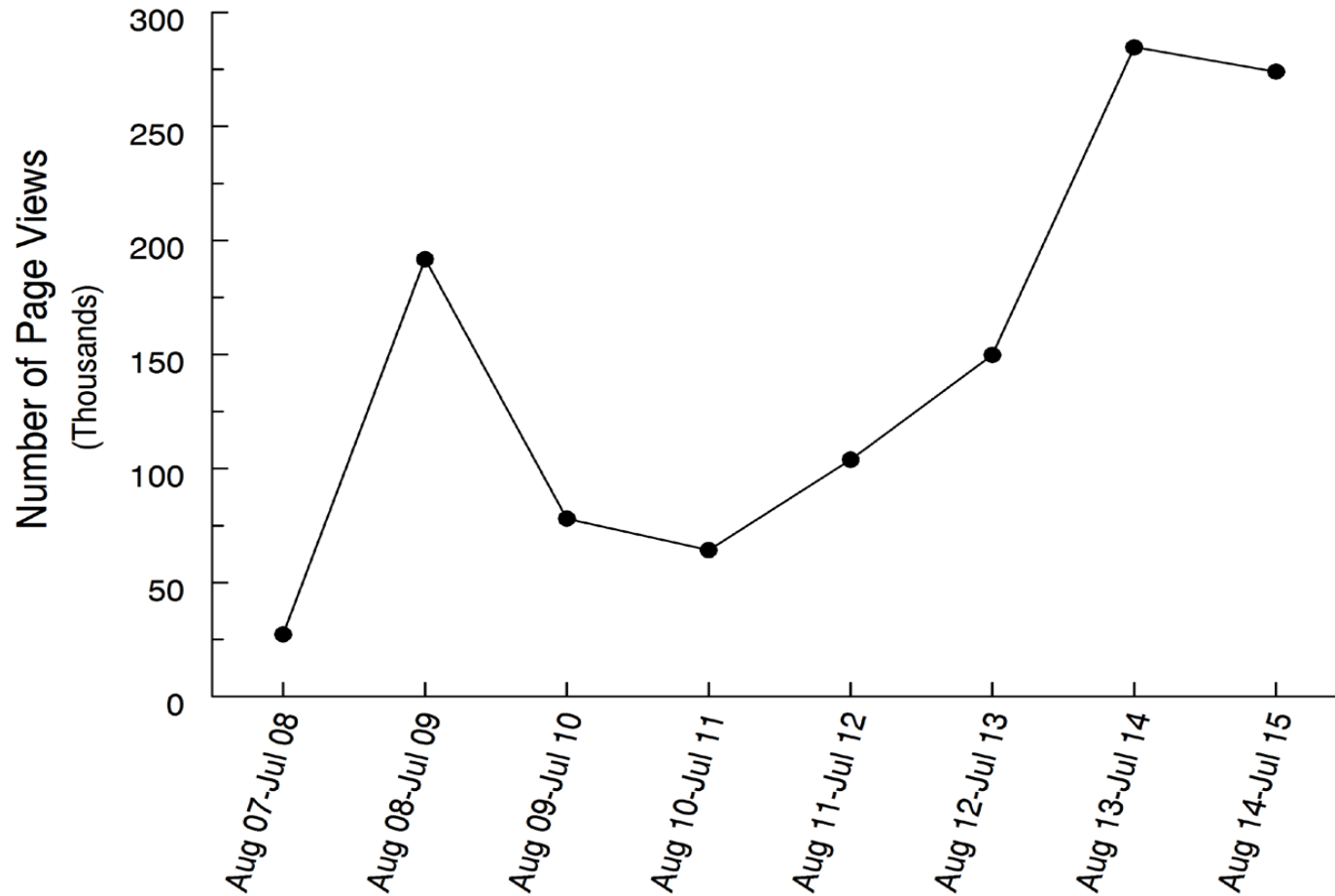
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A  
M  
S



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# CoPS Website



# CoPS Website Activity



- Total page views: 274,052  
decrease/1yr; 86% increase/2yrs
- Average number of views per day:  
751
  - 780 in 2014; 453 in 2013
- Subspecialty descriptions Page  
views: 165,188 (average 452/day)
- Most frequent hits: Neonatology,  
Hematology-Oncology, Cardiology



# Communications Initiatives

- Improve communication to/from CoPS membership
  - Newsletter Updates
  - Listserv Issues of Interest
- Create advising/mentoring and career-development resources for trainees



# Communications Initiatives

- Website upgrading
- Update subspecialty descriptions & links
  - Add photos
  - Continuing to Market (e.g. COMSEP, SOMSRFT)
- **Launch additional webinars**
- Re-evaluate Social Networking
- Mobile App
- Add team members



# Fellowship Start Date



# Charge of the Start Date Action Team

**In November 2013, the Council of Pediatric Subspecialties (CoPS) convened an Action Team (AT) to examine the current start date for fellowships and to make recommendations as to how the transition from residency to fellowship training could be improved.**



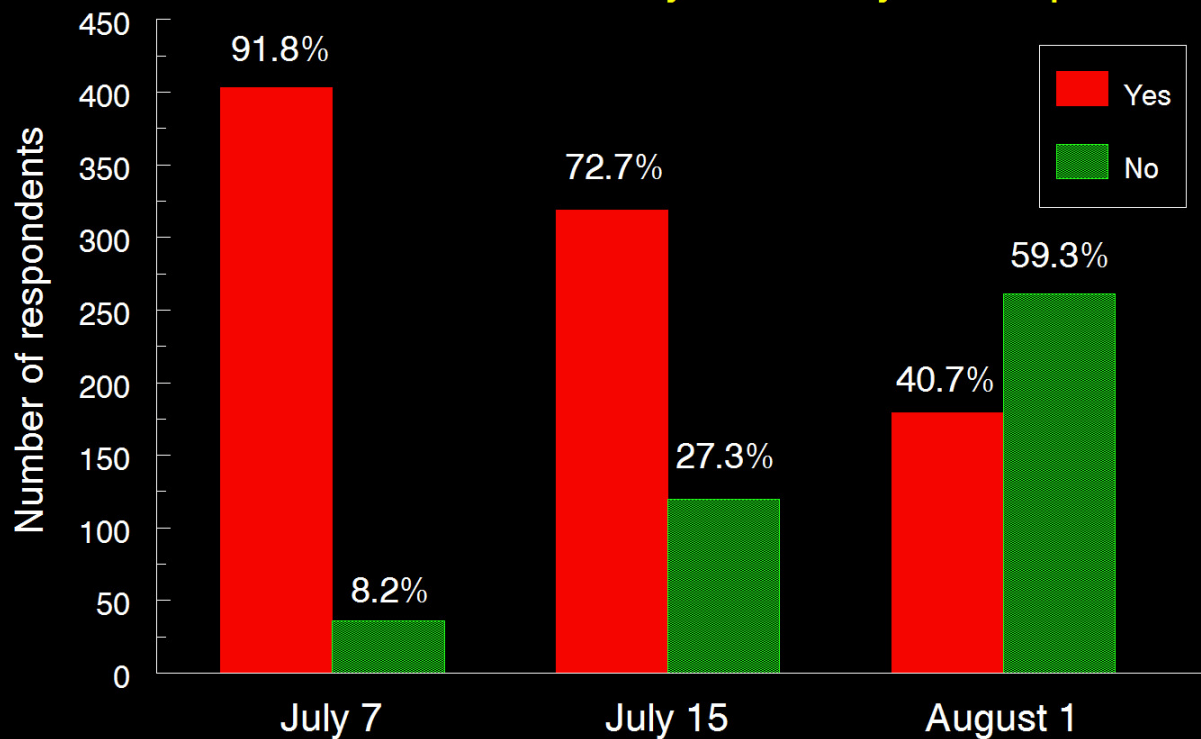
# Current Members of Action Team

- **Pediatrics**
  - Association of Ped PDs
  - Council of Ped Subspecialties
- **Internal Medicine**
  - Alliance for Academic IM
- **Surgery**
  - Association of PDs in Surgery
  - Fellowship Council
- **DIOs**
- **Ob/Gyn**
  - Committee on Resident Education in Ob/Gyn
- **Organization of PD Associations**
- **Associations of American Medical Colleges**
  - Group on Resident Affairs
  - Chief Health Care Office
- **Association for Hospital Medical Education**
- **Alliance for Independent Academic Medical Centers**



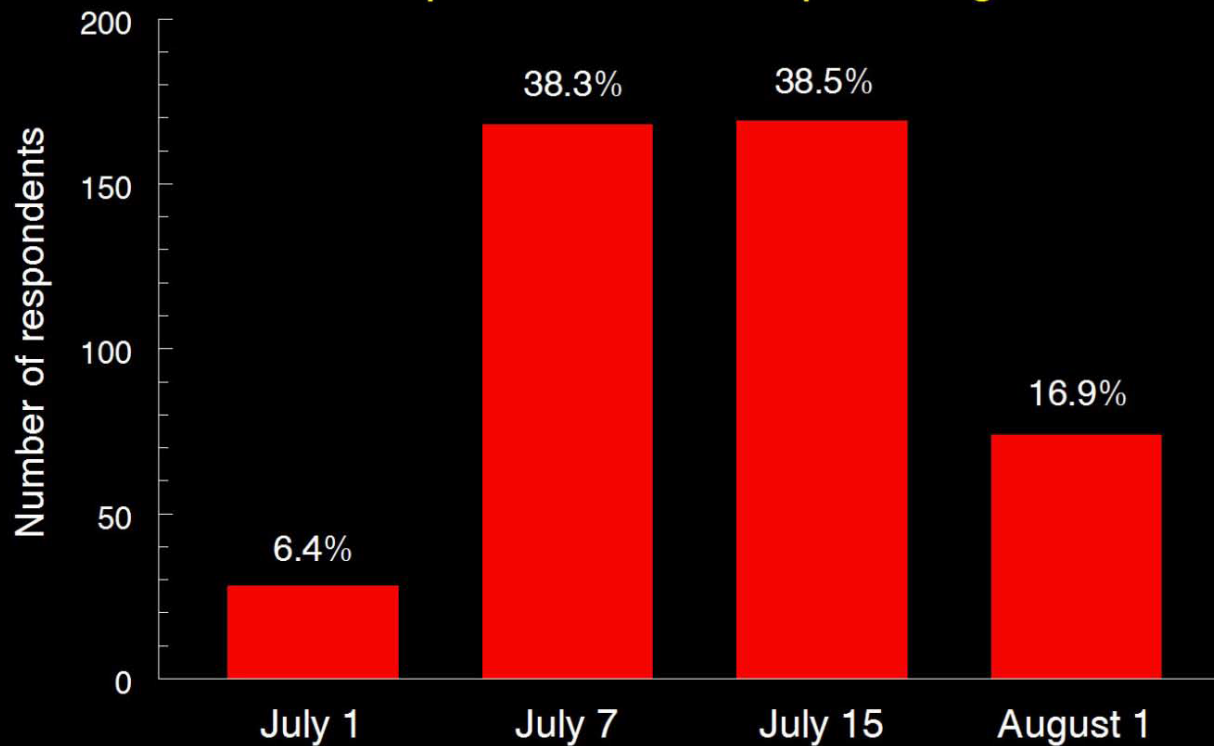
# Survey of Residents Entering Fellowship

If the pediatric fellowship start date were delayed until "X," would a gap in income for this period be acceptable to allow for the increased flexibility this delay would provide?



# Survey of Resident Entering Fellowship


Considering what would be ideal (and not what is currently done), which of the following would be your preferred start date for pediatric fellowship training?




# Update of Activities of FSD AT

- Continue to have monthly calls
- Pediatric recommendations published

## ➤ *J Pediatr Aug 2015*



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—Rob Spicer for CoPS

## ➤ Effective 2017 appointment year



# Update of Activities



- OPDA
  - Issued statement supporting start date of July 7 or later
- Internal Medicine
  - Planning survey
- Ob/GYN
  - Agreed to July 7 start date
- Surgery
  - Start date Aug 1 effective this year



# Developing Milestones for The Scholarship Entrustable Professional Activity



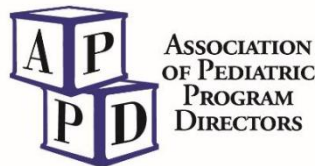
# Scholarship EPA



- Engage in scholarly activities through discovery, application, and dissemination of new knowledge (broadly defined)
- Milestones not written for scholarship
- No competencies/milestones related to “discovery?”
- CoPS providing feedback to working group



# Assessing the Association between EPAs, Competencies and Milestones in the Pediatric Subspecialties



# Collaborative Study



- **APPD Fellowship Executive Committee**
  - Co-leader: Bruce Herman, MD
- **CoPS**
  - Co-leader: Richard Mink, MD, MACM
- **ABP**
  - Carol Carraccio, MD
- **APPD LEARN**
  - Alan Schwartz, PhD



# Hypothesis



Milestones will be a valuable method with which to determine level of entrustment for the pediatric subspecialty EPAs



# Study Information

- Linked subspecialty networks
- Collected EPA (CCC and PD) and Milestone (CCC) data from fall 2014 and spring 2015 reporting periods



# Study Progress



- Over 200 subspecialty programs participated
  - All ABP-certified subspecialties
- Data from over 1000 fellows
- Abstracts submissions
  - APPD (2 poster, 1 oral)
  - ACGME (1 poster, 1 oral)
  - PAS (2 submitted)



# Creation of a Pediatric Subspecialty Medical Education Research Network

*S*ubspecialty *P*ediatrics *I*nvestigators *N*etwork



# Fellowship Readiness in Pediatric Residents – Are Residents Really Prepared?

Debra Boyer, Mel Heyman, Christine Barron,  
Michael Brook, Suzanne Lavoie,  
Adam Rosenberg, Rich Mink

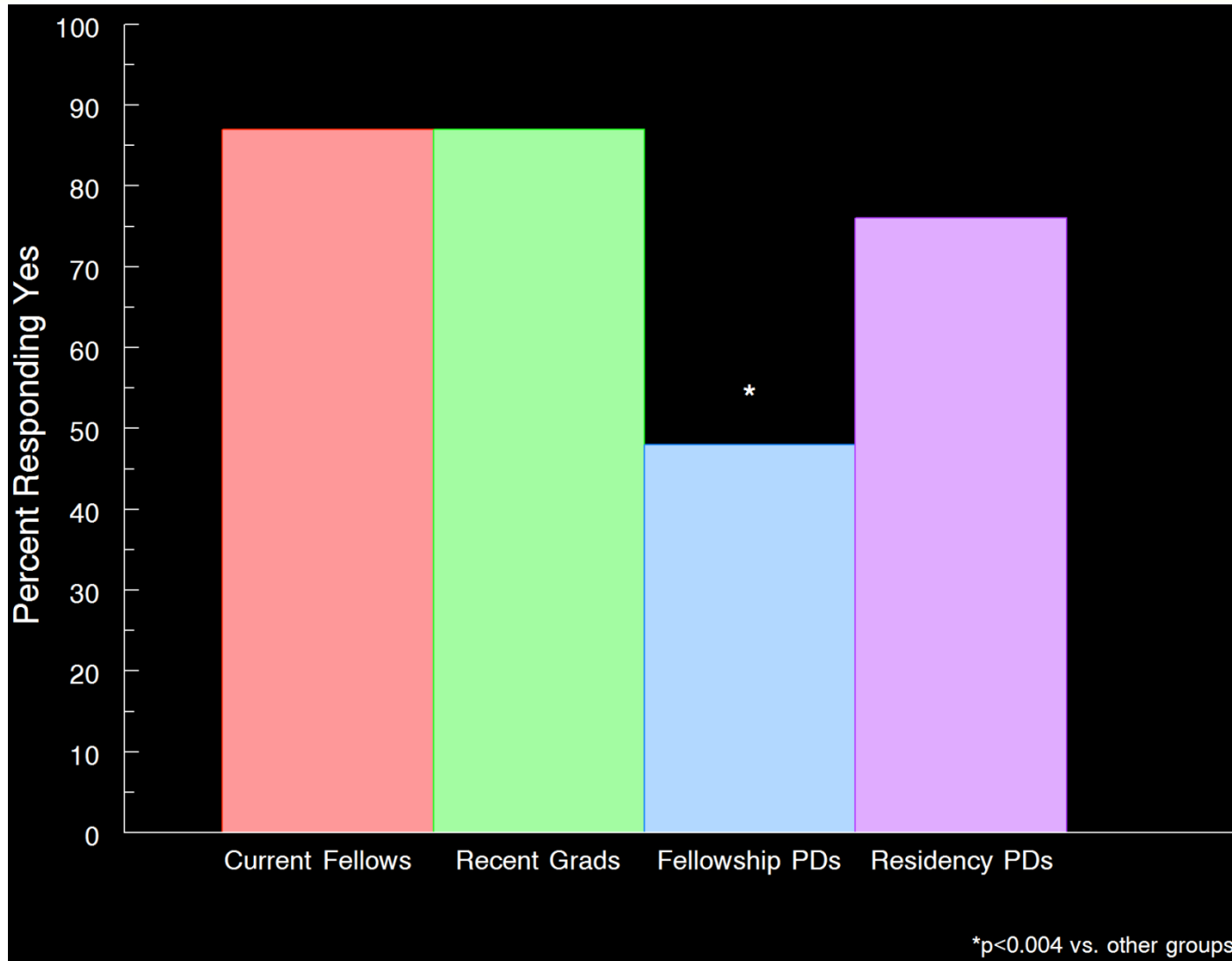


# Charge to CoPS/APPD Action Team

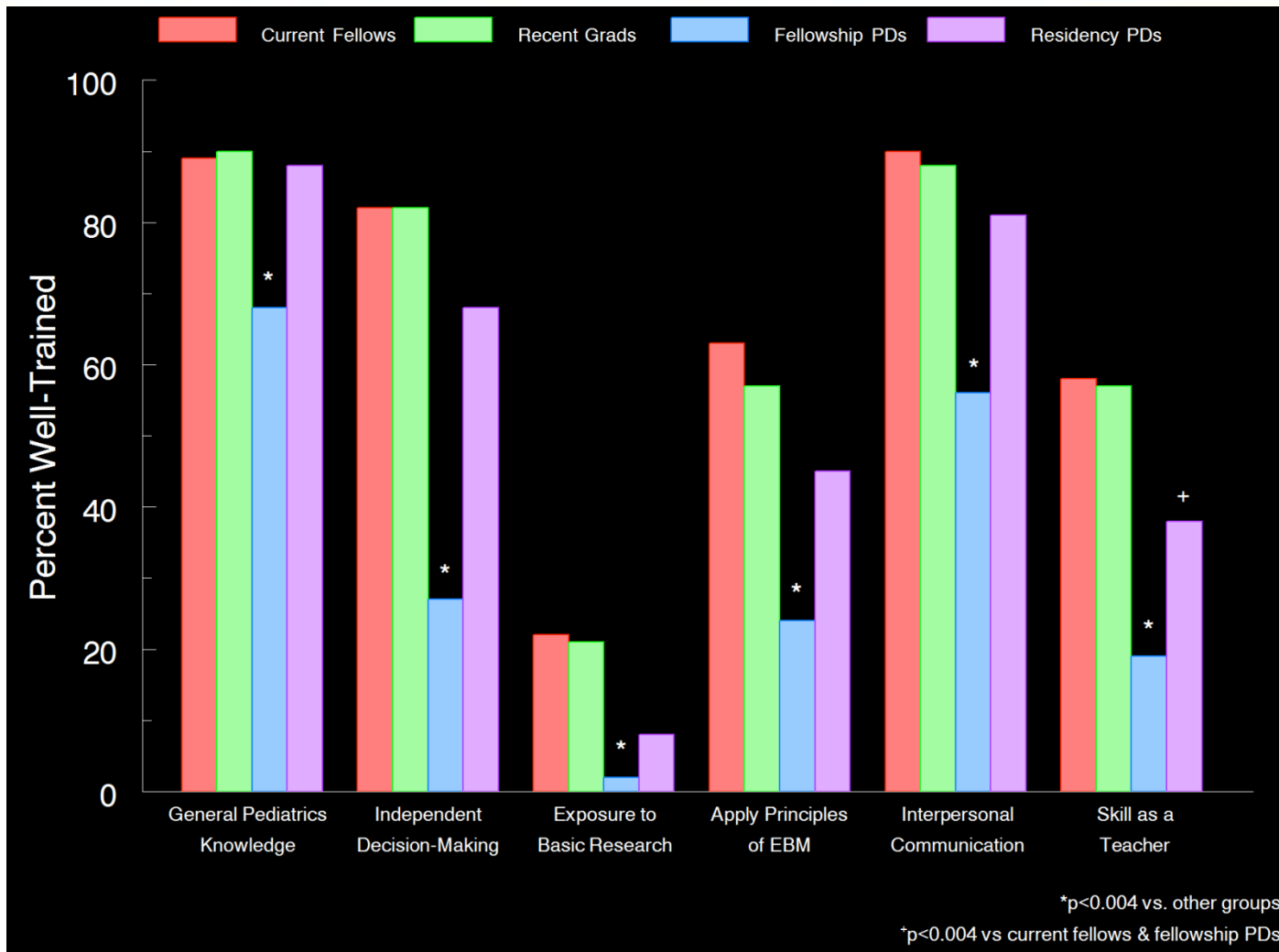
- Determine qualifications that make a resident better prepared to enter a fellowship
- Suggest a career-focused curriculum to be used by categorical PD



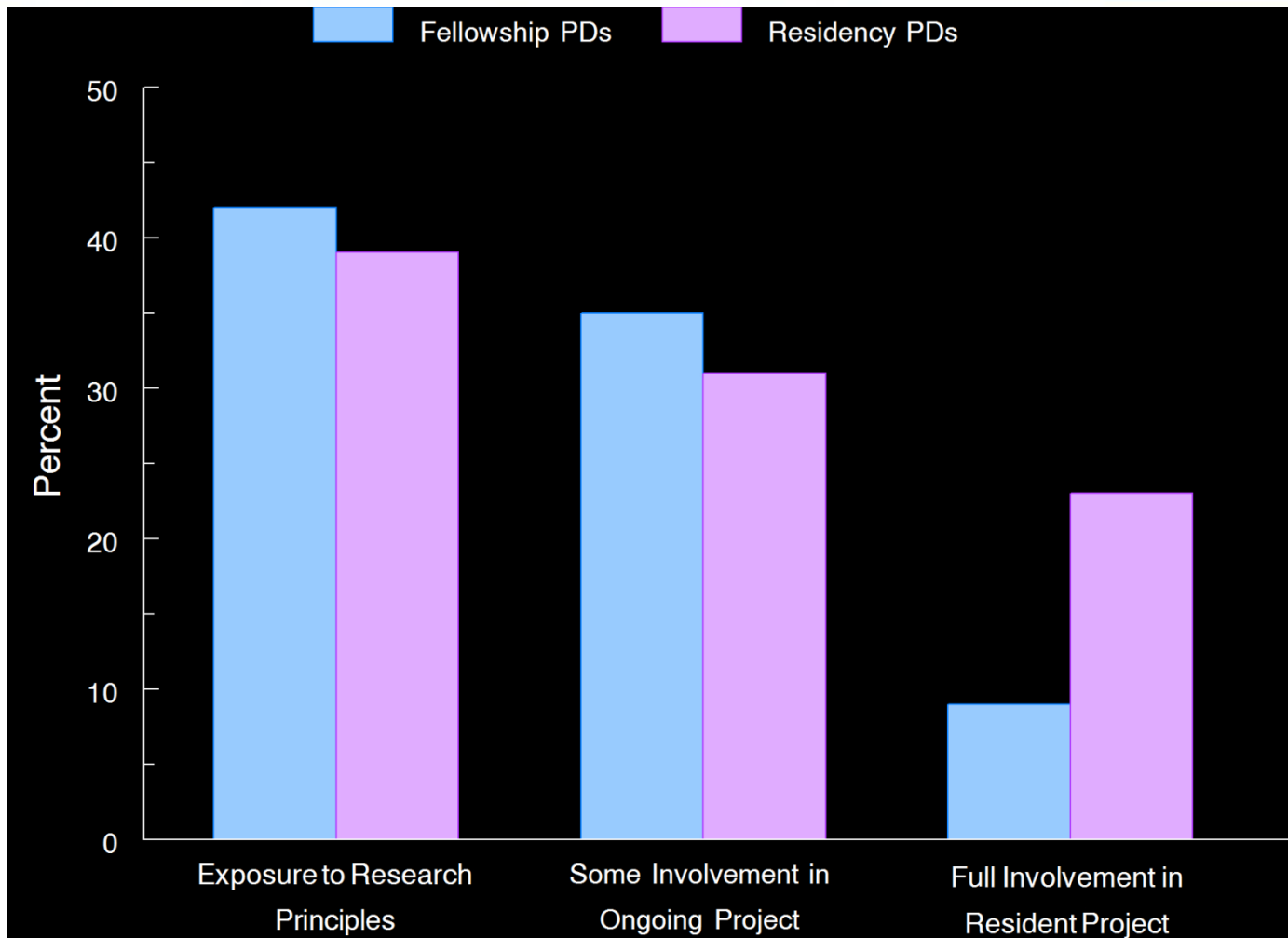
# Are Residents Prepared for Fellowship?



# New fellows are well trained in...



# How much research experience should incoming fellows have?



# Recommendations

1. Train competent general pediatricians
2. Exposure to Basic Research Methodology
3. Specialty specific knowledge/procedural skills not essential
4. Improved mentorship
5. Greater training in teaching
6. Increased supervisory training
7. Teach self-directed learning skills



# Final Thoughts: CoPS Agenda 2016 and beyond



# Final Thoughts - Workforce

- An issue of import discussed and tabled
- Recent Match results prompted more questions & need for action
- Major agenda item at CoPS fall meeting



# Workforce



## What role might CoPS best serve in addressing the issues of *workforce*?

- Bring the topic up (**awareness**)
- Create subspecialty and **institutional** knowledge (**data**)
- Advocate for increase **GME** funding tied to population needs rather than financial health of the parent institution. Very few fellowship slots are funded by hospital GME. Is this true in other specialties?
- Is **GME** equitably distributed between adult and child services?
- Advocate for **loan repayment** for subspecialty training, especially for the most needed subs



# Workforce



What role might CoPS best serve in addressing the issues of *workforce*?

- Define the requirements in each fields relative to patient populations
- Working for incentives for undeserved
- Educational webinars
- **Involve subspecialty section chiefs and department chairs (collaboration)**
- Educating & providing distance support to primary care providers in places with limited subspecialists





## What role might CoPS best service in addressing the issues of *workforce*?

- Common match date and delayed start date may be helpful
- Creation of a **model** for **part-time academic faculty**
- This is a critical issue and CoPS should be involved (**involvement**)
- Spearheading recommendations (**lead**)
- Compile **data** on number of fellows & available positions
- Create projections of the numbers of fellows needed (**model**)
- Gather **data** from specialty organizations and **academic institutions**



# Workforce



What role might CoPS best service in addressing the issues of *workforce*?

- Provide online resources for pipeliners (salaries, job availability, etc.)
- Develop strategies to “incentivize” fellowship training in underserved specialties
- Provide resources for recruitment
- Involve all stakeholders in the development of an action plan
- Create Action Team



# Workforce Action Team

## possible directions

Pediatric Subspecialties struggle with issues of workforce in many regards, with some subspecialties oversubscribed and others undersubscribed.

- Define the stakeholders
- Assess recruitment
- Evaluate the impact of duty hour restrictions
- Examine fellowship funding structure
- Address differences in workforce issues among pediatric subspecialties



# Final Thoughts – Global Health

THE AMERICAN BOARD *of* PEDIATRICS  
**FOUNDATION**

## Global Health Task Force Work Groups

### Overview

Following the October 2015 Pediatric Global Health Leadership Conference, co-hosted by the American Academy of Pediatrics (AAP) and the American Board of Pediatric Foundation (ABPF), the Global Health Task Force (GHTF) received approval to create 6 working groups in 2016. These working groups, each made up of 7-8 volunteers and led by a member of the GHTF, will focus their efforts respectively on global health in 1) academics, 2) dissemination and advocacy, 3) partnership, 4) practitioners, 5) publication, and 6) trainees.

### Time Commitment

We expect that each group will meet once per month via conference call, with individual work between calls.

### Goals/Objectives

The goals and objectives of each working group are outlined on the following page.

### Volunteer/Nominate

If you are interested in volunteering for one of the groups, you will be given an opportunity to rank your top 3 choices for working groups and provide your contact information. If you believe that one of your colleagues would be better suited to fill this role you will be given an opportunity to provide their information.

*Thank you in advance for your consideration of this work.*

*-Global Health Task Force*



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**AMSPDC Webinar**

# Final Thoughts - MOC

CoPS has been invited to participate in a gathering sponsored by the 7 organizations of FOPD regarding MOC.

The goal of the discussions will be to **clarify the issues around MOC** and to determine whether a **common set of principles** can be **created** and then **shared** with the pediatric community.

Spicer & Heyman will represent CoPS and participate in the "open discussion" portion of the meeting to be held in DC on February the 4<sup>th</sup>.



CoPS thanks AMSPDC for the opportunity to participate in today's webinar and for the Chairs' staunch support of CoPS over the past decade.

