

Council of Pediatric Subspecialties (CoPS)
July 11, 2006, 10am eastern
Conference Call Minutes

AGENDA

- 1) Welcome (Dick Behrman)
- 2) Update on activities/sponsorship; why having call; review agenda (Ted Sectish)
- 3) Working Principles (Bill Schnaper)
- 4) Agenda for September 19 meeting; future chair (Bruder Stapleton)

1) **Welcome/Roll Call:** Present on call: Drs. Behrman, Sectish, Schnaper, Stapleton, Abshire, Bennett, Berkelhamer, Coury, Dworkin, Feig, Gleason, Martin, McGregor, Oberfield, Perelman, Rogol, Shafer, Wassner, Widness; and Ms. Degnon. (Others that joined the call and are not listed here, please let Laura know)

2) **Update on activities:** Since the May meeting we've had APPD and AMSPDC agree to jointly sponsor this Council, each contributing \$25K in the first year to facilitate the formation of the Council and allow activities to take place during the first year. The purpose of today's call is to discuss what we plan to do in September, look at the working principles' document and validate this is how we're moving forward. There will still be costs for individuals to attend the meetings and support their own travel.

2) **Working Principles:** The reason for going over this now is to have consensus among the group so we can move forward. This document will be modified and worked on further when we meet in Washington in September.

***Mission:** To provide a forum for communication among the pediatric subspecialties and subspecialists; and to serve as a means for pediatric subspecialists to speak with a common voice and coherent program with other organizations.*

There was discussion as to whether or not the title should include "subspecialists" or "subspecialties" and also whether or not the word "academic" should be listed in the title somewhere. For now it was agreed that we would leave it as subspecialties and not include the word academic, reason being that CoPS is being organized around professional societies and should be left open.

***Function:** A Council representative of subspecialists will consider issues raised by the subspecialties or brought to the Council by other organizations. It will set priorities for responses and, where appropriate, appoint and empower task forces to address these issues.*

***Membership:** Membership on Council consists of 2 members from each of the ABP-boarded pediatric subspecialties, plus allergy-immunology, neurology, dermatology, genetics, child abuse, general academic pediatrics and other future members as determined by the Council. In addition, there should be one liaison member of AAP, ABP, PAS, the Executive Director of FOPO and two liaison members of AMSPDC and APPD.*

Other potential affiliated subspecialties may be included as determined by Council

The pediatric academic chairs in Canada have expressed interest in being involved in CoPS. There was agreement that there is a lot of activity within the subspecialty community international and this would be useful. We will revisit this issue again in September.

There was a request that the AAP also have two representatives and after much discussion it was agreed that the membership structure would be finalized in September.

Meetings: Likely twice a year with other pediatric meetings, perhaps once in the spring and once in the fall, as determined by the Council. Most other business will be conducted electronically or by telephone. Selected Council members will serve as liaisons with other groups at their meetings.

There was discussion regarding the timing of the fall and spring meetings. It was agreed that Council members would decide when and where the meetings would take place each year. The deciding factors may be a result of hot issues arise and what group it may make most sense to meeting with, and whether or not an independent meeting makes most sense.

Potential issues: Subspecialty training approaches and regulation; clinical care; career development; quality of life; communication; and others such as reimbursement, research funding, public policy, etc.

Initial issue to address: Training and others TBD.

There was an agreement that training issues are paramount. People should continue to think about potential issues Council should begin addressing. It was suggested that people email Laura items they wish to add to the list.

The question was raised regarding the overlap between CoPS and a working group by the ABP. It was noted that the ABP committee of subspecialties is looking at how to define Part IV of the Maintenance of Certification. There is an Advisory Board closely aligned with the AAP because of eQUIPP; there are some other learning collaborations i.e. assessing their practice and getting involved in quality improvement.

3) Agenda for September 19 meeting; future chair

The goal is to make it possible for people to come in and out the same day so we will most likely start at 9am and finish at 4pm. The meeting will be in the Washington, DC area - more specific information will be emailed out in the coming weeks.

The tentative agenda for the September meeting is as follows:

- | | |
|------------|--|
| 9am-12noon | Discuss the organizational structure of CoPS. A formal name should be decided upon, as well as the mission, membership, governance (i.e. Chairs/Officers). There will also need to be discussion about whether or not this will be its own organization, a section of one or two societies, etc. |
| 1-2pm | Lunch |
| 2-4pm | Discuss issues CoPS would like to address in the first 6 months and create Task Forces. We may identify 2-3 issues (i.e. timing of fellowship offer dates) and the Task Force will be charged with bringing a proposal to the spring meeting. Other issues raised on the call that people would like to see discussed in September include: The question about a website being developed and how CoPS will primarily communicate; Core competencies for program directors; Evaluation and the lack of validated tools available. |

Misc. Discussion

There was discussion regarding the dynamics of CoPS and how decisions will be made. It was suggested that each of the representatives on CoPS continue to keep their societies/sections/subboard aware of the progress being made w/in CoPS to ensure there is approval across subspecialties with regards to what CoPS is and isn't doing.

It was suggested that people ask their societies what it is they would like to see CoPS do and what issues they'd like to see CoPS address.

A question for discussion in September is whether or not CoPS will be a policy-driven group that creates policy that is then approved by the various societies.