

## SUMMARY OF COPS MEETING OCTOBER 2, 2007

1. Vicky Norwood provided an executive summary of some of the accomplishments of CoPS over the past year. These include development of by-laws, a web page, setting prioritization of projects, and task forces on core curriculum and fellowship recruitment and matching program. There was discussion about the importance of a “super” director-coordinator at each center for the oversight of fellow education and as a point person for communications. *Please see the Executive Update presentation.*
2. There was considerable discussion about a common match and the data derived from the recent survey of fellows. This is the work of the CoPS Application Task Force. The majority was in favor of ERAS and a match. ERAS reps (Rene Overton and Nancy Ortiz) and NRMP (Mona Signer and Peggy Geigher) reps were present to help with questions about their respective programs. The conclusions of the group were that it was probably too late for those subspecialties not already signed up for ERAS to do so by Nov. 1, which is the beginning of the next cycle. However, the group was in favor of using ERAS and NRMP, but felt that this was something that needed to be decided on an individual subspecialty basis rather than by CoPS. We also received an update from the Core Curriculum Task Force. *Please see the Application Task Force presentation and the Core Curriculum Task Force.*
3. Next important steps for CoPS to pursue were suggested and breakout groups were organized. These included: communication, fellow financial/ reimbursement/ lifestyle issues, advocacy (esp. with government) and relationships with other societies and regulatory bodies. The intent is that these morph into task forces that will eventually deliver recommendations. Below are notes from the break-out groups.

### **Pipeline / Reimbursement** (Christopher Harris)

- Stipend / Debt
- Length of training
- Timing
- Diversity / Millennial
- Scholarly activity
- Faculty support and modeling
- Work/life management
- Flexibility

### **Communication** (Richard Mink)

Communication: can be with other major Pediatric organizations or with members of subspecialty. Task force will focus on communication with members of subspecialty.

### **Subspecialties relate to several different organizations. To Whom are we communicating?**

- Societies
- Sub-boards (ABP)

- Sections (AAP)
- Fellowship directors' groups

### How deep?

- Membership vs leadership
- Need communications strategy – market CoPS name/brand/value; Clearinghouse
- Need communications process

### Actions

- 1) Do needs assessment/solicit input from CoPS representatives
  - Identify all organizations within a discipline
  - Identify Leadership; can we rely on them to communicate information?
  - How is information currently communicated?
  - Who do we / should we represent?
    - Subspecialties or subspecialists?
  - What is the process to bring issues to CoPS?
- 2) Point out advantages of having an umbrella organization (CoPS marketing) and of CoPS serving as a clearinghouse for some issues
- 3) Consider development of similar models of networking and communication (NODE and HUB strategy)
  - Fellowship director organizations
  - Division chief organizations
  - Leadership of fellowships within institutions

### **Advocacy – 2 Issues** (William Schnaper)

#### Issues

- 1) Reimbursement for services
  - Pay for Performance (P4P) – important to assure that whatever standards that are implemented are both scientifically accurate and reasonable targets to achieve
  - Consumer – directed care – How will this affect access and our ability to provide quality subspecialty care?
- 2) NIH
  - Support for multicenter collaboration
  - Support for NICHD
  - Support individual grants
  - Training / LRP

\*Quality initiatives – improving the quality of care will require support for determining what will improve that quality

\*Access to care/medical home

#### Approaches

\*Training in advocacy (PAS? AAP?)

\*Find out which subspecialty groups have legislative representatives

- \*Ask each subspecialty to designate an advocacy person who can communicate with CoPS for that group
- \*Seek synergies with other pediatric advocacy groups but also maintain a distinctive identity
- \*Help pediatric subspecialty societies learn how to advocate for themselves in the larger, internal medicine-related subspecialty societies
- \*Bill Schnaper will be responsible for initiating some of these approaches through the Council

### **Relationships with regulatory agencies** (Chris Kennedy / Joe Gilhooly)

- 1) ACGME
- 2) ABP
- 3) Federal Government

#### ACGME

- Who are they?
- Why them instead of AAP or ABP?
- How do you get on the RRC?
  - Two way communication
  - Feedback, PIF input a good start
  - CoPS needs to be on Jerry's email list
  - They can come to us, we can go to their meetings (March Educational Conference)
- Top issues
  - Too much paper work
  - Need time for PD work
  - Decreased focus on what is relevant for accreditation
  - Objectivity of their decisions (citations, cycle length)

#### ABP

- Good history of communication
- Ongoing communication needed
  - MOC
  - Length of training

#### Feds

- Child research regulations
- Loan Repayment programs
- Training grants (need more funding)