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
IOM—Institute of Medicine

www.pediatrics.org/cgi/doi/10.1542/peds.2011-2979
doi:10.1542/peds.2011-2979

Accepted for publication Apr 10, 2012

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PEDIATRICS (ISSN Numbers: Print, 0031-4005, Online, 1098-4275).

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**FINANCIAL DISCLOSURE:** The authors have indicated they have no financial relationships relevant to this article to disclose.

**FUNDING:** No external funding.

**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
It has been 5 years since the Council of Pediatric Subspecialties (CoPS) was created. Although the initial issue chosen for improvement was the fellowship application process, the organization also generated a list of issues of common concern at the time of its founding. In its first 5 years of existence, CoPS has accomplished a great deal more than enhancing the fellowship application process. This article highlights CoPS’ many achievements and describes the methods it used to accomplish them, demonstrating how pediatric subspecialists can develop a mechanism to collaborate to achieve common goals. A plan for the future direction of CoPS is also presented.

**THE BEGINNING**

CoPS was officially created on September 19, 2006, in Arlington, Virginia. The group was formed after discussions emerging from the Association of Pediatric Program Directors (APPD), the Pediatric Academic Societies, the American Board of Pediatrics (ABP), the Association of Medical School Pediatric Department Chairs (AMSPDC), and the Federation of Pediatric Organizations made it apparent that there was a critical need to create a subspecialty organization that would address issues across the pediatric subspecialties.

At the inaugural meeting, CoPS developed its mission statement:

> 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.

In this session, vision and values were also established, and the organizational structure and governance of CoPS were delineated. CoPS was initially to comprise representatives from 20 pediatric subspecialties (Table 1) and 6 liaison organizations. Although not meant to be exclusionary, the subspecialties initially chosen were thought to comprise the disciplines primarily involved in the care of infants, children, and adolescents.

Initial financial support was provided by both AMSPDC and APPD. To formalize these relationships, Memoranda of Understanding were created that detailed the responsibilities of CoPS to the supporting organizations. As a part of the agreement, the management company used by the APPD was selected to administer CoPS. Individual subspecialties were expected to support the travel and work expenses of their representatives, and APPD and AMSPDC provided funds to sustain the activities of the organization. For additional details about CoPS’ creation, please see the excellent summary by Sectish et al.¹

Soon thereafter, CoPS created bylaws and an organizational infrastructure to support its activities. A logo was created and a web site was designed (www.pedsubs.org) that included a discussion board, a listing of proposed activities for CoPS generated from the initial meeting, and a detailed description of the responsibilities of subspecialty representatives.

**TABLE 1 Initial Subspecialty Representation to CoPS**

<table>
<thead>
<tr>
<th>Subspecialty</th>
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<td>Academic generalist</td>
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<td>Allergy and immunology</td>
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<td>Infectious diseases</td>
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<td>Neurology</td>
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<td>Pulmonary medicine</td>
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<td>Rheumatology</td>
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**PARTICIPATION OF SUBSPECIALTIES IN CoPS**

CoPS primary challenge was to bring together individual subspecialties to present a unified voice for the pediatric subspecialties. Through continued discussion, particularly at its annual meeting, CoPS has made progress in meeting this goal. Subspecialty attendance and participation in the CoPS annual and strategic planning meetings has shown steady growth and improvement, from an initial representation of 84% in 2006 to a full 100% representation in 2009. Only 1 subspecialty, genetics, has elected to cease participation in CoPS.

In the CoPS model, representatives are acting on behalf of their subspecialty, rather than conveying the specific interests of the individual societies or organizations from which they were appointed. Nonetheless, the representatives are expected to serve as a communication vehicle between CoPS and the subspecialty societies. Irrespective of the number of societies or organizations associated with a subspecialty, each subspecialty is entitled to a maximum of 2 votes. CoPS did not impose a process through which representatives were appointed but allowed each subspecialty to determine its own procedure. Nevertheless, CoPS requested that each subspecialty develop a formal method through which their representatives are chosen, and the majority have done so. Requiring that each subspecialty develop a formal process is 1 of CoPS objectives for the next 5 years.

**STREAMLINING THE FELLOWSHIP APPLICATION PROCESS**

One of CoPS’s first activities related to the fellowship application process. Both the Section on Medical Students, Residents, and Fellowship Trainees of the American Academy of Pediatrics (AAP) and Federation of Pediatric Organizations expressed concerns that
pediatric residents felt pressured to choose a subspecialty too early in their training and that there was no consistent application and selection process for fellowship positions. To examine these issues, a 5-member task force was created by CoPS. In mid-2007, the task force surveyed fellows in 13 subspecialties in which the ABP offered subspecialty certification. More than 1200 trainees responded. Seventy-six percent supported the use of the Electronic Residency Application Service (ERAS), and 62% thought that fellowship programs should use a match, with most preferring a match date in the fall of their final year of residency. In November 2007 and after much discussion with representatives from each subspecialty, the task force recommended that (1) all pediatric subspecialties use ERAS and select the release date (12 or 18 months before the start of fellowship) most appropriate for the subspecialty and (2) all pediatric subspecialties use a match and choose of 1 of 2 match dates, one late in the spring (13 months before start of training) and the other in late fall (7 months before start). Subspecialties not wishing to incorporate these recommendations were asked to delay offering positions to a date coinciding with one of the proposed match dates. These recommendations were distributed to the subspecialty and program director organizations, and CoPS worked with both the National Residency Matching Program and ERAS to encourage subspecialties to adopt them.

Four years later, substantial progress has been made in implementing these recommendations. At the time of CoPS formation in 2006, only 6 of 20 pediatric subspecialties used a match or had committed to do so (Fig 1). No match dates coincided. Only 4 subspecialties used ERAS, and only 2 used both ERAS and a match. As of April 2011, 14 subspecialties were using ERAS. Eight more have joined a match so that 70% of the pediatric subspecialties currently use this process for selecting applicants. Spring and fall match dates have been created with 4 subspecialties using each date. Although all pediatric subspecialties are not yet employing ERAS and a match, CoPS continues to promote dialogue between those subspecialties that have committed to these changes and those that have not. Reasons cited by subspecialties for not using these processes or suggested offer dates include (1) a small pool of applicants making these systems unnecessary for their subspecialty, (2) requiring more time for trainees to obtain a visa and/or medical license before starting fellowship, and (3) the need to apply for funds well in advance of the position being made available. One subspecialty, neonatology, was reluctant to change their October match date to one of the recommended dates, having just obtained the agreement of their program directors to join the match. Importantly, the CoPS network has allowed the “early adopters” to share their experiences with other subspecialties, often providing critical information and firsthand knowledge of experience with these processes. CoPS remains committed to these recommendations and with continued dialogue, it is anticipated that the remaining subspecialties will eventually implement them.

**CREATING A COMMUNICATION NETWORK**

Recognizing the vital importance of a network to communicate with its members, CoPS appointed a communication task force at its first annual meeting in 2007. The task force identified 3 groups with which CoPS needed to communicate: fellowship program directors, leaders of subspecialty societies and associations, and individual subspecialists. Because the fellowship application process was the first issue that CoPS addressed, the task force devoted its initial efforts to develop a communication network with the fellowship program directors.

Several mechanisms were used to generate an e-mail listing of fellowship program directors, because no single organization would provide contact information for all of the fellowship program directors. Through the APPD, a survey was sent to the pediatric categorical program directors to obtain information about their subspecialty training programs. In addition, the ABP
provided a listing of ABP-affiliated fellowship program directors and several subspecialty societies provided additional data. This was supplemented by information obtained directly from the ACGME Web site. The names and e-mails were compiled and verified across the various sources, yielding a list of ~1000 subspecialty program directors. Every 6 months, the list is updated by using data on the ACGME web site.

As a first step in creating a communication network among the various subspecialty societies and organizations and to better understand and identify potential gaps in communication, CoPS surveyed the subspecialty representatives asking them how many societies, sections, or organizations represented their subspecialty. Across the subspecialties, there was considerable variation in the number of societies identified for each subspecialty (Fig 2). For some (eg, infectious diseases), only 1 organization was identified, whereas for others (eg, cardiology), each representative named >4. Of note, representatives of the same subspecialty often disagreed as to the number of societies that represented their subspecialty. For example, pediatric endocrinology representatives cited 3, 4, and >4 organizations as representing pediatric endocrinology. These data highlighted the challenges to develop a communication network with the various subspecialties and the need to examine the communication system within each individual subspecialty. Nonetheless, these data provided CoPS with vital information as it developed a communication network with the leaders of all pediatric subspecialty organizations, allowing it to correspond with the vast majority of pediatric subspecialty societies.

CoPS has continued to work to expand its network with external groups. Relationships with liaison organizations have been strengthened and the Section on Medical Students, Residents, and Fellowship Trainees was invited to join as a liaison group. To enhance its collaborative efforts with nonpediatric groups, in November 2008, CoPS became a member of the ABP Maintenance of Certification requirements specifically for pediatric subspecialists.

Newsletters have not been the sole method used by CoPS to communicate with subspecialists. The CoPS web site has been modified several times to better meet the needs of the subspecialties, and there has been substantial activity on the site. Compared with CoPS’s second year, the number of page views has doubled with >55 000 views from July 2010 through June 2011. Open forums have been held at several Pediatric Academic Societies meetings to promote dialogue between constituents and the leaders of CoPS. In addition, a PowerPoint presentation was distributed to CoPS representatives and placed on the web site to provide a brief summary of CoPS’s structure and activities.

FIGURE 2
Graph showing the responses of CoPS representatives to the question, “how many different societies, sections or organizations represent your subspecialty?” Because of changes in the representatives, some subspecialties had >1 response. Acad Gen Peds, Academic General Pediatrics; A & I, allergy and immunology; DBP, development and behavioral pediatrics; GI, gastroenterology; ID, infectious diseases; Med, medicine.

COMMUNICATING WITH SUBSPECIALTIES

Beginning with the recommendations of the Fellowship Application Task Force, CoPS has used its network to promote cross-subspecialty communication. The CoPS newsletter was first issued in the winter of 2009 and is distributed biannually. In addition to describing CoPS’s activities and current subspecialty topics, the newsletters also have included information from other organizations that may be of particular interest to subspecialists. For example, one included an article describing how the APPD and CoPS were working together to promote pediatric subspecialty education, and another outlined the ABP Maintenance of Certification requirements specifically for pediatric subspecialists.

PROMOTING A CAREER IN A PEDIATRIC SUBSPECIALTY

As the pediatric subspecialty representatives shared their challenges at CoPS’s annual meetings, one common theme was concern about the size of the future pediatric subspecialty workforce. In response to this, CoPS joined the Pediatric Workforce Work Group, which
and National Association of Children Nephrology, Child Neurology Society, and National Association of Children’s Hospitals and Related Institutions. CoPS aided in this group’s creation of a position statement regarding the insufficient number of pediatric subspecialists. This document advocated for a federal study of pediatric subspecialty workforce issues and suggested a number of steps that could help alleviate a potential workforce shortage.

CoPS recognized that one avenue to expand the pediatric subspecialty workforce was to better inform medical students and pediatric residents about the life of a pediatric subspecialist. On the basis of an idea originally proposed by a member of an AAP Section, CoPS created detailed descriptions of each subspecialty on its web site.6 Using a template, each section was written by a representative of the subspecialty and included information about the clinical services provided by the subspecialist, career opportunities, lifestyle, and average financial compensation, as well as how to identify and apply to training programs. CoPS coordinated this endeavor, providing continual encouragement for representatives to complete their section as well as editorial oversight to ensure consistency among the descriptions. This project has been highly successful. Since April 2010, when the vast majority of the descriptions were posted, the number of page views has consistently increased (Fig 3), now averaging >2000 views per month. In addition to providing an important resource for medical students and residents, the process illustrated that communication between CoPS and the subspecialty organizations was bidirectional. As noted earlier, an idea presented at an individual subspecialty meeting that would benefit one subspecialty was brought to CoPS and subsequently implemented for all.

RESPONDING TO FELLOWSHIP TRAINING ISSUES

The publication of the Institute of Medicine (IOM) Report on Duty Hours in December 2008 reaffirmed the need for an organization, such as CoPS, capable of addressing issues across the subspecialties. As one step in responding to this matter, CoPS joined with the Organization of Neonatal Training Program Directors to publish a position paper, “Resident Duty Hour Restrictions: Is Less Really More?”7 CoPS subsequently solicited the opinions of the pediatric subspecialties regarding the IOM recommendations and submitted a formal position statement to the Accreditation Council of Graduate Medical Education (ACGME) to delineate these views. CoPS was then invited to present a full report at the ACGME Congress on the IOM Report on Resident Duty Hours held in June 2009. In collaboration with the APPD and the AAP, the ACGME was informed of the potential effects of the recommendations on all pediatric trainees, including residents and fellows.8 Although it is difficult to gauge the ultimate impact of CoPS’s efforts on the final regulations, CoPS effectively communicated the collective opinions of the pediatric subspecialties to the ACGME.

Since the final standards were released, CoPS has continued to collaborate with other pediatric organizations to assist subspecialty program directors in understanding and implementing the new guidelines. In particular, CoPS has worked jointly with the APPD to hold scheduled conference calls so that subspecialty programs could share program-specific information.

Recently, the ACGME proposed changes to the Common Program Requirements in which fellows who are entering an ACGME-accredited fellowship must first complete an ACGME or Royal College of Physicians and Surgeons of Canada accredited residency program. Because of the potential impact of this change on the pediatric subspecialty workforce and the available pool of subspecialty fellows, CoPS conducted an e-mail survey of Pediatric Subspecialty Program Directors to elicit their feedback. Because of the limited time available to provide comments to the ACGME, responses were collected over only 10 days. Two hundred and fifty-six of the 952
(27%) program directors surveyed responded, and nearly half provided written comments. Of note, only 7 (0.7%) of the e-mails were returned as undeliverable. In a short period of time, CoPS was able to solicit the opinions of a substantial number of subspecialty program directors and provide an organizational response to the ACGME about a proposed modification to program requirements.  

COLLABORATING WITH OTHER PEDIATRIC ORGANIZATIONS  

Consistent with its mission, CoPS has been and remains significantly involved in legislative efforts to improve child health. CoPS has collaborated with several other pediatric organizations to accomplish this goal as noted in Table 2.  

SUPPORTING EDUCATION OF TRAINEES AND SUBSPECIALISTS  

CoPS was involved with the first conference on Pediatric Education Excellence Across the Continuum held in 2009. In collaboration with other organizations, CoPS was a full sponsor for the second version of this unique conference that took place in September 2011. Members of CoPS served on the planning committee and these individuals, as well as other members of CoPS, participated in the meeting as facilitators and speakers. Because of its role in representing the pediatric subspecialties, CoPS is working with the ABP to review and revise the written guide provided to fellowship program directors regarding trainees’ preparation for the ABP certifying examinations. CoPS members are responsible for editing its content, communicating information pertaining to the scholarly activities of subspecialty trainees, and ensuring that the subject matter meets the needs of subspecialty trainees and fellowship program directors. The guide is expected to be completed shortly.  

In 2010, the ABP invited members of CoPS to participate in an Invitational Conference on Subspecialty Clinical Training and Certification. Attendees discussed the expectations for clinical training across the various pediatric subspecialties and reviewed the current model of subspecialty fellowship training. Because of CoPS’s unique position in the pediatric community, the ABP has requested that CoPS serve as a communication network through which opinions regarding proposed modifications in clinical training can be solicited from the many sections and societies that comprise and serve the subspecialty community.  

FROM THE PAST TO THE FUTURE  

Among the greatest challenges faced by CoPS has been defining its domain. Although early on there was a recognized need to standardize the fellowship application process, there were reservations that a new organization to address this would be necessary. Even after the task force disseminated its fellowship application process recommendations, some felt that there was no need for CoPS to deal with other issues because it was believed that these were already being addressed by existing pediatric associations. There were also challenges within CoPS. Because there had been limited formal interaction among members of the subspecialties, there was no simple mechanism to identify those individuals who would provide good leadership for the organization. Nevertheless, beginning with the implementation of the match process for trainees, CoPS demonstrated a remarkable ability to encourage subspecialties to collaborate by serving as the facilitator of discussions among subspecialties in a fashion that had not been previously accomplished. Rather than representing only individual subspecialty organizations, the council members of CoPS also represent the subspecialties, including their goals, needs, commonalities, and future aspirations.  

Where does CoPS go from here? To chart its future, CoPS conducted a 2-day strategic planning retreat in January 2011. This retreat identified 4 common themes that will comprise the immediate goals of CoPS and will drive the long-range aspirations of the organization: (1) consolidating the network of subspecialty organizations, (2) enhancing CoPS as the source of expertise regarding the pediatric subspecialties, (3) identifying the role for CoPS in the promotion of pediatric subspecialties as rewarding career opportunities, and (4) creating a sustainable business plan that will enable CoPS to achieve its overarching goal of serving as the network of pediatric subspecialties.  

Enhancing the network of pediatric subspecialties is an immediate focus for CoPS. This network will serve important purposes for several pediatric organizations. CoPS has the ability to identify the common issues and concerns of the pediatric subspecialties

TABLE 2 CoPS Legislative Activities  

| 1. Formal meeting with Representative Henry Waxman regarding pediatric subspecialty loan repayment |  |
| 2. Joined Pediatric Workforce Group |  |
| 3. Supported Federal Study of Pediatric Workforce Issues |  |
| 4. Cosigned letter to Senate and House Appropriations Subcommittee on Labor, Health and Human Services, and Education regarding pediatric subspecialty loan repayment |  |
| 5. Cosigned letter to Senate Committee on Appropriations for Children's Hospitals Graduate Medical Education |  |
| 6. Cosigned letter to House Committee on Appropriations for Children's Hospitals Graduate Medical Education |  |
| 7. Participated in 2010 Public Policy Council Strategic Planning/Operational Meeting |  |
and to speak with a common voice regarding these concerns to other relevant organizations.

CoPS is uniquely positioned to unify strategies for workforce development across pediatric subspecialties that may differ substantially in their clinical focuses but share the common goal of attracting the best and brightest trainees to become the subspecialists of the future.

The educational challenges that will arise because of the revised trainee duty hour regulations provide unique opportunities for continued collaboration between CoPS and other organizations in areas of education, particularly with the APPD. CoPS can use its network of subspecialties to identify common needs and create new curricula to satisfy these educational needs.

Creating a sustainable business plan will be a great challenge for CoPS, especially given the financial pressures that confront US health care. By providing unique services relevant to the goals of all pediatric subspecialties, CoPS has considerable value to the pediatric community. The partnerships created through CoPS’s collaboration with existing pediatric organizations will ensure that it can meet the current and future goals of the pediatric subspecialties. Much work lies ahead, but its accomplishments to date confirm that CoPS is prepared for these challenges with the ultimate goal of ensuring optimal child health.

ACKNOWLEDGMENTS
We thank Susan Levy, Director, Specialties Matching Service, National Resident Matching Program, and Angelique Johnson, Manager, ERAS Training Programs and Business Partner Relations, for their assistance in obtaining fellowship program information.

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Pediatrics; originally published online July 16, 2012;
DOI: 10.1542/peds.2011-2979

The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/early/2012/07/11/peds.2011-2979