

Executive Director's Report
Federation of Pediatric Organizations
Board of Directors Meeting
February 2, 2009

My activities as Executive Director continue to focus on communication with the leadership of member organizations and the implementation of the Strategic Plan through our Working Groups.

Meetings

I represent FOPO at meetings of each of the seven member organizations that comprise the Federation. In addition, I participate on Public Policy Council, the AAP Access Committee, and the AAP Committee on Pediatric Education Conference. I am an *ex officio* member of the Council of Pediatric Subspecialties, and the ABP Board of Directors. I attend the Pediatric Academic Societies Annual Meeting and the meeting of the Association of American Medical Colleges. This year I will represent FOPO at the ACGME Conference on Resident Duty Hours and the APA Leadership Conference.

Finances

Our current financial statement through December 31, 2008 is attached (Attachment A). By the end of our fiscal year June 30, 2009, I expect that we will be close to budgeted expense. In consultation with Kay Little of the ABP, I am submitting a budget with no inflationary increase in dues because the inflation rate is essentially zero through December 2008. Please note that our reserves have increased and bear interest in a Vanguard Money Market Fund. Budgeted expense is similar to last year's budget with some minor variation in travel and meeting expenses. As our Working Groups and Task Forces continue to increase their activity, we may incur additional future travel and meeting expense but have an adequate amount in the budget for the coming year

Task Force on Women in Pediatrics

The Task Force on Women in Pediatrics met in October 2008 in association with the AMSPDC Executive Committee Meeting and prior to the AAP NCE. At that meeting, the Task Force reviewed its activities and accomplishments and refocused its priority areas. Bonnie Stanton will report these activities later in the agenda (Attachment B).

Members

Bonita Stanton (Chair)

Richard Behrman

Carol Berkowitz

Ann Burke

F. Sessions Cole

Robin Deterding

Patricia Dickson

Marianne Felice

Christine Gleason

Mary Beth Gordon

Lindsay Grossman

M. Douglas Jones

Antoinette Laskey

Susan Marshall

Victoria Norwood

Ken Slaw

Debra Sowell

Nancy Spector

Anne Willoughby

Web site

The FOPO website is located at www.fopo.org. We periodically update the website and its sections: Leadership and Member Organizations, Task Force on Women in Pediatrics, Strategic Plan (and the individual Working Groups), Reports, Meetings, Links, and Contacts. Our Task Force on Women in Pediatrics and the Working Groups may utilize the website to post information related to their group activities or develop other online interactive features such as discussion boards or surveys.

Strategic Plan

1. Leadership Academy Working Group

This Working Group is presenting a proposal to the PAS Planning Committee to create a Leadership Track during the PAS Annual Meeting. FOPO Leadership Academy Working Group members would be responsible for organizing and facilitating programming at PAS in the Leadership Track consisting of 2-3 mini-courses or topic symposia. Topics to be featured include Team Development, Self -Reflection, Change Management, Time Management, Financial Management, Negotiation, Strategic Planning, and Conflict Management.

Members

Robert Perelman (Chair)

Susan Guralnick

Aaron Friedman

Elena Fuentes-Afflick

Tina Cheng

Gil Liu

Robert McGregor

Kenneth Roberts

2. Positioning Pediatricians in Leadership Positions Working Group

The group, now led by Carol Berkowitz and Renee Jenkins, will prepare a list of organizations to be targeted as important organizations to have pediatricians within their leadership structure. The list that is being considered is attached for additional comment (Attachment C). The group will determine the nomination process within each targeted organization and the optimal strategies to position pediatricians in leadership positions. Please note that additional members are needed to join this working group.

Members

Carol Berkowitz and Renee Jenkins, Co-Chairs

Steven Czinn

Danielle Laraque

3. Graduate Medical Education Funding Working Group

This Working Group remains in the fact-finding and information-gathering stage to better understand the complexities of current funding mechanisms and the short term threats to GME funding. Several question and discussion points are a part of the discussion:

- How can FOPO broaden the understanding of GME funding within the larger pediatric community, including CMS, Medicaid, CHGME and Medicare?
- What more can we do to further galvanize our advocacy efforts and assure continued funding?
- Given the state of the economy and the recent IOM Report on Resident Duty Hours, should we begin to study GME from a financial and clinical perspective and consider innovative approaches to funding the enterprise?
- Should FOPO (and possibly NACHRI) host a meeting with an audience made up of those who know the intricacies of government funded GME programs, CEO's of children's hospitals and

academic medical centers, department chairs, and program directors and discuss IOM Report on Resident Duty Hours and the implications for GME funding, our advocacy efforts for long term sustainable funding streams, analysis of the costs of GME, and the unique aspects of pediatric GME?

Members

Aaron Friedman (Chair)

Jay Berkelhamer

Robert Kliegman

Arnold Strauss

George Lister

Larry McAndrews

Steven Selbst

4. Child Health Research Working Group

The Child Health Research Working Group is organizing a Topic Symposium at the 2009 PAS meeting entitled “Child Health Research Funding and Policy: The Imperatives and the Investments that America Needs to Make for a Healthier World,” facilitated by William Hay and Mark Schleiss (Attachment D). The topics and speakers are:

“Child Health Research Funding – Alarming Trends of the Past Decade” – Dan Gitterman

“The Future of Child Health Research Funding – The Audacity of Hope” – Duane Alexander

“Investment in Child Health Research – Smart Money, Well Spent: How Research in Early Life Disorders Pays Huge Dividends in Adult Health” – George Dover

“New Paradigms in Child Health Research Funding – The Rationale for the Pediatric Research Consortia Bill” – David Williams

Members

Mark Schleiss and Bill Hay (Co-Chairs)

Steve Abman

William J. Britt

David Cornfield

Scott Denne

Sherin Devaskar

Benard Dreyer

Gary Freed

Chris Gleason

Elena Fuentes-Afflick

Bruce Gelb

Karen Hendricks

Rob Lane

Larry McAndrews

Joe Neu

Norm Rosenblum

Phil Shaul

Lawrence Stanberry

Mort Wasserman

5. Global Health Working Group

This Working Group has reviewed the current organized activities of FOPO member organizations. The AAP has a variety of global health activities. The Pediatric Academic Societies Planning Committee has elevated Global Health to become a major theme area in its annual meeting and named Mark Schleiss, Robert Perelman, Bill Keenan, and Alvin Zipursky to lead this effort. The Working Group has identified three priority areas to focus its efforts:

1. Certification – International Pediatric Credentialing Collaborative (Attachment E). The ABP is beginning an effort to foster international pediatric certification by providing the tools

needed to build a certification program. The ABP has piloted In Training Examination in Italy and Lebanon. The ACGME could also export common standards of accreditation, like the JCAHO has done with its international focus. The FOPO Global Health Working Group could serve in a coordinating or communication role.

2. **Global Health Rotations for Residents and Medical Students.** The Global Health Working Group recently published an article in *Pediatric Annals* about the key components of a Global Health Rotation (see Attachment F). This group will work collaboratively with the AAP Section on Medical Students, Residents and Fellows to explore the efforts already in place in medical school and residency programs and catalogue opportunities and resources. In addition, they will continue their work in drafting a document that provides a description of an ideal Global Health Rotation, including provisions for housing, food, relationships with authorities, insurance (malpractice, health, evacuation, etc.) and the educational preparation prior to the rotation.
3. **Development of Regional Child Health Capacity Through Sustainable Partnerships.** Bob Armstrong will lead this effort focusing on Departments of Pediatrics. They will review what institutions are currently doing and present a workshop about the method of developing these regional collaboratives (Attachment G).

Members

Errol Alden and Bill Keenan (Co-Chairs)

Robert Armstrong	Bonita Stanton
Richard Chinnock	James Stockman
Pedro de Alarcon	Peter Szilagyi
Judith Palfrey	Alvin Zipursky

6. Position Statement: Health Insurance for All Children and Youth in the United States

On October 6, 2008, there was a press conference at the National Press Club in Washington D.C., "Put Children First," on National Child Health Day. The AAP joined forces with business leaders and philanthropic organizations. I represented FOPO and spoke about the Position Statement in a panel together with Robert Dugger (Managing Director, Tudor Investment Corporation & Advisory Board Chair, Partnership for America's Economic Success), Renée Jenkins, M.D. (President, American Academy of Pediatrics), Joseph Minarek, PhD (Senior Vice President, Committee for Economic Development), and Sara Watson, PhD (Senior Officer, Pew Center on the States & Director, Partnership for America's Economic Success). You may watch the press conference and read additional materials and presentations at <http://www.aap.org/advocacy/putchildrenfirst/>.

Publications List

"Federation of Pediatric Organizations: Advancing Goals of Seven Pediatric Societies." *AAP News*, June 2008; 29(6): 30-31. This article featured a description of the overall goals of FOPO, its membership, the strategic initiatives, and its history of collaborative leadership.

"The Federation of Pediatric Organizations Strategic Plan: Six Strategic Initiatives to Enhance Child Health." *J Pediatr* 2008; 152: 745-6. This article appeared in the *Journal of Pediatrics' Notes*

from the Association of Medical School Pediatric Department Chairs and described the strategic planning process and its six strategic initiatives.

“Health Insurance for All Children and Youth in the United States: A Position Statement of the Federation of Pediatric Organizations.” *J Pediatr* 2008; 153: 301-2. This article is in the September issue of the Journal of Pediatrics and features the Position Statement of the Working Group and the evidence behind elements of the Position Statement.

“Part-time Pediatric Residency Training: Principles and Practices,” *Pediatrics* 2008; 122: e938-ee944. This article is a review of part-time training: why residents might pursue part-time training, perceived obstacles, perspectives of residents, program directors and the American Board of Pediatrics, and practical models of part-time training.

“Global Health Training for Pediatric Residents,” *Pediatric Annals* 2008; 37: 786-796. This article articulates the importance of global health training experiences, an overview of current opportunities, and makes recommendations for optimizing these experiences.

“FOPO Task Force on Women in Pediatrics: Considerations for Part-Time Training and Employment for Research-Intensive Fellows and Faculty.” *J Pediatr* 2009; 154: 1-3. This article is based upon the symposium that was sponsored by the Task Force on Women in Pediatrics.

Respectfully submitted,

Theodore C. Sectish, M.D.
Executive Director, Federation of Pediatric Organizations

Attachments included in agenda and referenced in Executive Director Report

Financial Statements and Budget

Task Force Report on Women in Pediatrics

List of Organizations for Positioning Pediatricians

PAS Proposal for Child Health Research and Funding Topic Symposium

Concept Paper – International Pediatric Credentialing Collaborative

Article in Pediatric Annals – Global Health Training

Armstrong Proposal for Sustainable Partnerships

Attachment A

FOPO Financial Statements December 2008

Available upon request.

Attachment B
ANNUAL ACTIVITY SUMMARY
FOPO TASK FORCE ON WOMEN IN PEDIATRICS

Areas of Focus:

- a) flexible/part-time training and employment
 - i. medical school, residency and fellowship
 - ii. physician-scientist career development
 - iii. clinician educator career development
- b) child care

Summary of Efforts in 2008

Activities in 2008 included

- a) conceptual changes/decisions (through conference calls, email exchanges and a 1 day retreat in October)
- b) action plans
- c) presentations on at national and regional meetings by task force members
- d) publications in peer reviewed journals by Task Force members

Conceptual changes/decisions:

- a. A measure of the success of the task force will be the extent to which our activities and foci are incorporated into existing committees and organizations such that our agenda becomes integrated into their agendas.
- b. The four focus areas identified above remain the four areas of highest priority for the field of pediatrics.
 - i. Training must include not only students and residents but also fellows who may be the most at risk group and the group on whom the least attention has been focused.
 - ii. Our focus should remain on child care rather than the broader day care. (While we acknowledge that elder care is an issue central to work-life balance that may particularly impact women, we believe that the essence of what we as pediatricians should focus on is children.)
 - iii. Our focus should be on flexibility rather than part time.
 - iv. Our efforts should include expanded recognition that work effort and timing of that effort will change across the course of a lifetime. (This continuum perspective will also address faculty at the end of their careers although our primary focus will be on women in the beginning and middle of their careers)
- c. While there may be some overlap in areas of concern between academic and private practice pediatricians after training is complete, there are also wide differences. We need to work in parallel and in communication with groups addressing the needs of women pediatricians in private practice, identifying common concerns over which we will work in collaboration
- d. An impediment to women achieving national recognition and leadership roles is limitations placed on their ability to travel as a result of family obligations. To some extent this limitation can be overcome by aggressive use of technology.

Action plans and progress

- a. Explore possibility of working in some fashion with private pediatricians by identifying organizations within the AAP already working on concerns of women private pediatricians and sharing our respective agendas looking for possible overlap.

Lindsey Grossman made contact with Dr. Debbie Sowell from Bowling Green, KY. Dr. Sowell has been in private practice since residency, currently serving as the medical director of a multispecialty group practice. She has served on the AAP Committee on Workforce Issues and the Subcommittee on Women in Pediatrics. She is on the ABP and the ABP's subcommittee dealing with MOC

- b. Explore use of technologies to transcend need for national meeting attendance and participate in meetings that are off hours. Doug Jones and Dick Behrman reported that there are a number such technologies now available and that our next step should be exploring with the AAP and PAS organizers a pilot in this regard for the 2010 meetings.
- c. Collaborate with Leadership Activities and tracks established by other groups (Nephrology, APA, AMSPDC and FOPO). Thus far our only significant accomplishment in this regard is: a) the joint PAS presentation on mentorship in the Nephrology Section at the PAS meeting and b) the appointment by AMSPDC of an ad hoc committee to work with us on overlapping issues regarding child care.
- d. Additional data needs
 - i. Assess work-family balance among residents and fellows.
 1. Added work-life balance questions to the annual ABP pediatric residency survey. Lead: C. Berkowitz Progress: The data were obtained and were very thought-provoking but it was felt that more detailed data was needed to interpret the results.
 2. Developed a survey tool to address these issues. If we were going to make changes, what sort of aids would be most helpful? Leads: Mary Beth Gordon, Vicky Norwood, and Ann Burke. Progress: Dr. Gordon has finished the instrument has been finished. Plans are underway to send to willing Fellow and Residency Program Directors and Chairs will ask their residents and fellows and conduct national sample survey
 - ii. Flexibility for faculty. Pediatric departments—age, gender, track, years in track, years in rank, leadership areas, salary. Leads: Susan Marshall and Marianne Felice Sample: Data from Pediatric Administrative Offices and faculty survey. Maybe AAMC Progress: Data is being acquired.
 - iii. Perception of physician scientist faculty regarding their desire to work part time. Lead: Maria Britto. Progress: Quantitative and qualitative survey of SPR membership has been conducted and is now being analyzed.

Presentations by FOPO Task Force

2008

Stanton B. Mentoring women faculty: Address to New Pediatric Chairs. Association of Medical School Pediatric Department Chairs, Santa Fe, New Mexico, March 7, 2008.

Genel M, Hay W, Dennery PA, Stanton B, Szilagyi PG, Jenkins RR Election 2008: A national Agenda for America's Children and Adolescents: PAS/PPC State of the Art Plenary, Pediatric Academic Society Meetings, Honolulu, Hawaii, May 3, 2008.

Stanton B, Sectish T, Alexander D, Britto M, Boat TF, Stevenson DK. FOPO Task Force on Women in Pediatrics: Considerations for Part-Time Training and Employment for Research-Intensive Fellows and Faculty. Pediatric Academic Society Meetings, Honolulu, Hawaii, May 4, 2008.

2009:

Stanton B. Changes in academic pediatrics to support the professional workforce: First and Second FOPO Task Forces on Women in Pediatrics. University of Colorado Department of Pediatrics Grand Rounds. Denver, Colorado. January 23, 2009.

Upcoming meetings:

Holmes A, Burke A, Berkowitz C, Sectish T, Stanton B. Working part-time: Can it work for you? Can it work in your program? 2009 Annual PAS Meeting which will be held May 2 - May 5 in Baltimore, Maryland

In "Development of Essential Leadership Skills". Felice M, Marshall S. Leadership Development Among Part Time Faculty. Spector ND. Enhancing Efficiency Through Improved Delegation and Accountability. 2009 Annual PAS Meeting which will be held May 2 - May 5 in Baltimore, Maryland

Publications by or sponsored by** FOPO Task Force:*

Alexander, D, Boat T, Britto M, Burke A, Homes A, Sectish T, Stanton B, Stevenson D. FOPO Task Force on Women in Pediatrics: Considerations for Part-Time Training and Employment for Research-Intensive Fellows and Faculty J Pediatrics 2009; 154: 1-3.**

Genel M, McCaffree MA, Hendricks K, Dennery P, Hay W, Stanton B, Szilagyi P, Jenkins R. A National Agenda for America's Children and Adolescents in 2008: Recommendations from the 15th Annual Public Policy Plenary Symposium, Annual Meeting of the Pediatric Academic Societies, May 3, 2008. Pediatrics 2008; 122:843-849. **

Gordon MB, McGuinness GA, Stanton BF, Brooks S, Chiang VW, Vinci R, Sectish TC. Part-Time Training in Pediatric Residency Programs: Principles and Practices. Pediatrics 2008; 122: e938-44*

Key Jr, LL. Childcare supplementation for residency programs. J Pediatrics 2008; 153: 449-450.**

Nazer D. Family-friendly conferences: a commitment to women in academia. J Pediatrics. 2008 Mar;152(3):299-300.**

In press or in preparation:

Britto M.

Statement by Task Force Members

Sectish T, Stanton B. National Academies' Committee on Women in Science, Engineering, and Medicine. Workshop: "From Doctorate to Dean or Director: Sustaining Women in Critical Transition Points in Science, Medicine, and Engineering". Statement delivered September 15, 2008.

Attachment C

Positioning Pediatricians in Key Leadership Positions Planning Group		
ORGANIZATION	Keep on list? Y / N	Assign Priority A: High Priority B: Possibly High C: Low Priority
Accreditation Council for Continuing Medical Education (ACCME)		
Accreditation Council for Graduate Medical Education (ACGME)		
Agency for Healthcare Research & Quality (AHRQ)		
American Association for the Advancement of Science (AAAS)		
American Educational Research Association (AERA)		
American Hospital Association (AHA)		
American Medical Association (AMA)		
American Health Quality Association (AHQA)		
Association for the Accreditation of Human Research Protection Programs (AAHRPP)		
Association of American Medical Colleges (AAMC)		
Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) Center for Health Care Quality (CHCQ)		
Federation of State medical Boards (FSMB)		
Institute for Pediatric Innovation (IPI)		
Institute of Medicine (IOM)		
Joint Commission on Accreditation of Health Care Organizations (JCAHO)		
Liaison Committee on Medical Education (LCME)		
National Board of Medical Examiners (NBME)		
National Cancer Institute (NCI)		
National Center for Health Statistics (NCHS)		
National Initiative for Children's Healthcare Quality (NICHQ)		
Office of the National Coordinator for Health Information Technology (ONCHIT)		

National Institute of Child Health and Development (NICHD)		
National Institutes of Health (NIH)		
National Quality Forum (NQF)		
Office of Human Research Protection (OHRP)		
Robert Wood Johnson Foundation (RWJF)		
World Health Organization (WHO)		
Center for Medicare and Medicaid Services CMSS		
AQA (Formerly Ambulatory Care Quality Alliance)		
Physician Consortium for Performance Improvement (PCPI)		

Attachment D
2009 Academic Pediatric Societies Annual Meeting

Child Health Research Funding and Policy: The Imperatives and the Investments that America Needs to Make for a Healthier World

Brief Description: The child health research community continues to be underfunded from a national perspective as compared to research conducted in adults. Only 9% of the total dollars of research funding are directed towards child health while children and their diseases represent 26% of the population. This Topic Symposium is intended to provide a forum for discussion of the past and future state of child research funding, the rationale for directing public funds towards the understanding of child health and disease, and new programs and paradigms for promoting child health research. Ultimately the content of this Topic Symposium will provide the background for a manuscript to be submitted to more widespread dissemination.

Target Audience: Academic pediatricians, scientists from a variety of backgrounds, including basic, translational, and clinical science, policy makers, and national leaders

Session Objectives:

At the conclusion of the Topic Symposium, participants should better be able to:

1. Know about the past funding of child health research and the future
2. Appreciate the impact of research done early in life and its potential to improve the health of adults
3. Understand the rationale for the creation of Pediatric Research Consortia

Chairs: William Hay, University of Colorado School of Medicine and mark Schleiss, University of Minnesota

Topic/Speaker 1: “Child Health Research Funding – Alarming Trends of the Past Decade” Dan Gitterman [20 minutes]

Topic/Speaker 2: “The Future of Child Health Research Funding – The Audacity of Hope” Duane Alexander [20 minutes]

Topic/Speaker 3: “Investment in Child Health Research – Smart Money, Well Spent: How Research in Early Life Disorders Pays Huge Dividends in Adult Health” William Hay or George Dover [20 minutes]

Topic/ Speaker 4: “New Paradigms in Child Health Research Funding – The Rationale for the Pediatric Research Consortia Bill” David Williams [20 minutes]

Tracks: TBD

Attachment E
A Concept Paper Regarding the Formation of an
International Pediatric Credentialing Collaborative

James A. Stockman III, MD
President & CEO
American Board of Pediatrics
December 2008

Background

The leadership of the American Board of Pediatrics (ABP) recently completed a series of strategic planning sessions that included discussions regarding the ABP's potential role as a standard setting body with others outside the United States. As a result of these strategic discussions, the ABP Board of Directors agreed that it was appropriate for the ABP to participate in a process that promotes global standards for training and evaluation worldwide. As a starting place, ABP staff was charged to explore collaborative relationships with other international credentialing bodies that might lead to the globalization of pediatric standards. After preliminary discussions with leaders from around the world, we have decided to approach other credentialing entities such as the European Board of Pediatrics and the Arab Board of Pediatrics, regional and national authorities such as the various Royal Colleges and Ministries of Health, and accreditation bodies that may also be interested in international opportunities (eg, ACGME, Joint Commission – International) to carry out this charge.

We understand that many details will need to be addressed in order to promote global standards in pediatrics, but we believe that the current climate in medicine is ideal for advancing the concept of an international collaboration of credentialing organizations.

The ABP's Anticipated Role in this Process

With more than 75 years of experience in setting standards for training and evaluation, the ABP Board of Directors feels that the ABP is uniquely positioned to assist in facilitating a global collaborative for the development of uniform standards. The Board of Directors charged us with the specific **mission** to –

“...pursue strategic relationships with other credentialing bodies that will result in the promotion of global standards for training and evaluation in pediatrics.”

In light of this, the ABP is desirous of facilitating discussions with world leaders with the ultimate goal of realizing improved healthcare for children worldwide. The ABP has no desire to assume the sole responsibility for such a project; our aim is to initiate the exploration process and then assume an appropriate collaborative role as the process unfolds. The **vision** of the proposed global initiative is very straightforward –

“...create uniform standards that will drive improvement in the quality of medical care provided to infants, children, adolescents, and young adults worldwide.”

We believe this vision aligns with that of the leadership of other international credentialing groups.

Ultimately, the ABP envisions its role in such an arrangement as assisting in standard-setting for training and evaluation. We feel that our proven measurement products and services may easily be leveraged by the international community to advance global standards for training and evaluation. The ABP currently has available a large menu of assessment products that can readily be used in any English language based evaluative process. These can target: 1) graduate and post-graduate pediatric training with respect to in-training, certification and/or qualification examinations, and 2)

professional development activities that ensure continued competence throughout a pediatrician's career. Furthermore, given the current state of information technology, the ABP believes it could position itself fairly quickly to provide these products and services as part of a larger international collaborative.

More specifically, the ABP role, in collaboration with others, would be primarily to offer products and services that:

1. Promote *global standards for training* in general pediatrics and most pediatric subspecialties (see Appendix),
2. Provide or assist in the development of *certification examinations* for adequately trained general pediatricians and pediatric subspecialists, and
3. Provide access to *professional development activities* that have been created for the United States maintenance of certification process.

We originally considered undertaking this endeavor as an independent activity of the ABP at the international level. However, we quickly realized that an independent attempt to promote such broad-sweeping standards would result in a multitude of joint arrangements with individual physicians, local institutions, government agencies, and/or larger regional authorities, and that such a conglomeration of relationships would be unwieldy and would slow down the goal of promoting global standards. This has led us to propose the formation of an international credentialing collaborative approach as a means to better promote global standards that will lead to higher quality health care in pediatrics.

Engaging the International Pediatric Community

Understanding the enormity of this endeavor, the global pediatric leadership will need to agree to its feasibility and to participate in its evolution. Thought leaders will need to shape fundamental philosophical issues such as the potential for international certification and its ramifications. Given our recent discussions with leaders in other countries, the goal is not to replace existing credentialing bodies and their certification processes. Rather, it is to work collaboratively with each other, possibly in the context of a global consortium, to leverage joint experience and expertise as a means for spreading global standards related to training and evaluation.

In order to explore the feasibility of this collaborative approach with pediatric leaders from around the world, we offer the following recommendations for consideration:

Recommendation #1 – Convene an Exploration Team comprised of a small group of leaders from key credentialing bodies around the world. The Team would begin to engage in preliminary discussions around the concepts presented in this paper and prepare a proposal for advancing an international collaborative.

Recommendation #2 – Include in these discussions representatives of the recently formed International Pediatric Academic Leaders Association (IPALA).

Recommendation #3 – This initial work should be done in close coordination with the International Pediatric Association (IPA). The IPA has built a very successful network of relationships with academic leaders around the world; this should be capitalized upon.

Summary

This is a particularly opportune time to explore this concept of an international pediatric collaborative given the rapid globalization of medicine. We recommend that credentialing bodies around the world consider forming a strategic collaborative partnership with the intended mission of

promoting uniform standards of training and evaluation. It is not difficult to conceive that a collaborative endeavor of this nature would have a high probability of success for attaining our shared vision to *improve the quality of medical care provided to infants, children, adolescents, and young adults worldwide*.

The ABP believes the ideas presented herein provide a unique opportunity for the international pediatric community to work together to advance the healthcare of children. We do not believe that any single organization can accomplish this mission alone. We see our role in this endeavor as facilitative and are willing to offer our experience and expertise as appropriate.

Thank you for your careful and thoughtful consideration of the ideas put forth in this draft paper.

Appendix

ABP Pediatric Subspecialties

1. Adolescent Medicine
2. Cardiology
3. Child Abuse
4. Critical Care Medicine
5. Developmental-Behavioral
6. Emergency Medicine
7. Endocrinology
8. Gastroenterology
9. Hematology-Oncology
10. Infectious Diseases
11. Neonatal-Perinatal Medicine
12. Nephrology
13. Pulmonology
14. Rheumatology

Attachment F

Article in Pediatric Annals – Global Health Training (pdf)

Attachment G

FOPO Global Health Working Group

Draft Project Proposal

September 20, 2008

Defining the Opportunity

The member organizations of FOPO have identified Global Child Health as a strategic initiative for the organizations. There is increasing recognition of the important role that FOPO organizations can play in supporting the improvement of child health globally. At the same time there is increasing interest among trainees, practicing physicians, and a growing body of very capable retired physicians who are interested in contributing to improving the health of children globally. The tremendous resources and expertise of the FOPO organizations could have an enormously important impact if they are able to establish collaborative initiatives that can be properly resourced and supported.

In addition to the FOPO members a number of other pediatric organizations may be important partners to a program developed by FOPO. The International Pediatric Association provides a link to the world's pediatric societies and their practicing paediatricians. The International Pediatric Chairs Association, now called the International Pediatric Academic Leaders Association (IPALA) has recently formally been established and will link pediatric chairs and other academic leaders from around the world and would be a valuable partner in any initiative that FOPO were to undertake. A number of other organizations may be important partners and collectively these organizations should be successful in securing significant funding given the right program. The challenge is to define a focus of importance that is achievable and is sensitive and responsive to the needs of the communities we are working to support. While direct clinical **service** to children provides immediate benefit, this alone would not maximize the value of the FOPO organizations and there is general consensus that the focus should be to support training and research within the clinical context. In addition, there is increasing world attention being paid to building and supporting the health infrastructure of developing countries and any initiative undertaken by FOPO needs to respect and focus on supporting and building sustainable capacity in developing world partners.

Proposal

That FOPO commit to building a demonstration model of **Regional Child Health Capacity and Sustainability Partnerships** linking the expertise and resources of FOPO members and partners with developing country regions who wish to be supported in building their capacity and sustainability in delivery of health and health care for children. The elements of such a demonstration model would include the following:

1. **Developing Region Leadership and Ownership:** The region selected would be supported to take a major leadership and ownership role in the demonstration program, working to define the needs and operational parameters of the project.
2. **Population focused on Prevention and Care:** The program would have a broad focus on a regional population of children with engagement from prevention to care, with setting of priorities by the region involved.
3. **Education and Research in Context of Prevention and Care:** The program will be focused on building capacity and sustainability in training and research that is appropriate and relevant to the partner region.
4. **In-Region Focus on Building Capacity and Sustainability:** The program will focus on strategies that will train and conduct research within the partner region rather than a primary focus on removing trainees to FOPO or other partner institutions. Where exported training is the “best solution” then this should be time limited and integrated with return to the home environment.
5. **Faculty and Community Physician Participation:** Mechanisms need to be in place that support faculty and community physician engagement in a way that allows for sustained contribution without significant compromise to the individual or the individuals institution.
6. **Trainee Engagement:** The Program will be trainee friendly and supportive and provide opportunity for medical students, residents or other trainees in FOPO organizations to gain valuable global child health experience within the context of a relevant and valued contribution. Trainees should only be involved in the program if their host institution has an organized global health program that places the trainee’s engagement in the project within a broader educational context.
7. **Collaborative Engagement Across FOPO and Partner Agencies:** The program should be able to draw on the expertise of individuals across the FOPO and Partner agencies so that the partnership can achieve capacity engagement and a sustained commitment of support.
8. **Move From Demonstration to Scaling Up:** This demonstration program should be organized and structured so that we can evaluate the impact and design a framework by which the demonstration program could be duplicated and scaled up to other regions.

What Might This Look Like?

Region X in country Y has identified a leadership team who in discussion with FOPO Global Child Health leadership have identified five priorities for advancing child health and health care in their region over the next 5-7 years:

1. Increasing the number of paediatricians working in district hospitals.
2. Improving the continuum of care for the acutely ill child.
3. Developing specialty expertise in nephrology, oncology, and respirology.
4. Improving quality of resident training including research skills.
5. Developing clinical and public health research capacity.

Working with FOPO and Partners the Demonstration Program would be built around these priorities and the expertise and resources defined to accomplish this, Co-Team leaders identified, funding secured and project implemented with an external team monitoring progress and outcomes.

There are several advantages of this approach to moving forward:

1. The project is driven by the needs of the developing world region and therefore supports capacity building and sustainability.
2. The project can be clearly defined and structured to assess the capacity of FOPO/Partners to accomplish this collaborative initiative.
3. We engage multiple interested people (faculty, trainees) across the education and research mandate.
4. Each project would use a similar model but could be independently funded or “block” funded for multiple projects if the demonstration proves effective.

Moving Forward

The suggested steps for moving this program forward would be as follows:

- **Support of Core Partners:** The dinner sponsored by the AAP on October 15 will bring together some core potential partners – FOPO, IPA, and IPALA -- and could endorse in principle such an initiative. Identify seed funding to support development of the Demonstration Project.
- **Current Practice Scan:** There are likely several models of similar initiatives in place at various institutions and a selected scan needs to be done to learn from best practice models that could inform the final plan for the demonstration program. It would be most beneficial to bring this range of expertise together to explore how best to design the program.
- **Consultation with Developing World Expertise:** A meeting that would bring together leaders within the developing world with FOPO and partners would further explore the

elements of such an initiative and help to define how the criteria for region selection might be handled.

- **Exploration of Potential Funding Agencies:** Identify potential funding agencies for the Demonstration Program and strategies for long term funding of the initiative.
- **Define Partners, Select Demonstration Region and Develop the Application for Funding:** Ideally we will have defined a funding partner who is willing to work with us in developing an application for funding. The region would have to be identified, the Co-Leaders selected and they would then lead the development of the application.