

**MINUTES**  
**Federation of Pediatric Organizations (FOPO)**  
**September 8, 2008**  
**7:30 am – 1:00 pm**  
**AAP Department of Federal Affairs Office, Washington D.C.**

PRESENT: Theodore C. Sectish, MD, Executive Director  
Susan Guralnick,, MD, Chair, APPD  
Jean Bartholomew, Administrator

American Academy of Pediatrics (AAP): Errol R. Alden, MD  
Renee Jenkins, MD  
Robert Perelman, MD

American Board of Pediatrics (ABP): James A. Stockman, MD  
Aaron L. Friedman, MD

Association of Medical School Pediatric  
Department Chairs (AMSPDC): Marianne E. Felice, MD  
Aaron L. Friedman, MD

Academic Pediatric Association (APA): Tina Cheng, MD  
Kenneth B. Roberts, MD

Association of Pediatric Program  
Directors (APPD): Robert McGregor, MD

American Pediatric Society (APS): Judith Aschner, MD  
George Lister, MD

Society for Pediatric Research (SPR): Mark R. Schleiss, MD

AAP Staff: Karen Hendricks, JD  
Becky Fowler

National Association of Childrens Hospitals  
And Related Institutions (NACHRI): Larry McAndrews

National Institute of Childrens Health and  
Human Development (NICHD): Duane Alexander, MD

GUEST:

M. Douglas Jones, Jr., MD

1. Call to order

Dr. Guralnick called the meeting to order at 8:00 am and asked for introductions. All members of FOPO were present.

2. Executive Director's report

Dr. Sectish, the Executive Director of FOPO, included in the agenda, a summary of his activities since the January 2008 FOPO meeting. He noted that Dr. Bonnie Stanton, Chair of the Task Force on Women in Pediatrics, would attend the February 2, 2009, meeting and present an update to FOPO on work of the task force. He briefly highlighted some of the issues in his report.

3. Report on Residency Review and Redesign in Pediatrics (R<sup>3</sup>P)

Dr. Douglas Jones presented a brief history and the current status of the R<sup>3</sup>P. He noted that this is the last phase of a project that began with an idea started at FOPO approximately three/four years ago. The long-term challenging phase and implementation will begin in Spring 2009. A copy of the presentation is attached to the minutes. The constituency or make-up of this board was discussed. Dr. Roberts reminded the attendees that there should be representatives from all pediatric organizations involved. Dr. Jones responded that while all organizations need to be involved as appropriate, APPD, and AMSPDC are directly responsible for administering residency education and the ABP is the organization that certifies on the basis of acceptable training. On the basis of their direct administrative links to residency training they should be part of the Board of Directors. Too broad of a representation at that level would just duplicate FOPO. It would also make meetings difficult to schedule. It was suggested that FOPO needs to be intimately involved. This project needs to be launched with the enthusiasm and support of all of pediatrics.

Dr. Jones queried how to set up oversight of this innovative project as well as its implementation. It is important to remember that this project will be ongoing and will need impetus and funding to keep moving. It will also need support from hospital administration. Dr. Guralnick acknowledged that APPD has an initiative in place called LEARN (Longitudinal assessment, education and research network).

Dr. Sectish asked about setting up a structure similar to the Dyson Initiative, which initially began with management by the Dyson Foundation, began with five sites, had more sites added, and continued with Dyson until the initiative moved to Harvard and then to the AAP.

Dr. Jones stressed that time is of the essence and queried if FOPO could serve as the administrative home to implement the next steps in the R<sup>3</sup>P Project. It is estimated that the infrastructure will cost approximately \$400K annually. Three possible models of launching the post-R<sup>3</sup>P organization:

#1 Create an independent entity separate from any existing organization. (There was no support to create another pediatric organization.)

#2 Create it within another host organization for administration and contracting with a direct reporting relationship to FOPO

#3 Create it with FOPO serving as the administrative and contracting host and more directly responsible for oversight

Two proposals (#2 and #3) should be brought to the February 2009 FOPO meeting; the host organization will be the administrator and contracting organization.

Drs. Sectish and Guralnick will work together to propose a structure and look at two plans/business models after reports from the AMSPDC October meeting and the ABP November meeting. Regular updates will be sent to FOPO members as needed and establish a “fleshed out” model by the first week of December with a deadline of the first week of January for responses from FOPO members. This will allow for a decision at the FOPO meeting in February 2009. It will be difficult for RFPs to be submitted if those submitting RFPs do not know who will be reviewing the RFP.

#### 4. Minutes of the January 22, 2008, FOPO Meeting

The minutes were approved as revised.

“Under NICHD and funding for NCS, the amount should be \$113 million instead of \$1.13 million.”

For historical purposes, it was suggested that acronyms be spelled out the first time they appear in the minutes.

Ken Roberts added that in addition to APA, COMSEP, and APPD, AMSPDC has also given considerable thought to the issue of the 4<sup>th</sup> year curriculum.

#### 5. Financial Summary -- Financial Statements FY08

Dr. Friedman reported that income is above budget and expenses are below budget. It is assumed that once the working groups of the Strategic Initiatives begin their projects in earnest and sponsor meetings or conferences, funding will be requested. All working groups are currently meeting by conference call. The Task Force on Women in Pediatrics will sponsor a meeting in early October in Boston at the time of the AAP annual meeting and AMSPDC Executive Committee meeting.

#### 6. Strategic Plan

Dr. Sectish noted that all working groups met by conference call at least once and sometimes more; each Working Group Chair will report progress on the initiatives.

##### A. Leadership Academy

Dr. Perelman reported on the progress of this working group and noted that one of the goals is to establish a clearinghouse function for ongoing projects of this nature. There will be face-to-face

meeting at the 2009 PAS meeting. A core track for leadership training at the PAS meetings will be established.

Ken Roberts suggested that a session entitled, "Meet the Leaders: What Do We Do!" might be a useful venue for aspiring young leaders

#### B. Global Child Health Priorities

Dr. Alden reported that the working group has had at least three conference calls to date and conducted a survey to determine who has global health programs in place. A track for global child health priorities will also be established for the PAS meeting. A great deal of effort is ongoing with many organizations and societies. A group from the International Pediatric Association (IPA) will be meeting at the time of the AAP NCE and several of the FOPO members will be attending a session to advise what the US is doing in this regard. There are many facets to consider as well as performing a needs assessment with major leaders of international organizations. American societies/organizations have established standards and are working with other countries to move education and have other countries take on the leadership in education. Pediatrics needs to strengthen ties with European and Asian countries and establish collaborative research networks across continents. It is paramount to have someone who is bilingual in these endeavors for pediatrics to be successful in endeavors with other countries.

Dr. Stockman reported that administration of the In-training examination (ITE) was piloted in Beirut in July 2008 and appeared to go well.

#### C. Child Health Research

Dr. Schleiss reported that one of the biggest issues is the scope of this working group and how much depth to go with training and mentorship. There was discussion about CTSA's and ideas about a topic symposium at the 2009 PAS meeting, which Drs. Hay and Schleiss will host. They have begun a bibliography.

FOPO to have a time reserved for symposia at the PAS meetings.

#### D. Graduate Medical Education (GME)

Dr. Friedman spent a fair amount of time talking about

- the policy decisions for GME funding at children's hospital
- what might be a different way to approach GME funding
- if there are \$\$ to support GME
- what counts toward being able to access these funds; Administration and R&D are questionable areas
- discordant directions for primary care illustrated by IM and FM could endanger their funding for GME.

It was noted that this Working Group should more appropriately be named the GME Funding Working Group

E. Pediatricians in Leadership Positions

Dr. Stockman referred to the document distributed and its charge to establish a matrix. A list of organizations was established and the working group will work to prioritize the organizations. It is possible that this should be integrated with Global Health Dr. Roberts suggested Bureau of Health Professions.

The working group will flesh this out and then circulate to all members of FOPO for their comments.

F. Position Statement of FOPO

The article published was included in the agenda. The next step is the Child's Health Day on October 6 at the Press Club. ACCESS principles will be distributed to Presidential candidates with FOPO, AAP and other organizations being present. Details of this media event are being finalized. Pushing legislation toward Medikids; discussions ongoing with legislators

7. FOPO Web site

Dr. Sectish briefly illustrated the Web site for the attendees as well as potential applications for the Web site in moving along strategic initiatives. This could serve as a secure site for communication with working groups.

8. Reports

A. NICHD Update – Dr. Alexander

- Budget request for NIH for 2009 was fairly flat; congress behind in hearing budgets; requested increase of 1 billion for NIH; could move to newly elected congress upon which to act.
- NIH has gone for four years with no increase in funding yet compounded by inflationary costs
- With no budget, leaves investigators and staff up in the air
- Continue to keep the pipeline open for new investigators using one or another form of funding methodology
- NICHD name formally changed in March 2008 to the Eunice Kennedy Shriver National Institute of Child Health and Human Development. In addition the name of the mental retardation and disabilities branch to Intellectual and Developmental Disabilities Research Centers; filled position of branch chief for Dr. Melissa Marisi; added outside advisors to childrens research program.
- National Childrens Study funding of \$12M; if bills are passed, will have funding for 2009.
- In January will begin pilot sample of children (NSA recommendation). In 2010 will begin recruitment of full sample in Vanguard and Wave One Centers.
- Other countries are following suit on environmental studies.
- Pediatric device implementation -- suggestion for research plan being solicited and to be submitted to congress.
- Dr. Alexander to speak at OPASI Grand Rounds on September 12, which may present an opportunity to discuss and broaden interest in increasing pediatric research across the institutes.

- CTSA update – pediatric subcomponent is most active of all components and this will help provide more visibility for funding; working toward common IRB for all pediatric components; energy should shore up what is being received for pediatric research.
- B. Department of Federal Affairs -- Ms. Hendricks  
Ms. Hendricks highlighted some of the issues in the report distributed earlier. Among them were
- PPC plans for 2009 PAS meeting
  - APA Web site – has a “Get out and vote” message with election material and questions for candidates without being partisan (att)
  - Use any effort that brings attention to childrens’ issues.
  - Access for healthcare to children and adolescents
- C. NACHRI Update -- Mr. McAndrews  
Mr. McAndrews spoke briefly on NACHRI activities.
- D. Fourth-year medical school  
Dr. Felice referred to the document prepared by the AMSPDC committee. The question is where this document should go. Dr. Jones had requested a study of this for the R3P project.

Dr. Felice also spoke about the future of AMSPDC and its infrastructure. A new infrastructure is being considered and Dr. Strauss is leading this effort.

Dr. Abramson has developed a leadership program for new chairs in AMSPDC and mentors and mentees are being identified.

The meeting was adjourned.

Respectfully submitted,

Aaron L. Friedman, MD  
Secretary-Treasurer

Att – R<sup>3</sup>P report

**Next meeting: February 2, 2009**  
**APPD – Chair, September 2008 and January 2009**