

The Section on

Med-Peds Newsletter

Summer 2003

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



From the Chair in the Corner

By John Chamberlain, MD

How do I get involved? How often I've heard those words in the last 8 years. There is great comfort in them. At a time when many organizations sense a lack of commitment in their younger members, the Med-Peds community is blessed with both talent and enthusiasm that transforms good intentions into deeds.

As with many questions, the answer begins with more questions. What do you want to accomplish? What will sustain your interest? How much time do you want to devote? The answers vary somewhat with career stage. Involvement tends to be more durable and meaningful when it is palpably connected to an enduring personal interest. Many start with an individual unaddressed need they perceive to be applicable to the larger Med-Peds community. Others seek to guide an established initiative. Most desire a measurable outcome rather than involvement in endless process without definable resolution.

There is a symphony of opportunities for involvement. The opus varies somewhat with career stage and experience. Choices can be divided into several broad categories, within which there are usually local, regional, and national forums for participation. Let me share a few, by category. URLs with more detail and contact information are at the end of the article.

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Networking. In some ways all organizational involvement is networking. It is an opportunity to work with people who resonate with one of your interests. Historically, networking with other Med-Peds physician has been one of our greatest needs and challenges. There are now several groups that provide some structure to facilitate Med-Peds networking, including the Med-Peds Section of the AAP and ACP, the Med-Peds Program Directors Association (MPPDA), and the National Med-Peds Residents Association (NMPRA). Each of these has their own goals and objectives which define a series of initiatives that people may choose to become involved with. The Web site of each provides contact information for their initiatives.

The Med-Peds Section exists within two large and complex organizations, the AAP and ACP, each of which offer a multiplicity of national, regional, and local committees and Sections developed to enhance their core mission. For the AAP that mission is promoting the health and welfare of children, and for the ACP promoting professionalism in medicine. Their initiatives generally include **professional education, advocacy, membership, and publication/guideline** components. Involvement with either organization offers a chance to impact a broader constituency, while providing them a Med-Peds perspective during the many teachable moments that arise.

The greatest unmet Med-Peds need may well be the as yet unstructured regional and local networking of Med-Peds practitioners. The litany of insurance, practice, and advocacy issues that arise in our day-to-day practice is most impacted at a local level. The optimum framework to mitigate this has not been defined. For those seeking to do that through an existing structure, we are developing a cadre of local practitioners to serve as contacts to the local Chapters of the AAP. The State governors of the ACP frequently seek similar input. By networking these liaisons we hope to identify common challenges and workable solutions. In the final analysis, networking those solutions is more likely to positively affect the lives of Med-Peds physicians - if by no other means than promoting an Esprit de Corps - than anything we have done at a national level. The opportunity is not only to accomplish something palpable while obtaining experience in group advocacy, but also to become visible. National organizations look first at local involvement in stratifying applicants for their national committees.

Professional education. Representing the synthesis of two broad disciplines, the focus of Med-Peds edu-

cational efforts has been to promote understanding of chronic childhood conditions that transition to adulthood, the process of transition, adolescent health, and the process of being a Med-Peds physician. Med-Peds physicians are needed to help shape those programs nationally and locally. There is also opportunity to serve on the educational planning committees of the AAP's and ACP's annual meetings, their evolving Web-based educational media, and their major published educational overviews (PREP and MKSAP).

Advocacy. This is a fundamental goal of the Section, MPPDA and NMPRA. Involvement with any of them involves numerous opportunities to advocate for Med-Peds physicians, as well as patients or our broader constituency at every level. A good place to start is to identify your key issue, and see if there is an existing group within the AAP, ACP, or Med-Peds community addressing it. If not, the local arms and listserves of each group may serve to seek those of like mind.

Membership. The nuts and bolts of an organization, committees that focus on membership craft the benefits and define the value of organizations for their members. These are particularly critical positions now, as every major group tries to reconfigure its benefits to match the changing economic and practice environment. A note to the membership chair/director/staff person of any of the organizations will quickly get you to those who welcome your participation.

Publication. Newsletters are always looking for authors. Give their editor a call or e-mail. Outside of newsletters, participation with publication committees is the most heavily scrutinized and frequently greatest work. For those with proven or evolving writing or editing skills, they hold great reward. The Section, MPPDA, and NMPRA each publish informational guides that require periodic update. Contact the chair of each organization to learn of opportunities to help. Openings on AAP and ACP national publication committees are regularly announced on the Med-Peds Section listserv.

As one seeks professional diversity and balance that will help sustain a career, in the final analysis it is less important what one does organizationally than that each does something. Though the words of William Osler may seem harsh, he seems on target beyond individual patients, perhaps admonishing us to share our knowledge and skills for the greater good,

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Med-Peds Practitioners and the Use of Non-Physician Clinicians

By Ellen Singer, MD

Physician assistants and nurse practitioners play an important role in health care delivery across the United States. As teaching institutions limit resident work hours, non-physician clinical providers may cover a non-teaching inpatient medical service or assist in providing care in resident clinical practices. Physician assistants and nurse practitioners also find many opportunities to work with physicians in private clinical practices, urgent care and emergency room departments, subspecialty practices and in health care administration.

Physician assistants receive their training from combined BA/PA programs or in two-year post-graduate masters level programs. Most of these programs are affiliated with universities or medical colleges. Students who opt for a post-graduate program typically have significant clinical experience in another allied health field (e.g. EMT, radiology technician, medical assistant,

etc) or they have completed at least 1000 hours of supervised clinical work. Students in the BA level program complete coursework in basic sciences, then rotations similar to those of a third and fourth year medical student. Those students enrolled in post-graduate programs will complete one year of pre-clinical work and one year of clinical work. Many of these programs require research and a master's thesis as well. After graduation from training program most students move directly into a first job. Others will accept a post-training residency program for further supervised clinical work; a limited number of these programs exist nationally.

Nurse practitioner training is a masters' level nursing program typically run through university level nursing schools. Most nurse practitioners enter training after working as a registered nurse for a number of years and receiving a BSN degree. These training programs can vary in

length. Many nurses continue to work while completing their program and only restrict their work hours to complete their clinical rotations. Nurse practitioners complete coursework in basic sciences and clinical medicine, then typically complete rotations with other nurse practitioners affiliated with their nursing colleges. Nurse practitioners have the opportunity to sub-specialize and can receive diplomas either pediatric, adult, family health or mental health nurse practitioners.

Though physician assistants and nurse practitioners are trained to see patients and perform clinical work independently, each state enacts its own legislation to define the practice status of non-physician providers. In general physician assistants work according to the Medical Practice Act under the license of a supervising physician. They must follow a scope of practice mutually agreed upon

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when he wrote:

"The physician...has three great foes – ignorance, which is sin; apathy, which is the world; and vice, which is the devil... Teaching the simple and suffering the fools gladly, we must fight the wilful ignorance of the one and the hopeless ignorance of the other, not with the sword of righteous indignation, but with the skilful weapon of the tongue."

Med-Peds Section
MPPDA
NMPRA
AAP Committees
AAP Sections
AAP Chapters
ACP Committees
ACP Chapters

<http://www.aap.org/sections/shome.htm>
<http://apdim.med.edu/medpeds/index.htm>
<http://www.medpeds.org/>
<http://www.aap.org/moc/indexmoc2.cfm>
<http://www.aap.org/sections/shome.htm>
<http://www.aap.org/moc/indexmoc2.cfm>
<http://www.acponline.org/private/committees/?hp>
<http://www.acponline.org/chapters/?hp>

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by the involved providers and the medical board. However the requirements for direct supervision and chart review will vary from state to state. In rural states physician assistants may often work in a separate off-site clinic as long as they have direct telephone access to the supervising doctor. Nurse practitioners work under the Nurse Practice Act. Nurse practitioners in some states are allowed an independent scope of practice that includes running an independent practice, obtaining malpractice insurance, maintaining independent hospital privileges, and schedule II narcotic prescribing. Other states have a more restricted scope. A physician hiring a non-physician provider must understand and follow their state's legislative requirements. Many states will require documentation of close clinical supervision for new graduates. Furthermore one should also carefully review hospital bylaws before asking a non-physician provider to provide inpatient medical services. These can be more restrictive than state requirements. A general rule of thumb is non-physician providers should work with easy access to physicians for consultation and backup, in person or by phone. In the event that the identified sponsoring or supervising physician is out of town, a covering physician must be identified. When writing a new job description one should carefully spell out the agreements between both parties to meet these requirements. Confusion with the scope of practice frustrates everyone involved and may lead to unsafe patient care. Finally as many non-physician providers work on a fixed salary one should clearly define the terms of salary and reimburse-

ment, incentive pay for productivity or extra work or expectations for after-hours coverage.

My personal experience with physician assistants and nurse practitioners extends to my medical school training in a variety of inpatient and outpatient clinical settings. At present I supervise a group of seven urgent care/emergency room physician assistants and nurse practitioners. The organization I work with employs nurse practitioners and physician assistants in every clinical department. I am highly impressed with the diagnostic and clinical skills, professionalism and experience of this group. The pitfalls that I have experienced have been those of my own making as a hiring provider – failing to define the job requirements, not assessing the skills of a potential new hire to insure that they match the job description, or not giving feedback quickly and clearly enough. In my primary care practice we had trouble as a provider group deciding whether or not our non-physician provider saw urgent patients or managed an independent panel. When we hired our first nurse practitioner in this practice we did clearly define call schedules, work expectations and backup. However we did not clarify how we would transition a complex patient to a physician or what we expected in terms of handling complex consultations or outpatient workups. In the Urgent Care department in which I currently work my physician assistant chief and I realized that we could not hire new graduates without providing 1:1 supervision for several months. This did not work well for our busy department. Thus we have

rewritten our job description and changed our interviewing, hiring and training process.

Nurse practitioners and physician assistants play an important and emerging role in health care delivery. I encourage you to consider this option for your practice. Your state medical board, the AMA, AAP and the ACP have online resources for you.

American Academy of Pediatrics

“Scope of Practice Issues in the Delivery of Pediatric Health Care”

*Speaking Points
February 2003*

What's the purpose of the AAP's new policy statement on “Scope of Practice Issues in the Delivery of Pediatric Health Care”?

- *To establish a global position on pediatric care delivered by nonphysician clinicians.*
- *To serve as an advocacy tool that the national AAP, its state chapters, and individual members can use when discussing nonphysician scope of practice issues with legislators, policymakers, and other stakeholders.*

What is a “nonphysician clinician”?

The term “nonphysician clinician” includes, but is not limited to, the following:

- Nurse practitioners
- Physician assistants
- Psychologists
- Pharmacists
- Massage therapists
- Physical therapists
- Occupational therapists
- Optometrists
- Acupuncturists

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Med-Peds Practitioners and the Use of Non-Physician Clinicians *continued from page 4*

- Naturopaths
- Homeopaths
- Chiropractors

Why is the AAP interested in what nonphysician clinicians do?

- *In recent years, there has been a significant increase in the numbers and roles of non-physician clinicians providing health care to pediatric patients. Some are seeking expanded scopes of practice, including the right to provide the types of care traditionally reserved for physicians. For example, in most states, they have succeeded in increasing their autonomy and scope of practice, as well as their ability to write prescriptions, and bill third party payers for their services.*
- *The education and evaluation of the various pediatric health care professionals is quite variable. Pediatricians are the most extensively educated in pediatric care, followed by nurse practitioners and physician assistants who complete shorter but well-defined educational programs and evaluation. Other nonphysician clinicians may have only abbreviated educational experiences in pediatric care.*
- The Academy believes that as nonphysician clinicians expand their roles, there is a need for high education, training, examination, regulatory, and patient care standards in order to protect patient safety and ensure effective, high quality health care.

So, what is the AAP proposing?

- The Academy believes that optimal pediatric care is best provided by a “pediatric health care team.” A physician, prefer-

ably a pediatrician, should lead the team, coordinating and supervising patient care provided by nurse practitioners, physician assistants, and other nonphysician clinicians within their legislated scopes of practice. This would include care delivered via telemedicine technologies.

- The goal of the team-based model of pediatric care is to provide high-quality, cost-effective care by minimizing duplication of clinical effort and promoting the appropriate and timely use of all of the team members.
- As leaders of the pediatric health care team, pediatricians have a responsibility to educate patients, their families, and their caregivers; health care purchasers; policy makers; the media; and the public about scope of practice issues and the appropriateness of different care options, including complementary and alternative medicine.
- As appropriate, pediatricians should participate in the education and training experiences of nonphysician clinicians.

Why should the pediatrician be the leader of the team?

- Pediatricians, as the most extensively educated providers of pediatric care, have the ability to manage, coordinate, and supervise the entire spectrum of pediatric care, from diagnosis through all stages of treatment and in all practice settings.
- Pediatricians possess the clinical skills, medical knowledge, and other competencies necessary to provide a “medical home,” care that is accessible, continuous, comprehensive,

family-centered, coordinated, compassionate, and culturally effective 24 hours a day, 7 days a week.

- The Academy believes telemedicine technologies will facilitate the pediatrician's vital role as leader of the pediatric health care team.

What is telemedicine and what is the AAP's position on it?

- Telemedicine is the use of electronic communication and information technologies to provide or support clinical care at a distance.
- The AAP recommends that telemedicine should be implemented as one means of improving the availability and quality of pediatric care for children who otherwise would have limited access to health care.
- Professional and medical liability issues related to the use of telemedicine technologies must be addressed in order to ensure that care provided by this means is safe and appropriate. Additionally, technical standards and guidelines as well as clinical practice protocols for pediatric care provided through telemedicine technologies must be established.

Does the AAP support “independent practice” by nonphysician clinicians?

- The AAP believes it is ill advised – even in underserved areas – for nonphysicians to practice independently as it could result in a two-tiered system of care. This would compromise the quality of health care that should be available to all pediatric patients.
- The AAP concurs with the position of the American Academy

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of Physician Assistants that physician assistants should continue to practice medicine under the supervision of a physician.

- While the AAP opposes the independent practice of nurse practitioners, it does endorse a collaborative and structured relationship. Nurse practitioner education and training overlaps with and complements pediatric practice, and collaborative efforts benefit pediatric patients.

What is “Complementary and Alternative Medicine” (CAM)?

- The National Center for Complementary and Alternative Medicine defines CAM as those treatments and health care practices not taught widely in medical schools, not generally used in hospitals, and not usually reimbursed by medical insurance companies.
- It should be noted that the Academy’s “Scope of Practice” policy statement does not address CAM treatments but rather the training of individuals who provide such treatments to children.

What is the AAP’s position on CAM providers?

- The AAP has concerns about CAM practitioners providing health care to pediatric patients for the following reasons:
 - 1) The lack of national standards for pediatric care by CAM practitioners;
 - 2) The absence of studies documenting that child health care provided by CAM practitioners is of comparable quality to that provided by conventional clinicians; and
 - 3) The more extensive training

and education of pediatricians.

- Pediatricians cannot be responsible for overseeing CAM providers.
- Pediatricians should take a proactive role in asking patients and families about their use of CAM therapies.
- Pediatricians can advise patients and their families about the use of CAM and that interactions between some CAM therapies and conventional medical treatments can cause complications and even death.

What about medical liability issues?

- Physicians are held accountable for clinicians they supervise. Therefore, pediatricians should obtain legal advice to identify any potential professional or medical liability issues prior to setting up a pediatric health care team, especially if the team will include a CAM practitioner.
- Nonphysician clinicians who choose to practice independently should have exclusive professional responsibility for the care they provide and adequate malpractice insurance.
- States that license nonphysician clinicians should require them to abide by the same malpractice insurance rules as physicians.

How should disputes regarding scope of practice issues be resolved?

- The AAP supports and encourages the use of nonlegislative forums to resolve scope of practice issues. It commends efforts to promote collegial, productive relationships between physicians and non-

physician clinicians in the interest of optimal patient care.

- When it’s not possible to resolve scope of practice issues outside the legislative arena, stakeholders with common positions should collaborate. Most often this collaboration will occur at the state level, as that is where most scope of practice conflicts arise.

Were any of the organizations representing the other members of the “pediatric health care team” involved in the development of this policy statement?

- The American Academy of Physician Assistants and the National Association of Pediatric Nurse Associates and Practitioners both provided thoughtful and constructive comments on scope of practice issues.

The ACP Annual Session, April 2003

Two Reports on the Med-Peds Forum from San Diego

By Michael Tracy, MD.

The Med-Peds Careers and Practice Workshop at the 2003 ACP Annual Session in San Diego was well-attended. The diverse group of over sixty attendees included practitioners, medical students, residents, fellows, residency program directors, and physicians in strictly administrative or industry positions. The workshop format included an initial group needs assessment, followed by a breakout session consisting of three concurrent discussion groups, and concluded with a summary of the highlights of each of the three groups provided by a spokesperson. The workshop was followed by a reception.

Many issues were raised during the needs assessment including concerns and suggestions regarding the following:

- combined internal medicine-pediatrics fellowship opportunities
- keeping current with procedural skills
- keeping current with CME
- networking and job-searching
- avoiding burnout
- achieving balance between pediatric and adult patient panels

Breakout group number one discussed fellowship opportunities under the guidance of a few practitioners who have successfully completed dual fellowships. A list of med-peds fellowship trainees may be found on the website of the National MedPeds Residents' Association at www.nmpr.org. The group included a physician currently training in a combined endocrine fellowship and a physician who completed a combined infectious diseases fellowship. The group spokesman concluded that med-peds physicians interested in fellowship should "choose what you want to do and forge a path". There seems to be increasing interest and opportunities for combined internal medicine and pediatric fellowships.

The second breakout group discussed the broad questions "Are you happy doing medpeds?" and "Do people really practice both disciplines?" Most members of this group reported that they are happy doing medpeds. Potential barriers to career happiness include the difficulties of call coverage for those not in a large group of medpeds practitioners. One group member concluded that happiness is more likely for

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By Ellen Singer, MD

We had over 60 med-peds practitioners and residents and several interested medical students participate in the Med-Peds Forum at this year's ACP meeting. This 90-minute discussion led by Drs. Mike Tracy, Carla Neal-Haley, and Danny Edmundson focused on concerns and questions common to med-peds practitioners. In small break out groups we discussed creating fellowship opportunities for dual subspecialty training, marketing a unique focus for med-peds in different practice settings, and negotiating new career and CME strategies.

I was impressed with the creativity and flexibility within the group. Many clinicians described their new unique careers –in primary care and vaccine research, as med-peds hospitalists in large metropolitan areas, in curriculum development, in ER and urgency care, and as practitioners and consultants in both rural and international medicine and in large HMO groups. When asked "How did you do this?" this talented group was willing to share both their success stories and their stumbles. When medical students asked "Are you glad you did med-peds?" we heard widespread applause and a resounding "Yes!"

Many challenges still exist for med-peds. Reimbursement rates are down for all primary care specialists while workload remains high. Residency match rates in all primary care specialties including med-peds have dropped. Federal spending cuts to teaching institutions have made it harder to locate jobs, practice, and teach in academic settings. Many still struggle with finding cross coverage arrangements, office efficiency and staffing. CME and board re-certification remain another challenge though this group quickly shared strategies for this.

Clearly all med-peds doctors can learn a great deal from on another – whether near or far. Networking locally and nationally will pay off in the years to come. If you attended the San Diego meeting, remember to stay in touch with your contacts there. If you could not attend use the med-peds listserver to hook up with others. You can also use your local AAP med-peds section chapter liaisons or any of the med-peds section executive committee! Don't be shy! Others will help! ASK!

To sign up for the listserver send an email to: medpeds-subscribe@yahoogroups.com. To check out the website go to <http://www.aap.org/sections/med-peds/>.

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Online Career Transition Resources for Med-Peds Physician

By Kimberly Bates, MD

There are many career transitions in the life of a physician. Med-Peds physicians have even greater challenges in navigating their career course. During training, Med-Peds residents (and actually all residents) receive lectures, have informal discussions amongst themselves and often talk with their program directors and other mentors about the specific transitions from intern to junior resident to senior resident. Also, residents have role models in their senior residents and junior faculty who have recently navigated the waters they are about to cross. However, once you have finished residency training, this type of support structure will not inherently be built in to your life. If you take a position away from where you've trained or previously lived, finding access to information about the major transitions in a physician's career can be even more difficult. This article offers some online resources concerning the major Med-Peds transitions that everyone should be able to access: the young physician, career and family, moving from employee to practice ownership and management, continuing education for the seasoned practitioner.

As a new physician right out of residency, you often feel disconcerted about having to practice in an environment with which you are unacquainted. There are several online resources concerned with helping residents transition from residency to practice. The ACP Young Physician Subcommittee has just revised their "Young Physicians Practice Management Survival Handbook", which can be accessed at www.acponline.org/srf/a_pub.htm. This newly updated guide discusses obtaining medical licensure, job searching and starting off in your first practice. The Career Counseling Timeline on the ACP Associates page also offers some of the same information in a timeline format. The Med-Peds Section website also has a detailed document entitled "The Med-Peds Job Search" which details some of the specifics of the job search which are unique to Med-Peds physicians, as well as discussing interviewing, contracting, and negotiating. This document can be found on the section website at www.aap.org/sections/med-peds/MedPedsJobSearch.pdf. The AAP also has a Young Physicians Section, which produces a newsletter containing articles of concern to young physicians. The YPS also sponsors programming at the NCE

each year pertaining to issues of young physicians. For those who are members of the AMA, the Young Physician Section's webpage can be found at www.ama-assn.org. Their site contains resources on malpractice coverage and other resources for young physicians.

Another major transition at any point in a practitioner's career can be moving from employee to practice ownership. The ACP and AAP both have significant amount of resources concerning practice management. The ACP Practice Management Center, at www.acponline.org/pmc.index.html, contains fairly exhaustive documents on practice ownership and operations, HIPAA compliance, CLIA regulations, reimbursement and documentation, and managed care. This information is also prepared into a free CD-ROM which can be obtained from the College. For more specific information, contact information for the center is available and questions can be asked using an online form. Also, the site has cataloged all of the practice management articles from the ACP Observer and listed them at www.acponline.org/journals/news/busman.htm. The AAP Section on Administration and Practice Management (SOAPM) at www.aap.org/sections/adpract/ also has information and newsletters for those who are involved in practice ownership and management. There is also additional information on the AAP Members Only Channel, including FAQs, HIPAA compliance, coding and reimbursement and links to AAP publications on practice management which can be purchased at a discounted price for AAP members. You will need your AAP member number (located on the mailing label of your issues of Pediatrics) to access the MOC.

Regarding negotiating career, family, and personal health, there are a plethora of online resources available. Women physicians can find information on their specific concerns at the AAP Committee on Pediatric Workforce Women in Pediatrics website www.aap.org/womenpeds/#. This website contains valuable information regarding part-time career paths, has linked to other websites of interest to women physicians and includes the women in pediatrics resource packet. AAP Section on Senior Members

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Online Career Transition Resources for Med-Peds Physician *continued from page 8*

(www.aap.org/sections/seniormembers) has information on the life of a senior pediatrician and a link to a document on physician wellness on the MOC. The AMA has specific member groups on their website pertaining to women (Women Physicians Congress), minority physicians (Minority Affairs Consortium) and senior physicians (Senior Physicians Group). Also, the ACP Observer archive on the ACP website has previous articles which have addressed physician wellbeing, balancing family and career, professionalism, religion and spirituality. There are also multiple resources to discuss issues with other physicians in your peer group. Both the AAP and ACP have password protected discussion groups, many specialty organizations such as the Society for General Internal Medicine has discussion groups and there are other chat groups at sites such as www.mommd.com, www.pol.net and www.medscape.com which address physician wellness, stress reduction for physicians, etc. Also, don't forget that the Section has its own med-peds specific list server, which you can sign up for as a member of the Med-Peds Section.

Lastly, the question arises how to keep current as a practicing physician. Pedialink

(www.pedialink.org) is the online CME clearinghouse for the AAP, with information about and access to online, print and live CME courses as well as a mechanism to track CME credit. The AAP also has practice guidelines and policy statements on their website. For Pediatrics in Review subscribers, online registration allows you to answer questions online and monitor CME credits at www.pedsinreview.org. The ACP also has online CME resources with Clinical Problem Solving Cases and CME course information as well as practice guidelines and PIER (Physician Information and Education Resource), which is an evidence based, clinically oriented patient care resource available to ACP members. The ACP also has the PDA Portal, which has downloadable documents available from the ACP for the PDA as well as links to medical PDA sites. Medscape at www.medscape.com has free online CME as does Physicians' Online at www.pol.net.

Overall, there are numerous online resources for physicians in every stage of their career. All it takes to find what you need is a computer and an idea of a place to start. Good luck and good web surfing!

Two Reports on the Med- Peds Forum By Michael Tracy, MD *continued from page 7*

those who are successful in limit-setting. The group discussed some of the difficulties in staying updated in both fields and gaining acceptance among practitioners, patients, and others not yet familiar with medpeds. The group spokesperson summarized a couple of issues nicely by saying "Your first 100 patients need to understand what you do" and then word-of-mouth will take over. It's more effective to show people what you can do than to tell them what you can do. The group consensus was that most people do practice both disciplines successfully and with satisfaction.

Breakout group number three discussed the different practice types available to medpeds physicians. The group was diverse in its medpeds background, including members who practice in the following settings: community primary care, academic medicine, urgent care, emergency medicine, public health, research, and strictly inpatient medicine. There were multiple medpeds hospitalists attending the workshop. The

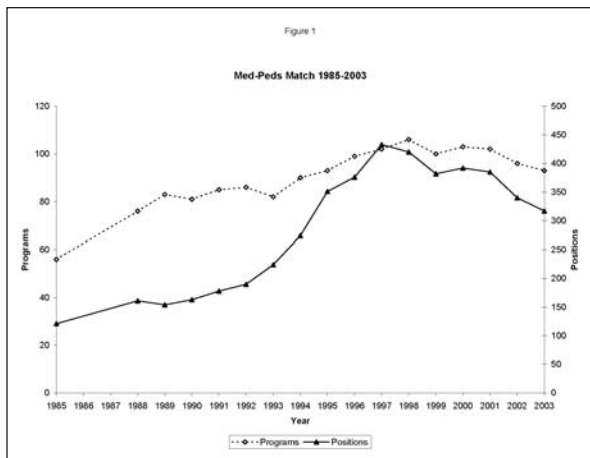
importance of networking was discussed as it relates to many issues, including practice problem solving, efficient job searching, and continuing medical education. The potentially important role of the MedPeds Chapter Liaisons, available at www.aap.org, should be emphasized as a tool for medpeds physicians to network in specific areas of the country.

MedPeds is a very viable and satisfying career choice. The diversity of options was obvious in this group of physicians. Many participants voiced overall satisfaction with their choice of medpeds as a career. The number of practitioners is clearly growing, as the MedPeds section of the AAP is currently the sixth largest section in the Academy. Many of these members are also members of the ACP. Through continued networking at these workshops, medpeds physicians will continue to shape the diverse role of medpeds physicians in the practice of medicine and have a forum to network and share our concerns and successes.

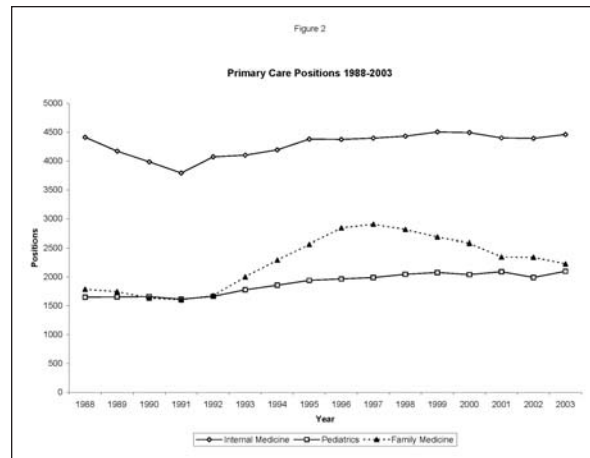
The 2003 Med-Peds Match – Fading Interest in Primary Care

By Brian Kan, MD

Data from the 2003 National Residency Matching Program (NRMP) continued to show a declining interest in Medicine-Pediatrics and other primary care specialties. Ninety-three Med-Peds training programs participated in this year's match and 385 positions were offered. Of these positions, 258 (67.0%) were filled by U.S. medical school seniors and 317 (82.3%) were filled by any NRMP participant. From 2002-2003, the number of Medicine-Pediatrics residency training programs decreased by 3 training programs. This is 13 programs below the 1998 peak of 106 residency training programs. Similarly, in the last year, the number of positions filled through the Match shrunk by 6.8% from 340 to 317 positions. This is 36.6% below the peak of 433 positions filled through the NRMP in 1997. Figure 1 shows the changes in Med-Peds training programs and positions from 1985 – 2003. Both the number of training programs (dashed line) and the number of positions (solid line) has consistently decreased from their peaks in the late 1990's.



From 2002 to 2003, the number of positions in categorical Internal Medicine and categorical Pediatrics has slightly increased. In 2003, categorical Internal Medicine filled 1.5% more positions (67 positions) through the NRMP. Similarly, Pediatrics filled 5.1% more positions (107 positions) this year. Primary care Internal Medicine decreased the number of positions by 7.7% (23 positions) and Family Practice decreased the number of positions by 5.2% (115 positions). Trends in the number of positions in primary care specialties are graphed in figure 2. The number of categorical Internal Medicine positions (top solid line) has

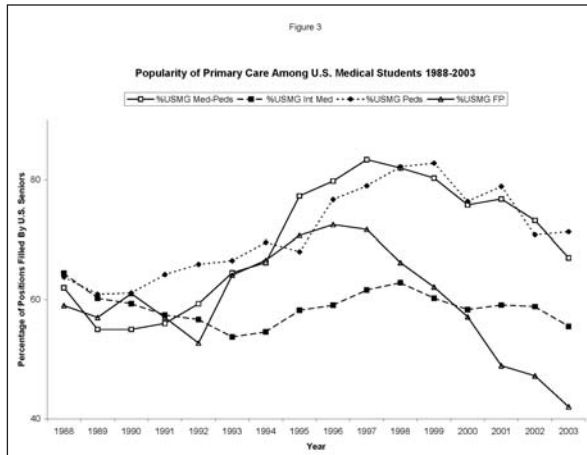


increased by 1.1% (48 positions) since 1988. In the same time period, the number of categorical Pediatrics positions has increased by 21.4% (449 positions). The number of positions in Family Practice (middle dashed line) has increased by 19.9% (440 positions) since 1988. However, the number of Family Practice positions filled through the match is 30.4% below its peak in 1997. While there has been some concern that the growth of Med-Peds has negatively affected the growth of Family Practiceⁱ, the growth of Family Practice from 1988 to 2003 (440 additional positions) exceeds the total number of Medicine-Pediatrics positions by 138%.

The popularity of all primary care specialties has been declining among U.S. senior medical students for the last five years. Figure 3 graphs the percentage of positions filled by U.S. senior medical students through the NRMP from 1988 - 2003. Medicine-Pediatrics (solid line – open squares) has declined from a peak of 83.4% of offered positions filled by U.S. senior medical students in 1997 to 67% of offered positions filled by U.S. senior medical students in 2003. In the same time period, Internal Medicine (categorical and primary care, solid line – open squares) has declined from 61.6% to 55.5%. The decline in Pediatrics (dashed line – solid diamonds) is similar to the decline in Combined Medicine-Pediatrics. From 1997-2003, this percentage has declined from 79.0% to 71.3%. Family Practice (solid line – open triangles) has shown the greatest decline; in the last six years, the percentage of U.S. senior medical students filling

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offered Family Practice positions has declined from 71.7% to 42%. From 1988 to 2003, the decline in Family Practice positions filled by U.S. seniors is 198 positions. This decline exceeds the growth in Med-Peds positions filled by U.S. seniors (115 positions) during the same time period. Therefore, the increased popularity of Med-Peds training may be contributing to the declining popularity of Family Practice training among U.S. senior medical students.

Overall, the trend over the last five years has been a decreasing interest in primary care. Med-Peds, Family Practice, and Primary Care Internal Medicine have been impacted the most by this trend. While the number of positions and programs has seen modest declines, the popularity of primary care specialties among U.S. senior medical school students has declined significantly. Here are some things you can do if you are interested in encouraging more medical students in specializing in Medicine-Pediatrics:

- Precept medical students in your office or at a clinic affiliated with your local medical school.
- Volunteer to meet with medical students through your local medical school's Pediatrics club, Internal Medicine club, or primary care club.
- Become a mentor for medical students.
- Participate in medical student career fairs.

Organize a meeting of Med-Peds physicians and invite medical students that live in your region.

ⁱ Campos-Outcalt D, Lundy M, Senf J Outcomes of Combined Internal Medicine–Pediatrics Residency Programs: A Review of the Literature *Acad. Med.* 2002;77:247–256.

Med-Peds Section Members Discount on AAP and ACP Dues

Med-Peds Section members (excluding residents) who are members of both the American College of Physicians and the American Academy of Pediatric are eligible to receive a dues discount of 10% from each organization. The dues reduction comes without a loss of any of the benefits of membership in either organization.

For information about ACP membership or to obtain a catalogue of programs, products, and services, call the ACP at 800/523-1546, Ext. 2600.

If you are a member of both organizations, but have questions about whether you've received your discount, please call the AAP at 800/433-9016 ext. 5897.

2003 NATIONAL CONFERENCE AND EXHIBITION (NCE)

AAP MED-PEDS SECTION PROGRAM

Sunday, November 2, 2003

Hilton New Orleans Riverside

7:00 - 8:30 am	Business Meeting and Breakfast
8:30 - 8:40 am	Introductory Remarks and Group Needs Assessment
8:40 - 9:00 am	Conducting a Med-Peds Job Search – <i>Brian Kan, MD</i>
9:00 - 9:20 am	Choosing the Right Practice – <i>Danny Edmondson, MD</i>
9:20 - 9:40 am	Negotiating a Contract- <i>Ellen Singer, MD</i>
9:40 - 10:00 am	Rural Medicine and Relations with Other Providers – <i>Michael Tracy, MD</i>
10:00 - 10:30 am	Panel Discussion/Questions and Answers
10:45 - 11:30 am	Breakout Session 1
11:30 - 12:15	Breakout Session 2
12:15 - 12:30 pm	Summary and Closing Remarks
7:00 pm	Med-Peds Dinner – tickets available through registration

AMERICAN ACADEMY OF PEDIATRICS



*National Conference & Exhibition
November 1-5*