Pediatric Urology Fellowship Directors Committee

Minutes of the Bi-Annual Meeting
September 27, 2019

Location of Meeting:

Cushman B
The Westin Kierland
Scottsdale, Arizona

Present at Meeting:

Duncan Wilcox, Chair (Denver)
Bob DeFoor, Vice-Chair (Cincinnati)

George Chiang (San Diego)
Doug Clayton (Nashville)
Hillary Copp (San Francisco)
Doug Coplen (St. Louis)
John Gearhart (Baltimore)
Dana Giel (Memphis)
Micah Jacobs (Dallas)
Andrew Kirsch (Atlanta)
Martin Koyle (Toronto)
Richard Lee (Boston)
Thomas Lendvay (Seattle)
Erin McNamara (Boston)
Paul Merguerian (Seattle)
Rosalie Misseri (Indiana)
Angela Mittal (Houston)
Lane Palmer (New York)
Elizabeth Roth (Wisconsin)
Francis Schneck (Pittsburgh)
Scott Sparks (Los Angeles)
Heidi Stephany (Orange, CA)
Chad Wallis (Salt Lake City)
Hsi-Yang Wu (Stanford)
Ben Whittam (Indiana)
Elizabeth Yerkes (Chicago)

Julia Finkelstein (Boston, AAP SOU Fellow representative)
The regular bi-annual meeting of the Pediatric Urology Fellowship Directors Committee was called to order at 5:30 PM on September 27, 2019 in Cushman B Conference Room by Duncan Wilcox, Chair.

I. Approval of Agenda

The agenda for the meeting was distributed prior to the meeting by email and approved by consensus.

II. Review of Previous Minutes

The minutes of the previous meeting were distributed by email after the last meeting and approved by consensus.

III. Consideration of Open Issues

1. RRC/ABU Report

Dr. David Joseph discussed the process for converting the Pediatric Urology fellowship from one clinical year (managed by the ACGME) and one research year (with ABU oversight) to a two-year ACGME approved curriculum.

Several programs which currently allow the trainee to function as “junior faculty” with the ability to run clinics, perform surgery, and take call have concerns over how this will affect their program.

According to Dr. Joseph, there is debate in the RRC on how much “core activity” will be allowed in the Pediatric Urology fellowship. Currently, it seems that 10% of the fellow’s time will be allowed to be in a “core activity” as independent practice. This percentage is following the precedent of other training disciplines such as “Pelvic Female Medicine” that have a dual certificate with Gynecology. Their training programs are allowing 10% core activities for their fellows.

Ultimately it will be up to the RRC to determine the definitions for “core activity.” The definition of “core activity” has not been completely defined but may include typical on-call activities such as testicular torsion repair as well as cystoscopy with placement of a ureteral stent that any graduating Urology
resident should be able to perform. This may be somewhat of a “slippery slope” and is actively being discussed at the RRC level.

However, a “core activity” will not be a Pediatric Urology fellow running an independent clinic/practice in Pediatric Urology. This would be seen to be “self-serving” for the training program rather than “public serving” from the RRC and ACGME standpoint. Despite urologists being board-certified in “Adult and Pediatric Urology, Dr. Joseph emphasized that the perception to the public is that a child is being seen in a pediatric hospital by a “pediatric urologist” rather than a “general urologist.”

Dr. Joseph strongly suggested taking the opportunity to add your input on these issues when the ACGME posts requests for “public comment”. Dr. Joseph and the Program Directors chair will make sure this is well publicized to the various programs when this time period for “public comment” becomes available.

There may also be some issues with institutions allowing privileges for these “core activities” despite what the ACGME will allow. Ultimately it may be up to the hospitals to decide what the fellows may do.

The time line for this decision will likely be at the end of this calendar year so will not affect the next interviewing group of fellow candidates.

There were many questions for Dr. Joseph and concern from Dr. Palmer that some programs may not be able to fund a second year if the fellow cannot generate income. The scenario was raised that a program may fold after matching a fellow if they were not able to generate income. In addition, some hospitals are “capped” on the number of fellows which may limit them becoming a two-year ACGME fellowship despite the funding issues.

2. **ABU Advisory Committee Report**

Dr. Christopher Cooper discussed the aforementioned issues raised by Dr. Joseph on the oversight by the ABU and the Pediatric Urology Advisory Council. For now, the same process for the “individualized educational plan” will continue under the same process and deadlines. Ultimately, each institution’s “clinical competency committee” will weigh in on and approve each program’s curriculum. It was discussed that in the new two year curriculum model, more latitude will be available to customize the clinical and research components.

3. **Match Data**

The recently concluded Pediatric Urology match was discussed by Dr. Wilcox and data provided regarding its outcomes:
Programs registered 25 with 26 available spots
Programs sitting out match 2?
Programs Matching all Vacancies 18
Programs with Unmatched Vacancies 8

Applicants 31
Applicants Submitting Lists 20
Applicants Matched 18
Applicants Unmatched 2

Average # programs listed by applicants 8

No data was available regarding “scramble” outcomes between unmatched applicants and unmatched vacancies.

4. Fellowship Virtual Interviews

Dr. Martin Koyle led a discussion on an idea to either add to or supplant the typical interview process with possibly “virtual” interviews or even an in-person “job fair” type interview. It was felt that all programs would need to “buy-in” to this initiative for it to be successful. It could then be set up at the AUA or Fall Congress. This is apparently becoming more the norm in Canada for general urology residency programs. Various pros and cons of this approach were discussed as well as the benefit to the fellow applicants from a financial standpoint. It was discussed that this would not replace the normal interview process for those who still preferred an official in-person visit to an institution. The plan was to continue to explore this possibility and possibly perform a survey of current fellows to gauge their interest and obtain feedback.

5. DSD Advocacy Update

Dr. Lane Palmer led a discussion of the current status of our DSD advocacy.

6. Vice Chair Nominations

Dr. DeFoor called for nominations to be submitted for the Vice Chair position to begin Fall 2020.

7. Wellness

Dr. Elizabeth Yerkes made an announcement of a wellness opportunity for fellows and program directors during the Fall Congress sponsored by Lurie Children’s Hospital.
IV. Time of Next Meeting

The next meeting will be held in May 2020 at the American Urological Association Annual Meeting in Washington, D.C. The date, time, location, and agenda of the meeting will be forthcoming.

The meeting was adjourned at 6:45 pm by Duncan Wilcox, MD.

Respectfully submitted,

Bob DeFoor, MD
Vice Chair