

## ***President's Bulletin – January 2017***

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As we sail into the New Year, the times they are a-changin' (Dylan, 1964), and it looks to me like troubled waters (Simon, 1970). I want to use this brief January bulletin to look ahead and set a course for SDBP – recognizing that we may need to adjust our course as the winds of change shift (Dylan, 1974).

The SDBP moonshot survey was a creative strategic planning exercise that highlighted some important potential new initiatives:

### **Development of DBP Care Pathways**

- The Complex ADHD Guideline is in development
- In addition, we will be planning innovative tools and resources on Complex ADHD to stimulate knowledge translation and practice change.

### **DBP Training**

- The Education Committee is developing educational best practices, linking selected DBP core competencies to training experiences and methods. This work will be disseminated through SDBP to enhance DBP training and education
- SDBP has begun discussion with NAPNAP on DBP training for nurse practitioners. The goals may include establishing DBP certificate programs, courses and learning collaboratives.

### **Collaboration with others on fair compensation**

- SDBP continues to pursue a strategy of collaboration with AAP and APA on coding
- SDBP, in collaboration with AAP and NAPNAP, have new data from the AAP workforce survey – to be published soon – that should help members discuss compensation and resource allocation
- SDBP collaborated with AACAP and APA on an extensive actuarial analysis by Milliman, Inc., regarding costs of pediatric behavioral health care. The Milliman report will demonstrate huge potential cost savings associated with integrated medical and behavioral health. We anticipate the Milliman report to be available soon. The report and data will be disseminated to members.

### **Other noteworthy developments for 2017....**

Planning is well underway for the **Annual Meeting** in Cleveland October 13-16. The theme of the meeting is *Improving Outcomes through Partnership and Collaboration*. This will be reflected in the keynote address by Peter Rosenbaum.

[https://www.canchild.ca/fr/team\\_members/3-dr-peter-rosenbaum](https://www.canchild.ca/fr/team_members/3-dr-peter-rosenbaum)

[https://fhs.mcmaster.ca/ceb/faculty\\_member\\_rosenbaum.htm](https://fhs.mcmaster.ca/ceb/faculty_member_rosenbaum.htm)

The Program Committee is excited about changes to the schedule this year that will allow additional time for valuable content, including clinical topics and an ethics workshop (workshop submission portal open mid-January).

And for those who would like to venture further afield, the **2<sup>nd</sup> International Developmental Pediatrics Congress** will take place in Mumbai December 7-10, 2017.

**Upcoming AAP webinars of interest to members:**

Zika - Recognizing Microcephaly and Other Presentations of Zika Virus Syndrome

[Recognizing Microcephaly and Other Presentations of Zika Virus Syndrome Registration](#)

FASD – Screening and Diagnosis, Neurobehavioral Effects, Lifespan issues

[FASD: Screening, Assessment, and Diagnosis Registration](#)

After last year’s **DBP Fellowship Match** when only 26 positions were filled and 46% of available positions were unfilled, concerns were voiced about the future of DBP. The 2016 match suggests a more positive trend, and the percentage of positions unfilled in DBP is similar to many other pediatric subspecialties. So why worry? (Sandler, 2016)

**DBP Fellowship Positions**

	Positions Available	Positions Filled	% Positions Unfilled
2011	32	25	22%
2012	32	21	34%
2013	37	29	22%
2014	38	26	32%
2015	41	30	27%
2016	48	26	46%
2017	44	31	30%

**2017 Data - Other Subspecialty Fellowships**

Field	# Position	# Filled	% Unfilled
Emergency Med	136	134	2%
Critical Care	187	179	4%
Gastroenterology	92	86	7%
Neonatology	254	234	8%
Hospital Medicine	44	38	14%
Rheumatology	40	29	28%
Pulmonary	67	47	30%
DBP	44	31	30%
Infectious Disease	77	48	38%
Endocrinology	88	60	32%
Nephrology	59	32	46%
Child Abuse	26	12	54%