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CoPS Fall Meeting Workforce

Rob Spicer, MD
Executive Committee – Chair
September, 2015



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Specifically regarding pediatric subspecialties, what does the term “*workforce*” mean to you?

- Workers in specific subspecialty settings (academic/clinical urban/rural)
- Board certified/eligible and working, not in training
- “Pipeline” refers to those in residency, med school, college, even high school who may have an interest in joining the workforce
- Specialists available to work in the field
- Providers in training, in practice, retiring
- Planning/market survey/need projection
- # of physicians participating in care of subspecialty pediatric patients



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Specifically regarding pediatric subspecialties, what does the term “*workforce*” mean to you?

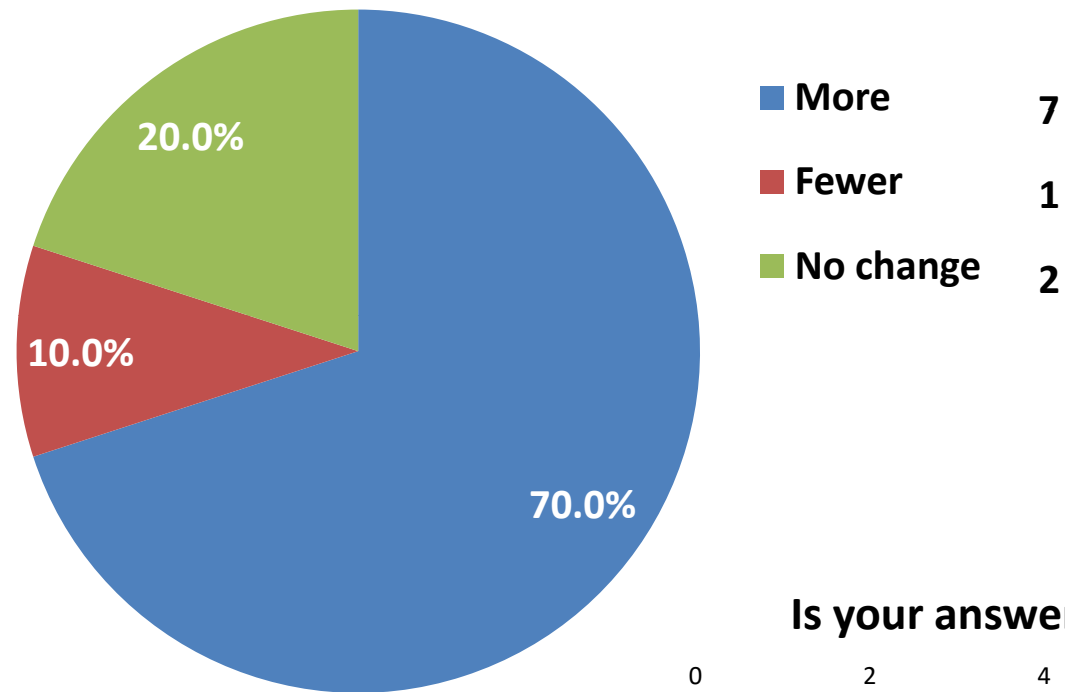
- Number of pediatric sub-specialists needed to meet the referral and education needs of practicing pediatricians and other primary care providers. It encompasses pipeline, training, and distribution of specialists
- Those practitioners who are trained & certified
- Supply of and demand for workers including hospitalists
- The collective of pediatric providers available to provide subspecialty care for children
- Available certified subspecialists to meet patient needs, NOT fellows



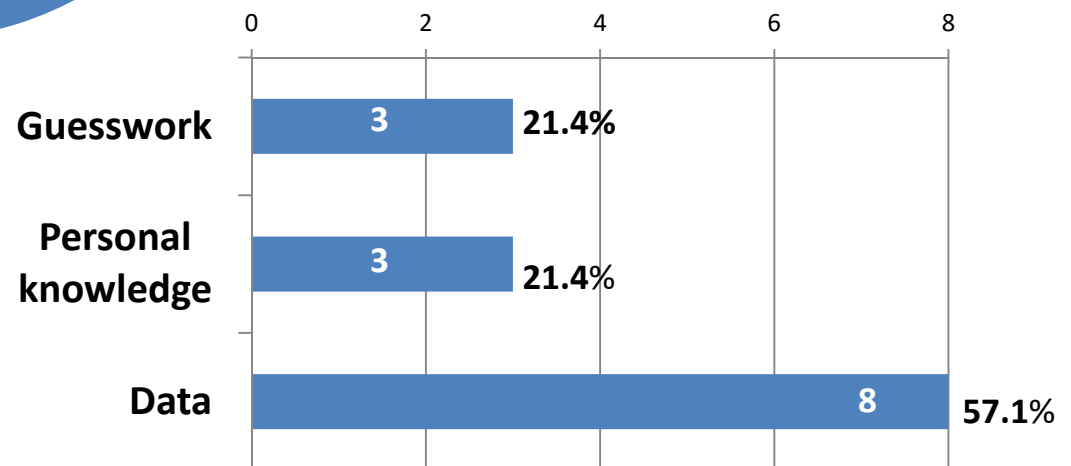
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Do you believe there is a need for more, fewer, or no change in the number of resident physicians applying for fellowship in your subspecialty?



Is your answer based on:





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If data, please elaborate.

- We have contacted the AAMC, the ABP, & others regarding this important topic



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If data, please elaborate.

- The 2014 ASPHO Workforce Survey results indicate that in the next 3 years, the supply of graduating PHO fellows will exceed the demand of expected job hirings in the field



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If data, please elaborate.

- Publications on workforce issues include the following:
 1. Pediatrics. 2010 Jan;125(1):165-72.
 2. Arch Pediatr Adolesc Med. 2010 Dec;164(12):1086-90.
 3. J Adolesc Health. 2010 Feb;46(2):100-9



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If data, please elaborate.

- Nationwide survey data has been published (Ren Fail. 2014 Sep;36(8):1340-4)
- Am J Kidney Dis. 2015 Jul;66(1):33-9)
~40% of fellowship positions go unfilled in the match each year



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If data, please elaborate.

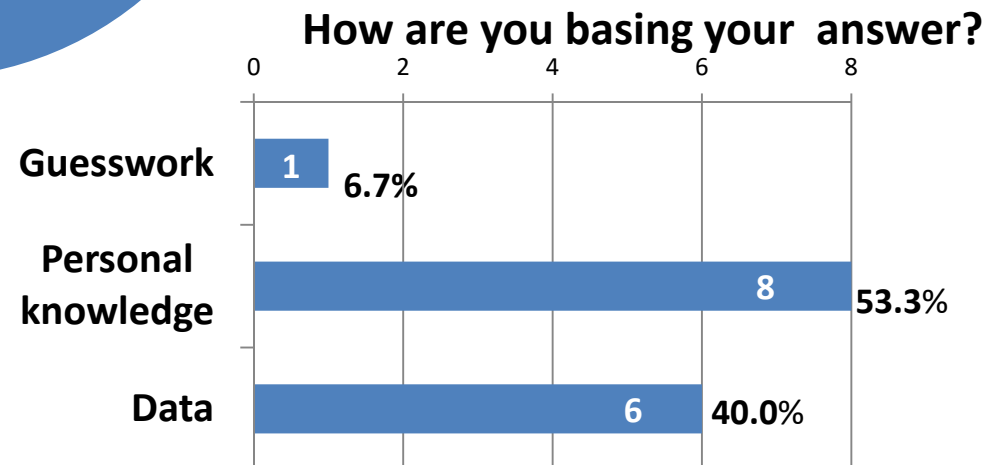
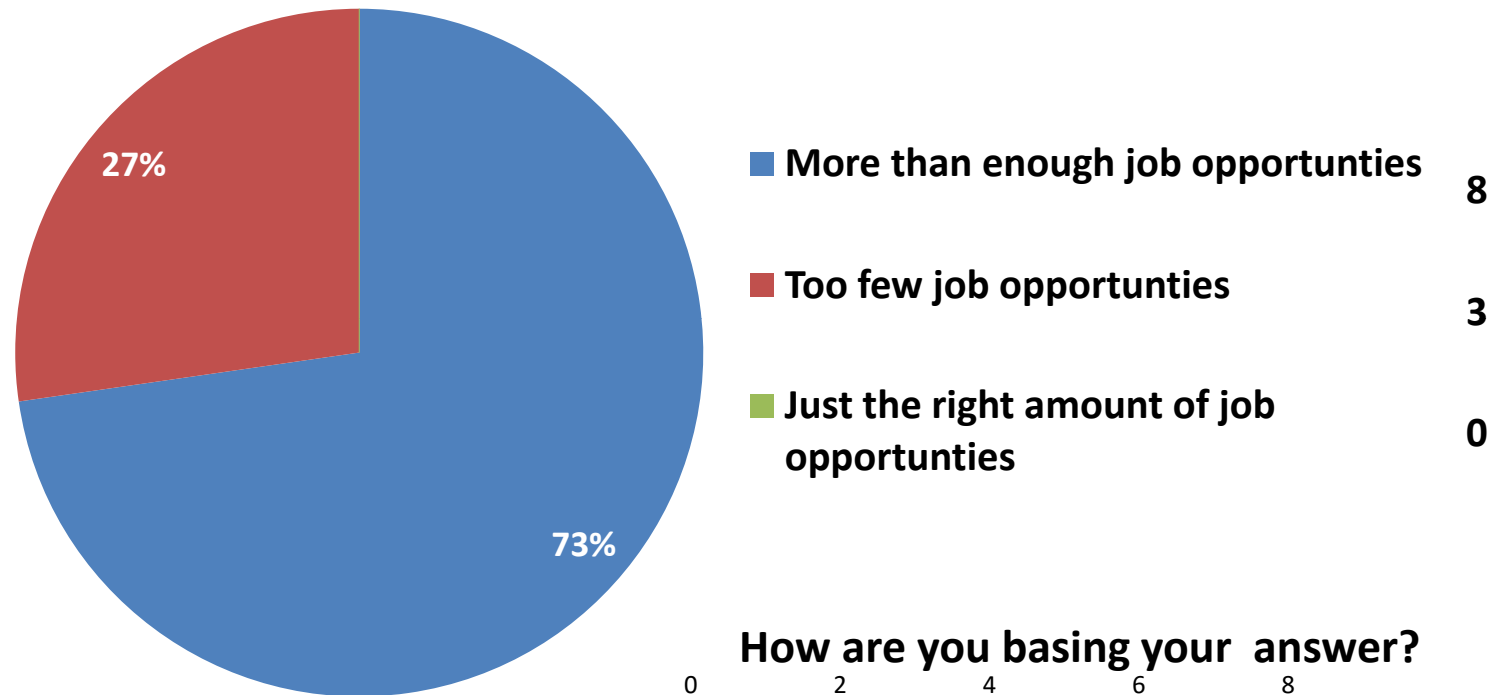
- Dermatology conducts periodic workforce surveys
- Dermatology is commonly cited by primary care providers as have difficult access
- Currently > 30 fellowship positions open each year
- Significant number academic dermatology departments do not have board certified pediatric dermatologists on faculty



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With respect to job opportunities available to graduation fellows, are there:





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If data, please elaborate.

- Many docs have retired or are in the process of retiring and fellows recently have had great opportunities and multiple offers. It is an important topic to work on
- Forty jobs on job board at last meeting
- A faculty position last year received 2 inquiries and one applicant (!)
- I receive e-mails from recruiters once a week for and fellows typically get 4-6 job offers.....unless they are geographically challenged



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If data, please elaborate.

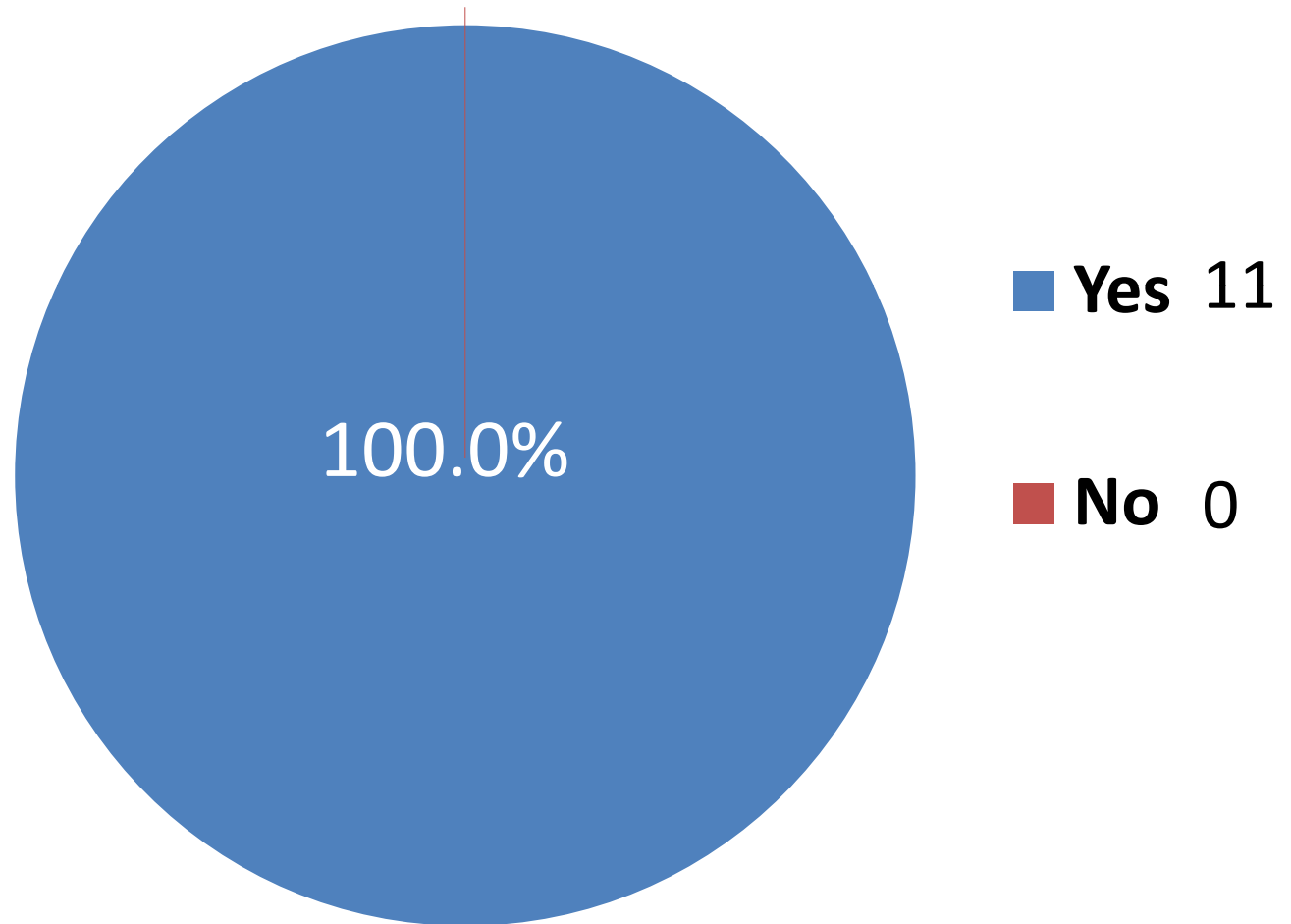
- 47% of programs have MD shortage, fellowships aren't full, ergo: more jobs than fellows
- Multiple posted job openings, some for months-years
- Recent grad had interviews aplenty and multiple job offers
- Too few jobs or too few jobs where graduates want to work



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Are you aware of available faculty positions in your subspecialty?

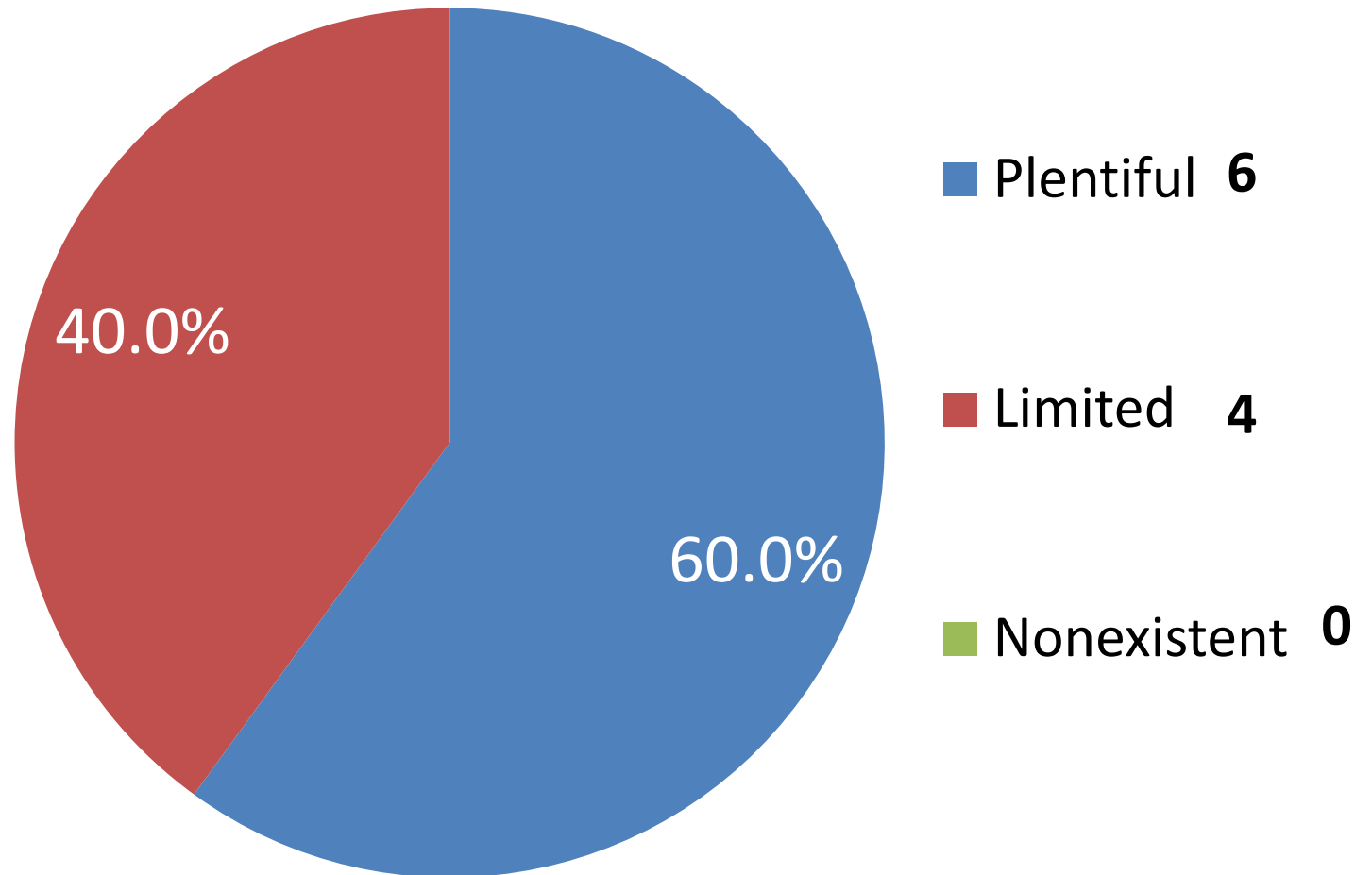




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If so, are the jobs:





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If limited, please elaborate what the limitations are.

- Some locations are less desirable to applicants
- Geography
- Subspecialty area interest (e.g. transplant, ICU)
- A field with a small number of graduates and jobs is limited primarily by geography
- Most individuals, when finished with training, “have a life” and, thus, have some constraints on moving
- Opportunities in academic centers, health departments, schools and correctional facilities



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If limited, please elaborate what the limitations are.

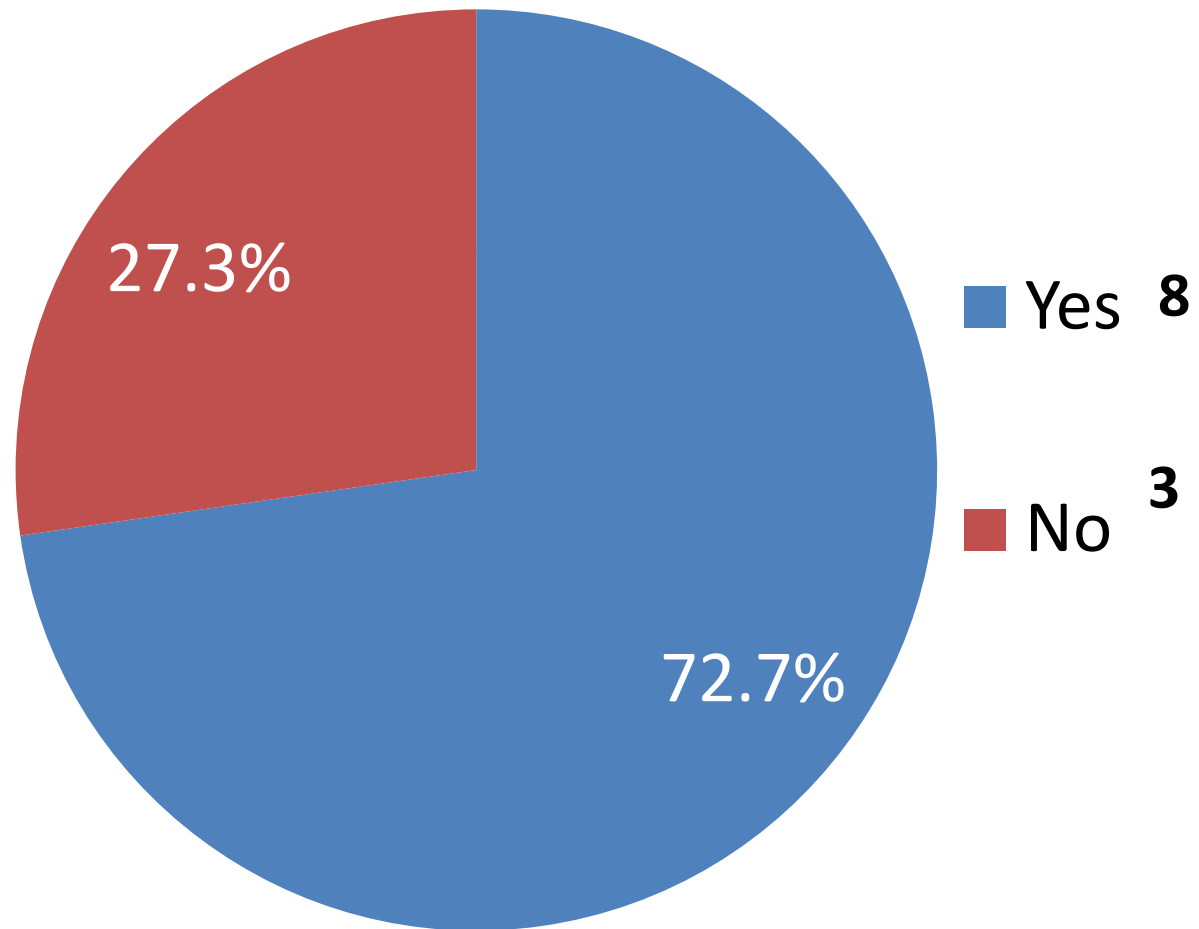
- There are never LOTS of jobs at once, however, there are abundant jobs currently
- Recent AAP report noting 60 current openings with estimates of 79 new positions in the next 3 years



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Has your organization formally addressed the issue of workforce needs?

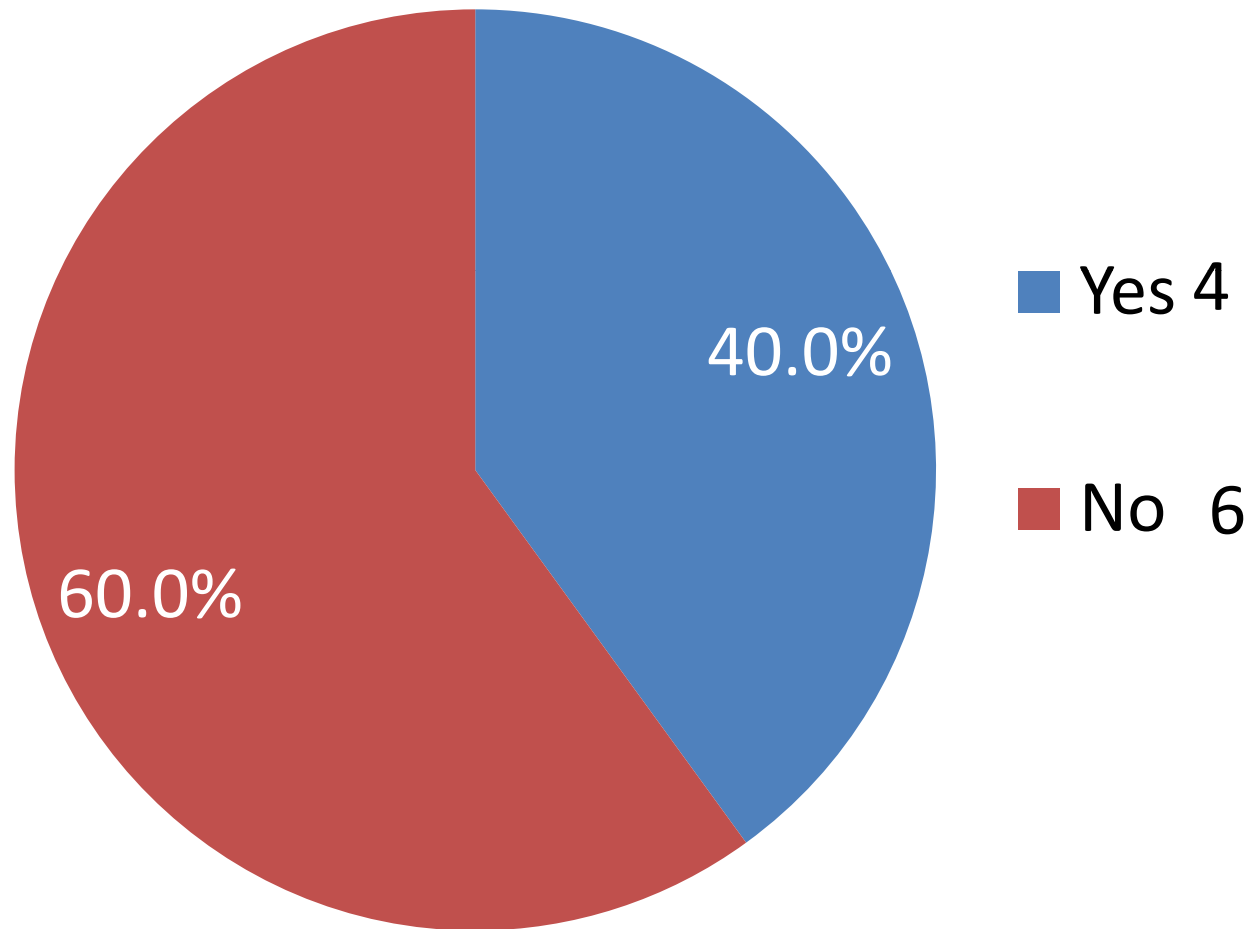




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Does your organization have a strategic and/or action plan to address workforce issues?





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If yes, please elaborate on what has been done:

- The problems have been identified
- Further study is being done
- But... not in a comprehensive way and not with other providers
- In process, sponsored by other subspecialty (adult-driven) organizations
- A group that crosses organizations (SAHM, ABP, MCHB) addressed core issues & SAHM created a task force on pipeline issues



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If yes, please elaborate on what has been done:

- AAP-sponsored workforce report
- However, beyond reporting on the issue, AAP has done little to meaningfully impact the problem
- Our organization has a workforce committee (I am on it). We routinely assess workforce needs through surveys of members
- Has been discussed at annual with PDs and CAP specialists
- Encourage recruiting of medical students and residents



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Workforce Data

Updates from Subspecialties

Pediatric Rheumatology; 2011

Healthcare System Delivery & Workforce Supply

- Demand/need is great for: more training programs, enrollees in training programs, and practicing pediatric rheumatologists
- Supply is hindered by: debt, lifestyle, earning potential, and part-time work
- Proposed 10 policy solutions including 2 yr. fellowship



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Workforce Data

Updates from Subspecialties

Pediatric Nephrology; 2015 AJKD

AAP Division of Workforce, AAP Section on Nephrology, ASPN collaboration

- “Hard to predict”
- “Suggestion” of a workforce shortage
- “Serious efforts to recruit qualified trainees...are needed”
- Loan repayment, work-life balance, compensation, mentorship, and part-time



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Workforce Data

Updates from Subspecialties

Pediatric Critical Care Medicine; 2015

AAP workforce survey of active AAP CCIM section members and ABP PCCM diplomates

- “May be experiencing” an under supply of PCCM workforce
- Growing interest in residents
- Burnout, night call, and part-time



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What role might CoPS best serve in addressing the issues of *workforce*?

- Bring the topic up (**awareness**)
- Create subspecialty and institutional knowledge (**data**)
- Advocate for increase **GME** funding tied to population needs rather than financial health of the parent institution. Very few fellowship slots are funded by hospital GME. Is this true in other specialties?
- Is **GME** equitably distributed between adult and child services?
- Advocate for **loan repayment** for subspecialty training, especially for the most needed subs



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What role might CoPS best serve in addressing the issues of *workforce*?

- **Define** the requirements in each fields relative to patient populations
- Working for **incentives** serve **undeserved** areas
- Educational **webinars**
- Involving subspecialty section **chiefs** and dept. **chairs** (collaboration)
- **Educating** & providing distance support to primary care providers in places with limited subspecialists



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What role might CoPS best service in addressing the issues of *workforce*?

- Common match date and delayed start date may be helpful
- Creation of a **model** for part-time academic faculty
- This is a critical issue and CoPS should be involved (**involvement**)
- Spearheading recommendations (**lead**)
- Compile **data** on number of fellows & available positions
- Create projections of the numbers of fellows needed (**model**)
- Gather **data** from specialty organizations and academic institutions



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What role might CoPS best service in addressing the issues of *workforce*?

- Provide **online resources** for pipeliners (salaries, job availability, etc.)
- Develop **strategies** to “incentivize” fellowship training in **underserved** specialties
- Provide resources for **recruitment**
- **Involve** all stakeholders in the development of an **action plan (?AT)**



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Fellowship Recruitment

APPD FPD Session

9/17/15 Atlanta

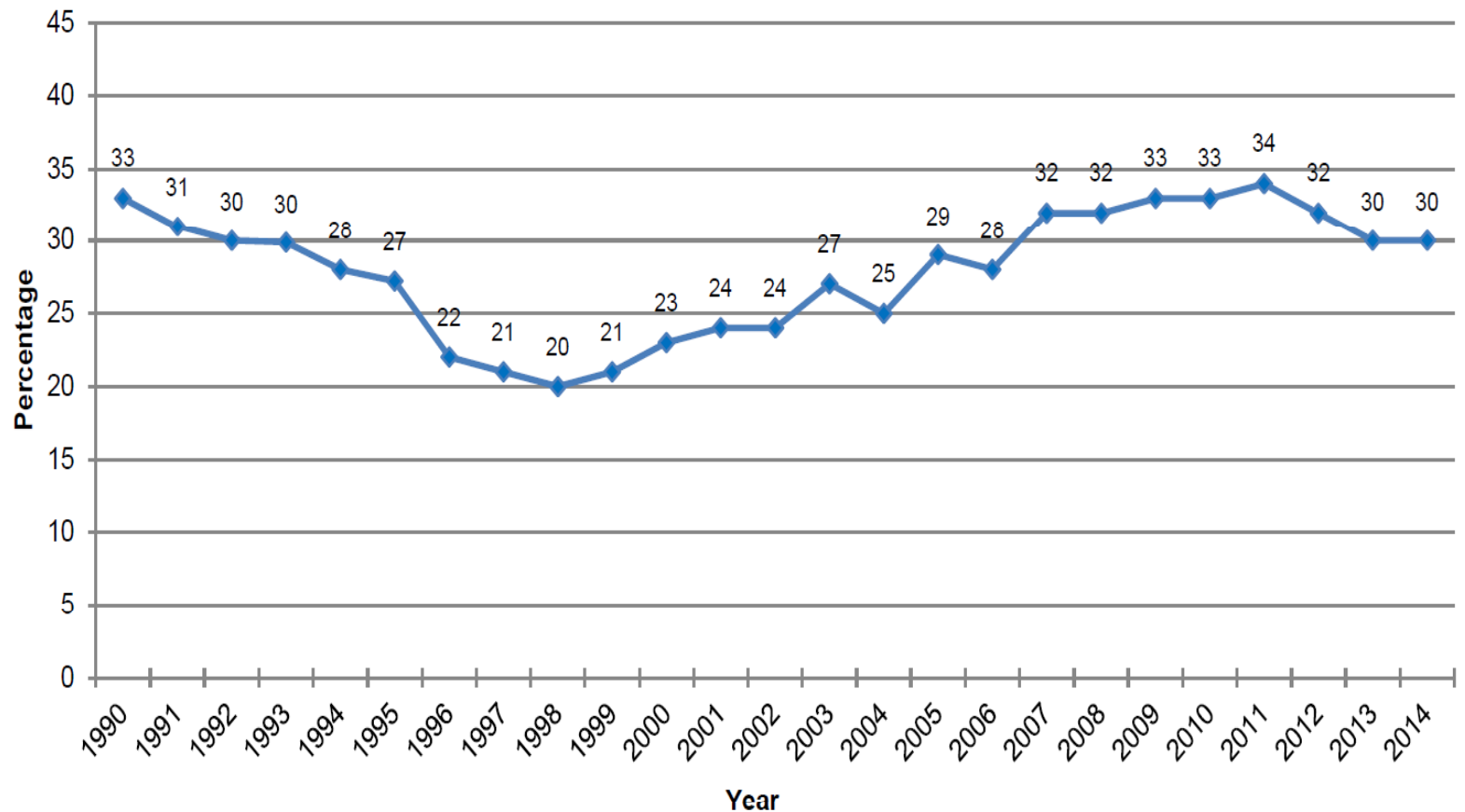
Drs. McGann, Herman, Myers,
van der Velden, Atlas, Barron, Fleming



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Percent Pediatricians selecting Subspecialty Careers over Time, 1990 - 2014



ABP 2014-15 Workforce Data



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Number of First Year Fellows in Different Subspecialties

Area	n	%
Adolescent Medicine	30	2.0
Pediatric Cardiology	153	10.0
Child Abuse Pediatrics	15	1.0
Pediatric Critical Care Medicine	199	13.0
Developmental-Behavioral Pediatrics	39	2.5
Pediatric Emergency Medicine	189	12.3
Pediatric Endocrinology	90	5.9
Pediatric Gastroenterology	100	6.5
Pediatric Hematology-Oncology	187	12.2
Pediatric Infectious Diseases	74	4.8
Neonatal-Perinatal Medicine	307	20.0
Pediatric Nephrology	49	3.2
Pediatric Pulmonology	65	4.2
Pediatric Rheumatology	35	2.3
Total	1,532	100.0

ABP 2014-15 Workforce Data



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Decision to Pursue Fellowship: Factors and Timing

- *What factors impact decision to pursue fellowship training?*
- *When do trainees decide to pursue a fellowship?*
 - *When can we influence them?*



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Additional trainee considerations when choosing their fellowship?

- Focus on Inpatients vs Outpatients
- Procedural or not
- One or many organ systems
- Patient population



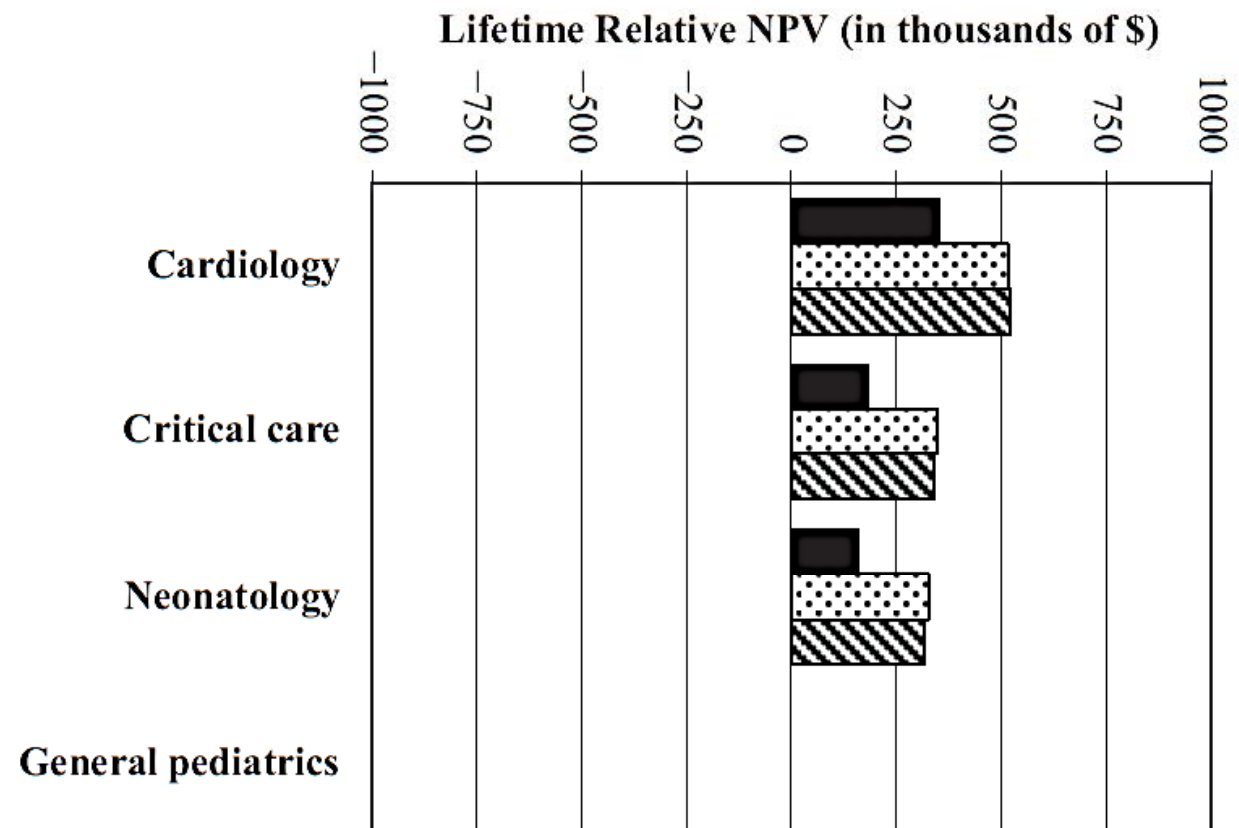
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The good

Pediatrics 2011;127;254

FIGURE 1
Lifetime Relative NPV.



A Nowalk, The economics of pediatrics in 2014, UPMC



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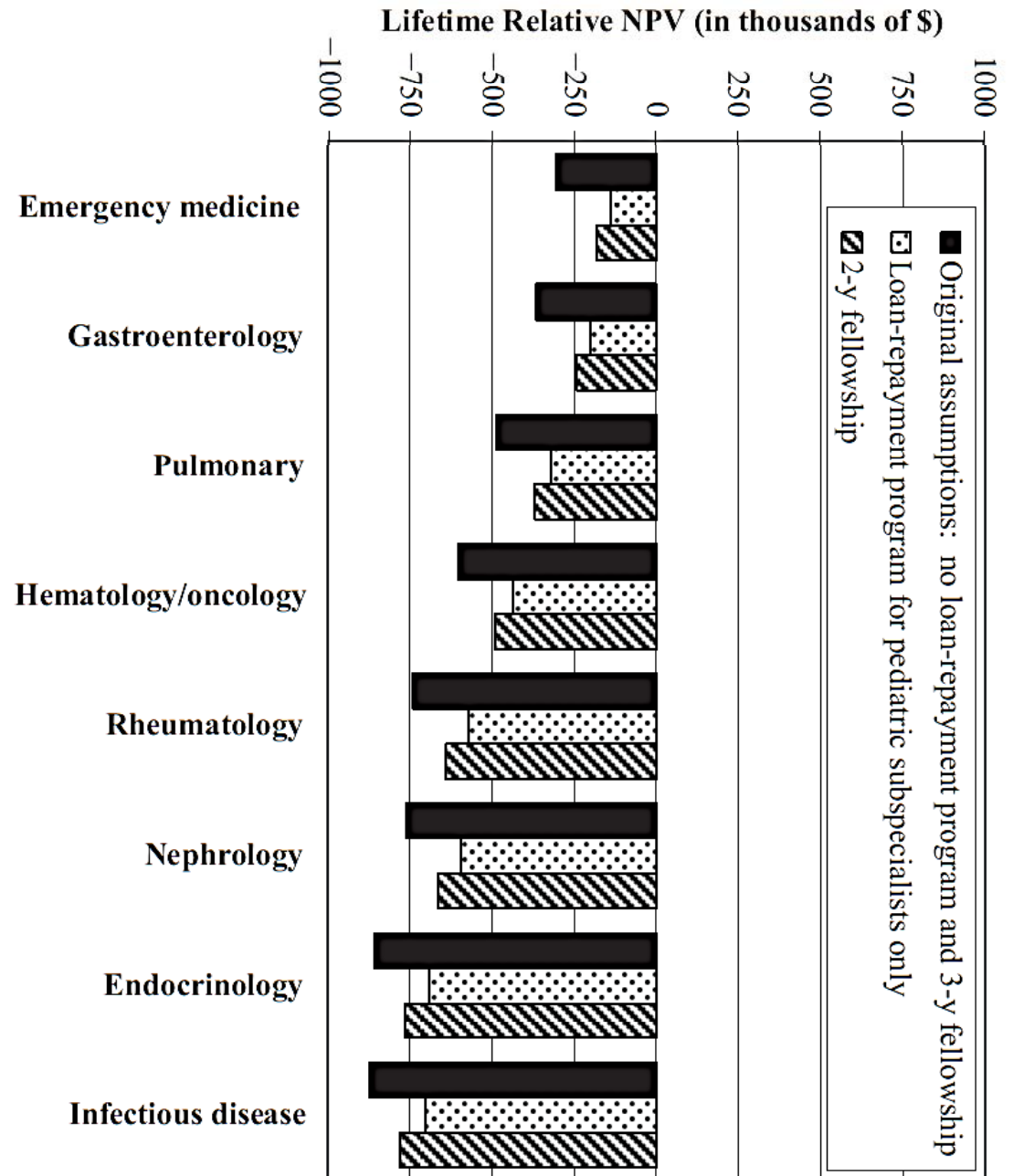


The bad

The ugly

A Nowalk, The economics of pediatrics in 2014, UPMC

FIGURE
Lifetime





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Debt

- Recent compilation of data from AAP resident surveys 2006-2010
- Debt
 - 3 of every 4 graduating residents
 - Those with debt saw increase of 24% from 2006 to 2010 (\$146K to \$181K)
 - More in younger, married to a physician
- Does it affect us?



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Yes

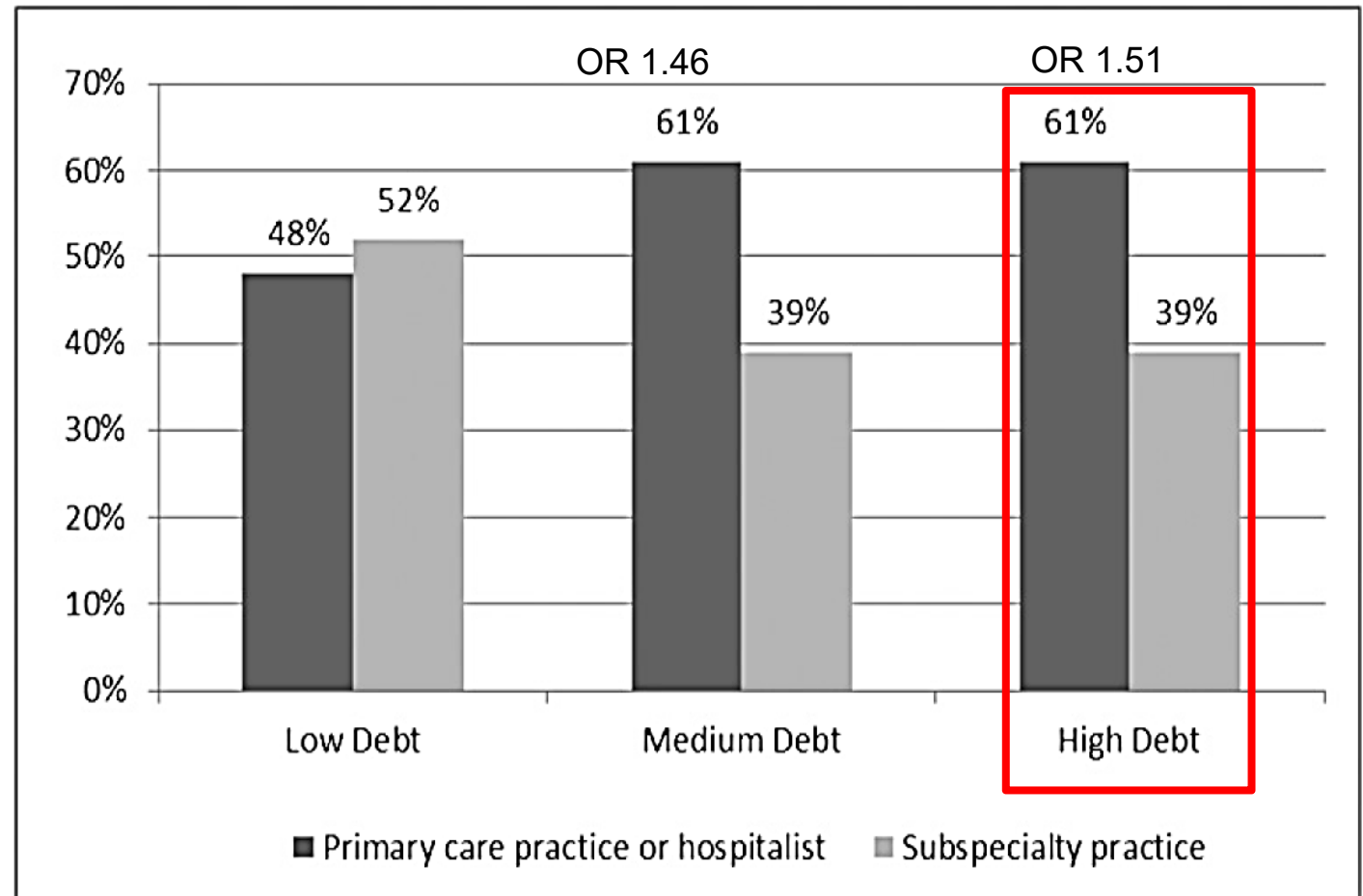


FIGURE 2

Pediatric resident-reported future clinical practice goal by educational debt.



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Applicants and % Unfilled Programs by Subspecialty

Subspecialty	# Applicants		Positions Offered	# Programs	% Filled		# Unfilled Pgms	% Pgms Unfilled
	US Grads	All Applicants			US Grads	All Apps		
Pediatric Nephrology	10	23	58	39	17.2	36.2	31	79
Pediatric Pulmonology	19	33	61	43	29.5	49.2	28	65
Pediatric Infectious Diseases	21	34	66	51	31.8	45.5	30	59
Pediatric Rheumatology	13	27	40	30	30	55	16	53
Child Abuse	13	15	20	19	60	65	7	37
Pediatric Endocrinology	43	75	85	57	49.4	76.5	17	30
Developmental and Behavioral Pediatrics	18	38	41	33	34.1	73.2	10	30
Adolescent Medicine	22	31	36	25	55.6	77.8	7	28
Pediatric Hospital Medicine	26	37	30	24	63.3	90	3	16
Pediatric Hematology/Oncology	94	181	162	65	54.3	94.4	7	11
Pediatric Critical Care Medicine	136	206	168	62	70.2	95.2	5	8
Pediatric Gastroenterology	64	117	85	51	64.7	96.5	3	6
Pediatric Cardiology	112	181	141	57	68.1	97.2	3	5
Neonatal-Perinatal Medicine	166	295	242	92	59.9	98.3	4	4
Pediatric Emergency Medicine	126	201	162	73	64.2	98.1	3	4

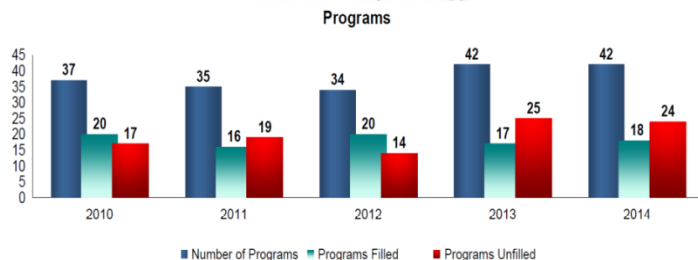


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Fellowship Match Trends by Specialty and Appointment Year

Pediatric Nephrology



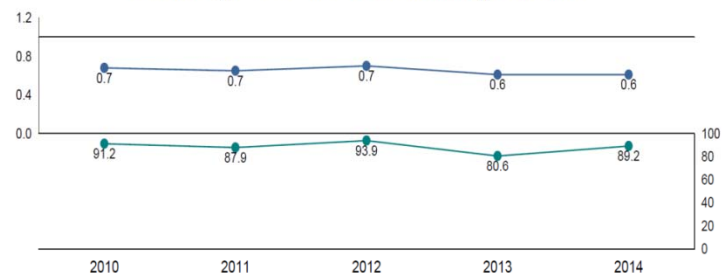
Positions



Applicants

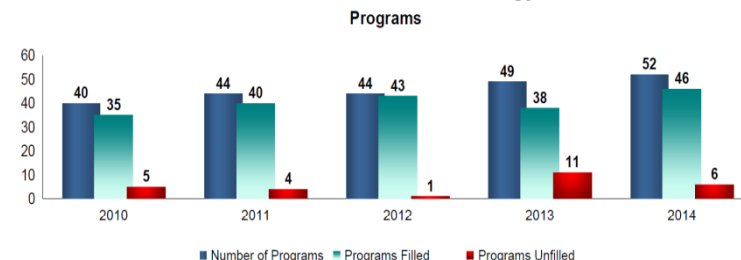


Number of Applicants Per Position and Percent of Applicants Matched



Fellowship Match Trends by Specialty and Appointment Year

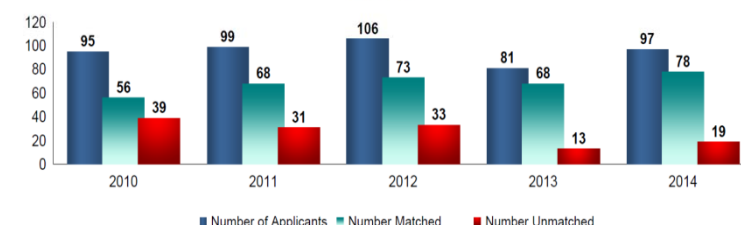
Pediatric Gastroenterology



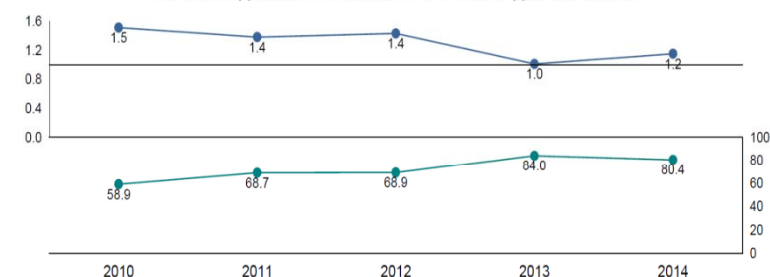
Positions



Applicants



Number of Applicants Per Position and Percent of Applicants Matched





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Subspecialty Positions Offered and Filled

Table 6 Number of Positions Offered and Percent Filled by Graduates of U.S. Allopathic Medical Schools and All Applicants, 2011 - 2015

Specialty	2015			2014			2013			2012			2011		
	% Filled		No. of Pos.	% Filled		No. of Pos.	% Filled		No. of Pos.	% Filled		No. of Pos.	% Filled		No. of Pos.
	U.S.	Tot		U.S.	Tot		U.S.	Tot		U.S.	Tot		U.S.	Tot	
Pediatrics															
Adolescent Medicine	36	55.6	77.8	35	45.7	60.0	32	31.3	50.0	--	--	--	--	--	--
Child Abuse	20	60.0	65.0	19	52.6	63.2	--	--	--	--	--	--	--	--	--
Developmental and Behavioral Pediatrics	41	34.1	73.2	38	39.5	68.4	37	37.8	78.4	32	43.8	65.6	32	40.6	78.1
Neonatal-Perinatal Medicine	242	59.9	98.3	241	51.0	95.0	226	50.9	93.4	222	50.9	85.6	223	47.1	83.4
Pediatric Cardiology*	141	68.1	97.2	141	70.9	94.3	134	65.7	94.8	127	62.2	92.9	124	68.5	99.2
Pediatric Critical Care Medicine	168	70.2	95.2	169	56.8	92.3	162	60.5	92.6	152	50.7	86.8	150	47.3	77.3
Pediatric Emergency Medicine*	162	64.2	98.1	163	71.8	96.3	159	67.9	96.2	151	62.3	94.0	136	72.1	92.6
Pediatric Endocrinology	85	49.4	76.5	84	38.1	73.8	81	45.7	75.3	--	--	--	--	--	--
Pediatric Gastroenterology	85	64.7	96.5	84	52.4	92.9	80	46.3	85.0	74	68.9	98.6	72	61.1	94.4
Pediatric Hematology/Oncology	162	54.3	94.4	157	65.0	96.2	164	62.2	93.9	158	58.9	90.5	152	58.6	87.5
Pediatric Hospital Medicine**	30	63.3	90.0	--	--	--	--	--	--	--	--	--	--	--	--
Pediatric Infectious Diseases	66	31.8	45.5	64	46.9	68.8	53	45.3	67.9	--	--	--	--	--	--
Pediatric Nephrology	58	17.2	36.2	61	32.8	54.1	51	25.5	49.0	47	40.4	66.0	51	23.5	56.9
Pediatric Pulmonology	61	29.5	49.2	56	30.4	51.8	65	40.0	64.6	63	36.5	66.7	56	41.1	60.7
Pediatric Rheumatology	40	30.0	55.0	38	39.5	68.4	36	30.6	50.0	27	40.7	55.6	27	33.3	51.9
Pediatric Sports Medicine	20	60.0	95.0	20	75.0	100.0	20	65.0	95.0	17	70.6	88.2	14	64.3	100.0



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What does the data tells us?

- The competitiveness of Pediatric subspecialties varies markedly
- Trends are stable, but overall fewer spots are filling
- Procedural specialties are doing well, non-procedural not as well
- Where do we go from here?