CoPS Fall Meeting
Workforce

Rob Spicer, MD
Executive Committee – Chair
September, 2015
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
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.
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?

- More: 70.0% (7 respondents)
- Fewer: 10.0% (1 respondent)
- No change: 20.0% (2 respondents)

Is your answer based on:

- Guesswork: 21.4% (3 respondents)
- Personal knowledge: 21.4% (3 respondents)
- Data: 57.1% (8 respondents)
If data, please elaborate.

- We have contacted the AAMC, the ABP, & others regarding this important topic.
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.
If data, please elaborate.

• Publications on workforce issues include the following:
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
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
With respect to job opportunities available to graduation fellows, are there:

- 73% More than enough job opportunities
- 27% Too few job opportunities
- 0% Just the right amount of job opportunities

How are you basing your answer?

- Guesswork: 1 (6.7%)
- Personal knowledge: 8 (53.3%)
- Data: 6 (40.0%)
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.
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
Are you aware of available faculty positions in your subspecialty?
If so, are the jobs:

- Plentiful: 6
- Limited: 4
- Nonexistent: 0

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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
Has your organization formally addressed the issue of workforce needs?

- Yes: 8
- No: 3

27.3% of respondents answered Yes, while 72.7% answered No.
Does your organization have a strategic and/or action plan to address workforce issues?

- Yes: 40.0% (4)
- No: 60.0% (6)
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
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
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
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
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
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
What role might CoPS best serve in addressing the issues of *workforce*?

- **Define** the requirements in each field 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
What role might CoPS best serve 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
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
Percent Pediatricians selecting Subspecialty Careers over Time, 1990 - 2014

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ABP 2014-15 Workforce Data
### Number of First Year Fellows in Different Subspecialties

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ABP 2014-15 Workforce Data
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?
Additional trainee considerations when choosing their fellowship?

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

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*
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.

*Pediatrics 2013;131;312*
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# Applicants and % Unfilled Programs by Subspecialty

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<th># Applicants</th>
<th>% Filled</th>
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All pediatric subspecialties working together for optimal child health.
## Table 6: Number of Positions Offered and Percent Filled by Graduates of U.S. Allopathic Medical Schools and All Applicants, 2011 - 2015

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NRMP Results & Data: Supbspecialties Matching Service, 2015 Appt Year
What does the data tell 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?