Workforce Action Team
Charge to Action Team

- Define the stakeholders
- Summarize issues of recruitment across the continuum
- Identify funding structures for training
- Compare the differences between various subspecialties
Action Team Members

- Bruce Herman  Child Abuse
- Diane Stafford  Endocrine
- Pnina Weiss  Pulmonary
- Meredith van der Velden  Critical Care
- Rob Ross  Cardiology
- Lisa Imundo  Rheumatology
- Pat Leavey  Heme/Onc
- Debra Boyer  Pulmonary
- Christianne Dammann  NICU
Initial Steps

- How to start?
- What data do we need?
- How can we catalog what has been done?

- Initially, surveyed all subs and other affiliate groups (ACGME, ABP, AAP, AAMC, NRMP, AMSPDC) to determine what workforce data is out there
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  - A LOT, NOT A LOT, DIFFERENT QUESTIONS, DIFFERENT TIME PERIODS, LOTS OF GAPS
Simple survey of subs

1. What are your subs biggest concerns about workforce issues?

2. In any workforce studies/projects your sub has done, what has helped the project succeed?

3. How can CoPS help your sub with its workforce concerns?
Biggest Concerns- Pipeline

- Not enough fellows entering training for many subs
- Too many fellows for some subs (graduates can’t find jobs)
- Concerns about recruitment based on new limits on non-ACGME residency trained applicants
- Concerns about regional distribution of clinical and academic subspecialists
Concerns - Funding/Reimbursement

- Medical education debt - concern re. LRP
- Challenges in funding for fellowship positions
- Equity of reimbursement/salaries of varies subs (concerns re. 2 year hospitalist fellowship)
Concerns- Research

- Not enough fellows in academics
- Not enough fellows doing and sticking with scientific research
Concerns- others

- Decreased resident duty hours means need for other providers (that may not exist)

- Access to care for many patients is severely limited, especially in certain geographic areas

- Scope of practice is hard to define and now seems blurred
What can CoPS do - General

- Find common issues among subs
- Partner with other groups (AAP, AAMC, ABP)
- Conduct cross-specialty workforce studies
- Help individual subs with contact info for recent grads to do their own surveys
- CoPS could help to understand geographic needs of the various subs
  - Disease prevalence data and understanding scope of practice
What can CoPS do - Financial

- Help with GME funding issues for fellowship positions
- Being an advocate for LRP and improved compensation for Medicaid/Medicare
- Help to improve reimbursement for prolonged face to face visits
- Develop a resource that identifies potential funding sources to support research
- Urge AMSPDC to improve/equalize compensation
- Raise issue of improved gov funding for subs that are particularly in need
What can CoPS do - Pipeline

- Generate publicity for the importance of the subs
  - Especially small, unfilled subs
- Determine factors that affect the decision-making process for residents
- Disseminate and maintain workforce data for residency program directors to improve mentorship of residents
- Determine how to recruit more residents/medical students
Next Steps

- Talk with CoPS Council about areas of focus
- Consider a Pediatric Workforce Summit
- Other ideas?
Questions?