

The Future Pediatric Subspecialty Physician Workforce: Meeting the Needs of Infants, Children, and Adolescents

Enhancing Education, Training, Recruitment, and Retention

The preparation of the pediatric subspecialty physician workforce has not evolved to meet the demands of the 21st century's population of infants, children, and adolescents. The model of education and training has limited flexibility in design and length of fellowship and limited ability to adapt quickly in response to emerging health challenges. Training is also impacted by the limitations imposed by graduate medical education (GME) funding. Additionally, recruitment and retention of pediatric subspecialists, particularly those from backgrounds underrepresented in medicine (URiM), may be impacted by personal or professional factors such as the presence of role models and job satisfaction.

The Consensus Study Report *The Future Pediatric Subspecialty Physician Workforce: Meeting the Needs of Infants, Children, and Adolescents* recommends strategies and actions necessary to ensure an adequate pediatric subspecialty physician workforce—one that can support broad access to high-quality subspecialty care and a robust research portfolio to advance the health and health care of infants, children, and adolescents. Wide-ranging efforts are needed to educate, train, recruit, and retain a skilled, responsive, and diverse subspecialty physician workforce.

RECOMMENDATIONS

Review and Adjust Educational and Training Curricula

Education and training models have limited ability to adapt quickly in response to emerging health challenges. Pediatric education and training organizations should periodically convene to review and adjust educational and training curricula (such as continuing education, residency and fellowship training, and specialty recognition and certification) for pediatric residents and fellows to ensure that residency and fellowship programs are preparing the workforce to address the evolving physical and mental health needs of the pediatric population and the needs of subspecialists.

Develop, Implement, and Evaluate Distinct Fellowship Training Pathways

Subspecialty fellowships sponsored by the American Board of Pediatrics generally require 3 years of training with a minimum of 12 months of research training (known as scholarly activity). This approach focuses on creating subspecialists who demonstrate competency in all aspects of academic careers, including clinical care, research, and education. However, increased flexibility in fellowship design and length may encourage more residents to pursue pediatric subspecialty careers focused on one of these three areas. Distinct fellowship training pathways should be developed, implemented, and

evaluated, including, but not limited to, a 2-year option for trainees who are interested in a career that primarily focuses on clinical care. These pathways should still include academic training and experience in research principles while allowing for tailoring to the career goals of trainees (as currently exist through alternate pathways for careers in research).

Reform Graduate Medical Formulas and Programs

Medicare-funded GME does not place institutional requirements on types of clinicians, and pediatric training programs increasingly depend on discretionary Children's Hospital GME funding that may limit training slots. Congress should reform GME formulas and programs, including Medicare GME and Children's Hospital GME, to ensure that pediatric GME receives equitable and sufficient support. This funding should be used to address priority pediatric workforce needs, such as increasing the inclusion of clinicians from URiM backgrounds, high-priority subspecialties, geographic workforce shortages (particularly in rural areas), and enhanced training for new models of care.

Improve Representation

There has been little change in the proportion of URiM pediatric residents and fellows over the past several decades, and the pediatric workforce does not reflect the growing diversity of the pediatric population that it serves. Intentional efforts are needed to recruit and

retain pediatric subspecialists from URiM backgrounds and should begin early in the education and training process. Pediatric department chairs, medical school deans, and health systems should develop, implement, and publicly report on plans and outcomes to attract, support, and retain students, residents, fellows, and faculty from URiM backgrounds. These plans should include efforts to expand the development and growth of recruitment programs for pre-college URiM students and initiatives to make learning and working environments more inclusive at all levels of the subspecialist career pathway. Metrics on the demographics of the pediatric subspecialty workforce for individual departments, schools, and systems should also be reported annually.

LOOKING FORWARD

The pediatric subspecialty physician workforce needs to recruit and retain a diverse set of trainees and prepare a workforce that is differentiated in skills and efforts for careers in clinical care, research, and academia. The model of education and training should evolve in order to respond more nimbly to emerging challenges and abandon the approach of applying a single training model for the vast majority of graduates. The funding of GME needs to be reexamined and revised to encourage physicians to enter careers in pediatrics. Such strategies to enhance education, training, recruitment, and retention will contribute to a high-quality workforce that is well prepared to meet children's subspecialty care needs.

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