Training Committee Webinar

COMMITTEE CHAIR: TANDY AYE TAYE@STANFORD.EDU
JANUARY 2019

Agenda

- Review of past Match Data
- Review of this Fall's Match Data (as of Jan 2019)
- Training length
- Other Workforce Issues
- Submitted Q and A
- Next steps and Working Groups
- SAVE THE DATE: Annual PD meeting on April 26th 7am

	No. of Applicants+				No. of Matches		% Filled		Ranked Positions		
Specialty	U.S. Grads+	All + Apps	Positions Offered	No. of Pgms	U.S. Grads	All Apps	U.S. Grads	All Apps	U.S. Grads	All Apps	Unfilled Pgms
Pediatrics											
Adolescent Medicine	17	25	31	24	15	21	48.4	67.7	112	151	9
Child Abuse	12	18	27	25	10	14	37.0	51.9	47	68	13
Developmental and Behavioral Pediatrics	17	35	49	35	15	33	30.6	67.3	88	218	14
Neonatal-Perinatal Medicine	144	243	263	96	140	229	53.2	87.1	1,078	1,884	22
Pediatric Cardiology	104	161	145	57	96	140	66.2	96.6	790	1,173	4
Pediatric Critical Care Medicine	134	204	184	65	117	177	63.6	96.2	916	1,493	6
Pediatric Emergency Medicine*	146	232	180	77	118	178	65.6	98.9	955	1,548	2
Pediatric Endocrinology	42	65	96	64	41	64	42.7	66.7	297	4/9	29
Pediatric Gastroenterology	/1	100	104	59	69	97	66.3	93.3	538	824	- /
Pediatric Hematology/Oncology	115	163	170	71	108	153	63.5	90.0	841	1,239	15
Pediatric Hospital Medicine**	53	66	50	35	38	48	76.0	96.0	226	312	2
Pediatric Infectious Diseases	25	45	72	52	24	40	33.3	55.6	161	310	25
Pediatric Nephrology	28	39	58	40	28	36	48.3	62.1	130	175	19
Pediatric Pulmonology	26	48	69	46	26	47	37.7	68.1	137	280	21
Pediatric Rheumatology	17	24	41	31	16	22	39.0	53.7	86	148	17
Pediatric Sports Medicine	62	94	26	18	16	26	61.5	100.0	184	260	0

Ped Endo filled 65 out of the 96 positions offered by 64 program.

Table 5 Fellowship Matches by Specialty and Applicant Choice, 2018 Appointments

		of Applicants 3 Specialty		Number Natched		Matches by Rank Choice					Matched	lin
Specialty	Total	Preferred Specialty	Total	Preferred Specialty	С	1st hoice		nd oice	3rd Choice	Greater Than 3rd Choice	Anothe Special	r
	11.5	1-11										
Pediatrics												
Child Abuse	18	17	14	14	11	61.1	2	11.1	0.0	1 5.6	0.0	4 22.2
Developmental and Behavioral Pediatrics	35	35	33	33	20	57.1	7	20.0	1 2.9	5 14.3	0.0	2 5.7
Neonatal-Perinatal Medicine	243	237	229	229	130	53.5	44	18.1	29 11.9	26 10.7	5 2.1	9 3.7
Pediatric Cardiology	161	161	140	140	75	46.6	24	14.9	17 10.6	24 14.9	0.0	21 13.0
Pediatric Critical Care Medicine	204	201	177	177	100	49.0	27	13.2	21 10.3	29 14.2	2 1.0	25 12.3
Pediatric Emergency Medicine*	232	229	178	148	92	39.7	25	10.8	15 6.5	46 19.8	3 1.3	51 22.0
Pediatric Endocrinology	65	65	64	64	49	75.4	6	9.2	4 6.2	5 7.7	0 0.0) 1 1.5
Pediatric Gastroenterology	100	100	97	97	48	48.0	20	20.0	11 11.0	18 18.0	0.0	3 3.0
Pediatric Hematology/Oncology	163	163	153	153	91	55.8	28	17.2	23 14.1	11 6.7	0.0) 10 6.1
Pediatric Hospital Medicine**	66	65	48	48	23	34.8	10	15.2	9 13.6	6 9.1	1 1.5	17 25.8
Pediatric Infectious Diseases	45	43	40	40	27	60.0	6	13.3	4 8.9	3 6.7	2 4.4	3 6.7

75% Matched to their First Choice

Table 6

Number of Positions Offered and Percent Filled by Graduates of U.S. Allopathic Medical Schools and All Applicants, 2014 - 2018

2016

Pediatrics Adolescent Medicine 31 Child Abuse 27 Developmental and Behavioral Pediatrics 49	2018		2017		2016		2015		2014					
Pediatrics Adolescent Medicine 31 Child Abuse 27 Developmental and Behavioral Pediatrics 49	% Fi	lled	No. of	% F	illed									
Adolescent Medicine 31 Child Abuse 27 Developmental and Behavioral Pediatrics 49	U.S.	Tot	Pos.	U.S.	Tot									
Child Abuse 27 Developmental and Behavioral Pediatrics 49			į			į								
Developmental and Behavioral Pediatrics 49	48.4	67.7	32	62.5	81.3	i 31	71.0	83.9	36	55.6	77.8	35	45.7	60.0
·	37.0	51.9	26	38.5	46.2	19	21.1	26.3	20	60.0	65.0	19	52.6	63.2
Name to Design to I Marketon	30.6	67.3	44	47.7	70.5	48	33.3	54.2	41	34.1	73.2	38	39.5	68.4
Neonatal-Perinatal Medicine 263	53.2	87.1	254	53.5	92.1	252	50.8	90.5	242	59.9	98.3	241	51.0	95.0
Pediatric Cardiology 145	66.2	96.6	142	75.4	97.9	139	69.8	96.4	141	68.1	97.2	141	70.9	94.3
Pediatric Critical Care Medicine 184	63.6	96.2	187	63.1	95.7	175	65.7	93.7	168	70.2	95.2	169	56.8	92.3
Pediatric Emergency Medicine* 180	65.6	98.9	180	66.1	98.3	177	72.9	100.0	162	64.2	98.1	163	71.8	96.3
Pediatric Endocrinology 96	42.7	66.7	88	39.8	68.2	83	36.1	65.1	85	49.4	76.5	84	38.1	73.8
Pediatric Gastroenterology 104	66.3	93.3	92	55.4	93.5	93	54.8	92.5	85	64.7	96.5	84	52.4	92.9
Pediatric Hematology/Oncology 170	63.5	90.0	166	68.1	98.2	164	73.2	97.0	162	54.3	94.4	157	65.0	96.2
Pediatric Hospital Medicine** 50	76.0	96.0	44	75.0	86.4	38	63.2	84.2	30	63.3	90.0		_	-
Pediatric Infectious Diseases 72	33.3	55.6	77	36.4	62.3	70	45.7	64.3	66	31.8	45.5	64	46.9	68.8
Pediatric Nephrology 58	48.3	62.1	59	30.5	54.2	62	25.8	43.5	58	17.2	36.2	61	32.8	54.1
Pediatric Pulmonology 69	37.7	68.1	67	31.3	70.1	66	39.4	65.2	61	29.5	49.2	56	30.4	51.8
Pediatric Rheumatology 41	39.0	53.7	40	50.0	72.5	37	43.2	67.6	40	30.0	55.0	38	39.5	68.4
Pediatric Sports Medicine 26	61.5	100.0	25	64.0	92.0	22	63.6	81.8	20	60.0	95.0	20	75.0	100.0

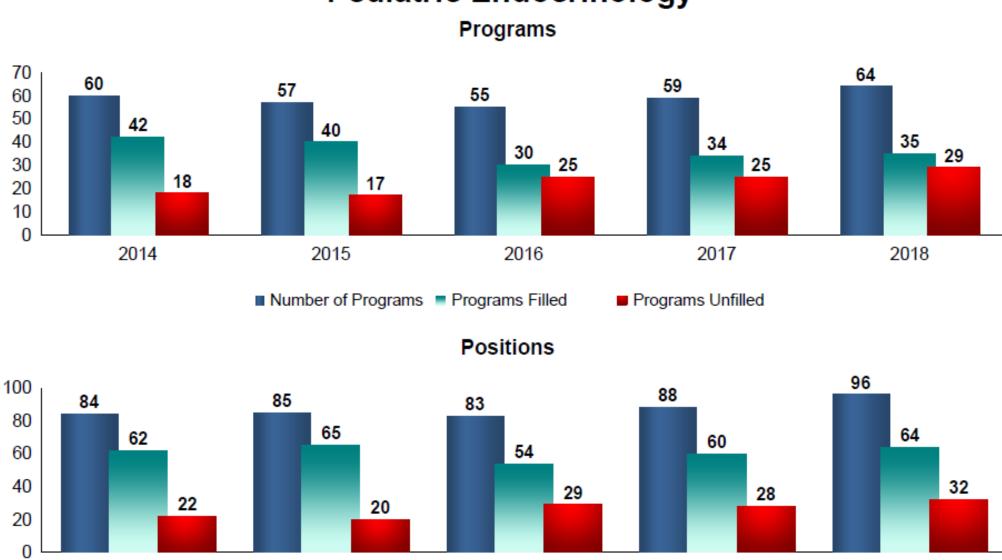
% Filled	(Tota
Numbe	er of
positio	ons

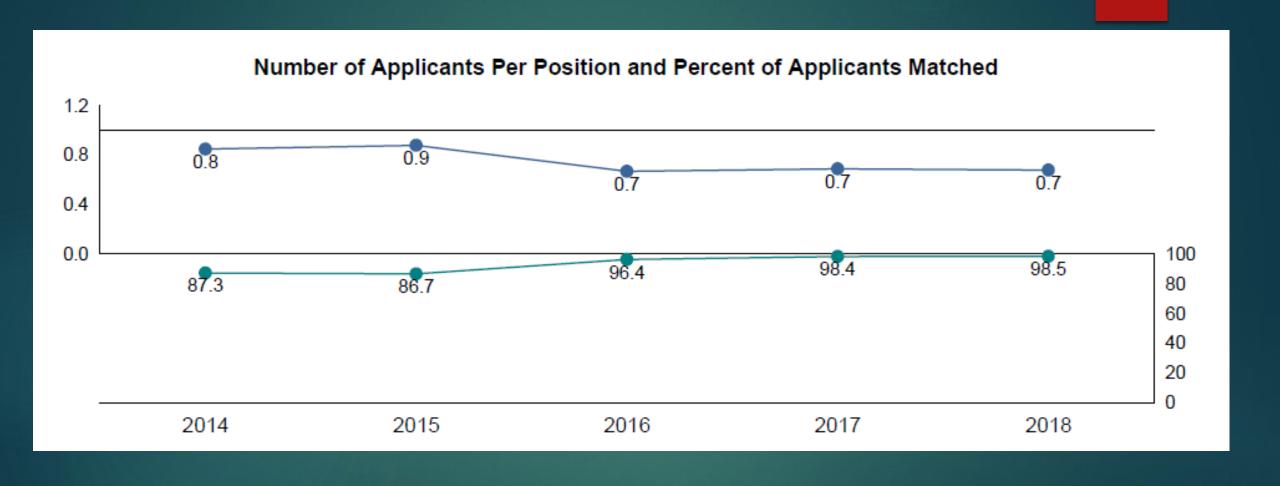
2018	2017	2016					
Start	Start	Start					
66.7 (96)	68.2 (88)	65.1 (83)					

2015	2014						
Start	Start						
76.5 (85)	73.8 (84)						

Fellowship Match Trends by Specialty and Appointment Year

Pediatric Endocrinology





Fall 2017 Match Results

Pediatric Endocrinology

Program Statistics	Number	%
Enrolled Programs	65	
Withdrawn Programs	1	
Certified Programs	64	
Programs Filled	35	54.7%
Programs Unfilled	29	45.3%
Certified Positions	96	
Positions Filled	64	66.7%
Positions Unfilled	32	33.3%
Applicant Statistics	Number	%
Matched Applicants	64	
U.S. Grad	41	64.1%
U.S. Foreign	3	4.7%
Osteopathic	5	7.8%
Foreign	15	23.4%
Applicants Preferring this Specialty *	65	
Matched to this Specialty	64	98.5%
Matched to Different Specialty	0	0.0%

Fall 2018 Match Results

Pediatric Endocrinology

Program Statistics	Number	%
Enrolled Programs	67	
Withdrawn Programs	3	
Certified Programs	64	
Programs Filled	22	34.4%
Programs Unfilled	42	65.6%
Certified Positions	99	
Positions Filled	50	50.5%
Positions Unfilled	49	49.5%
Applicant Statistics	Number	%
Matched Applicants	50	
U.S. Grad	26	52.0%
U.S. Foreign	4	8.0%
Osteopathic	9	18.0%
Foreign	11	22.0%
Applicants Preferring this Specialty *	51	
Matched to this Specialty	50	98.0%
Matched to Different Specialty	0	0.0%
Did not Match to any Program	1	2.0%

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Overall Fall 2018 Match Results

Specialty	Unfilled Programs	Unfilled Positions
Academic General Pediatrics - F	8	8
Child Abuse - F	7	7
Developmental-Behavioral - F	13	16
Neonatal-Perinatal Medicine - F	22	31
Pediatric Cardiology - F	1	1
Pediatric Critical Care Medicine - F	2	2
Pediatric Endocrinology - F	41	48
Pediatric Gastroenterology - F	5	6
Pediatric Hematology/Oncology - F	13	16
Pediatric Infectious Diseases - F	34	41
Pediatric Nephrology - F	33	38
Pediatric Pulmonology - F	29	34
Pediatric Rheumatology - F	14	19
222 program(s) found with 267 currently unfilled position(s)	1. 1 .1 .1	

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Where were spots still left after Match Day?

- Phoenix *
- Tucson
- ► CHLA *
- Harbor UCLA
- Stanford *
- UC Irvine
- UC Davis
- ▶ UC San Diego
- ▶ UCLA
- Yale *
- U Florida Jacksonville
- U Florida Shands Hosp
- U of Illinois
- U of Chicago *
- Indiana Univ

- U of Iowa
- ▶ LSU
- ▶ Hopkins
- NIH
- U Mass Baystate
- Mayo Clinic
- U of Minnesota
- ▶ St Louis Children's*
- Rutgers
- Mainomaides*
- Mt. Sinai
- Montefiore *
- NYU
- Northwell Cohen Children's
- SUNY Brooklyn

- SUNY Buffalo
- Rainbow Babies *
- Nationwide Hospital
- U of Oklahoma
- ▶ OHSU
- Brown
- Vanderbilt
- UT San Antonio
- UT Houston *
- U Utah
- U Virgina
- Med College Wisconsin
- ► (*) = partial fill

Pediatric Endocrinology Workforce Trends Data from the ABP

- ► Are we following off the growth curve?
- Average Annual Growth Rate 3.9%
 - ▶ Range among all subs 2.7 to 9.9%
- ▶ 10-yr growth rate from 2007 to 2017
 - ► Range among all subs -18.2% to 115.8%

Graph of number of first year fellows

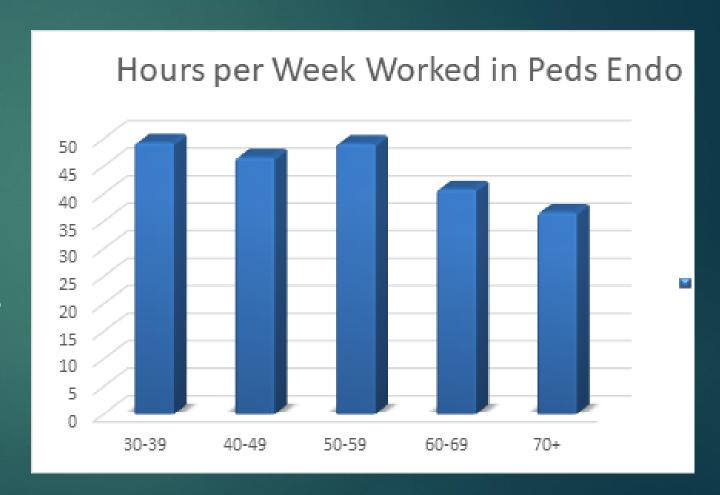


Age and the Workforce

- Projecting the future pediatric workforce requires consideration of those entering the workforce following training as well as those who may potentially be exiting.
- # certified (who are 70 years or younger): 1589
 - ► Average Age 50
 - ► Median Age 48

Other factors contributing to workforce

- ► Limited pay and reimbursement
- Medical School Debt
- ► Lifestyle (non shift work, ancillary support, etc.)
- Lack of exposure to the specialty
 - ► Early exposure to residents as selectives and electives Early exposure to medical students



Length of Training

Length of Training

- ▶ Background: Hospital Medicine is two years with few programs requiring 3 years b/c residency is hospital medicine
 - Scholarly activity is still a requirement of the fellowship
 - ► Can others be 2 years?
- ► The Council of Pediatrics Subspecialties (CoPS) Workforce Committee Meeting March 2018, how do we petition the ABP?
- ▶ We cannot have two tracks...all programs need to be 2 or 3 years
- ABP certification needs to ensure that a 2 year trained fellow is just as competent to practice as 3 year trained fellow
- Who agrees on changing? Majority needs to agree.
- ► Adult Endo is 2 or 3 year program but still with workforce issues

Policy changes are needed

October 9, 2018

The Honorable Lamar Alexander Chairman U.S. Senate Committee on Health, Education, Labor, and Pensions Washington, DC 20510 The Honorable Patty Murray Ranking Member U.S. Senate Committee on Health, Education, Labor, and Pensions Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of organizations dedicated to improving the health and well-being of children and adolescents, we write to urge you to reauthorize loan repayment for pediatric subspecialists (Section 775 of the Public Health Service Act) as part of the effort to reauthorize the Title VII health professions workforce programs. Support for pediatric subspecialists is a needed step toward curbing today's demonstrated critical shortage of pediatric medical subspecialists, pediatric surgical specialists, and child and adolescent psychiatrists to help provide children with timely access to the vital health services they need.

Working Groups

- ▶ Increased Exposure
 - How can we get medical students and residents to be exposed to our specialty especially outpatient
 - ▶ What are others doing?
- Two Year Training
 - Getting data for the ABP
 - ▶ Is that what the society wants
 - ▶ Close examination of our Adult and Canadian programs
- ▶ Liaison (ABP, APP, etc)
 - ▶ How can we work with others to make the difference
- ▶ Reimbursement
 - ► How is that benchmark calculated
 - ► How can we get paid more for what we already do