

# **Thinking Differently: Pediatric Organizations Coming Together to Reshape Trends in the Pediatric Workforce**

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# Disclosures

Dr. Vinci is an At Large Member of the Board of Directors of the American Board of Pediatrics

# AMSPDC Pediatrics Workforce Initiative



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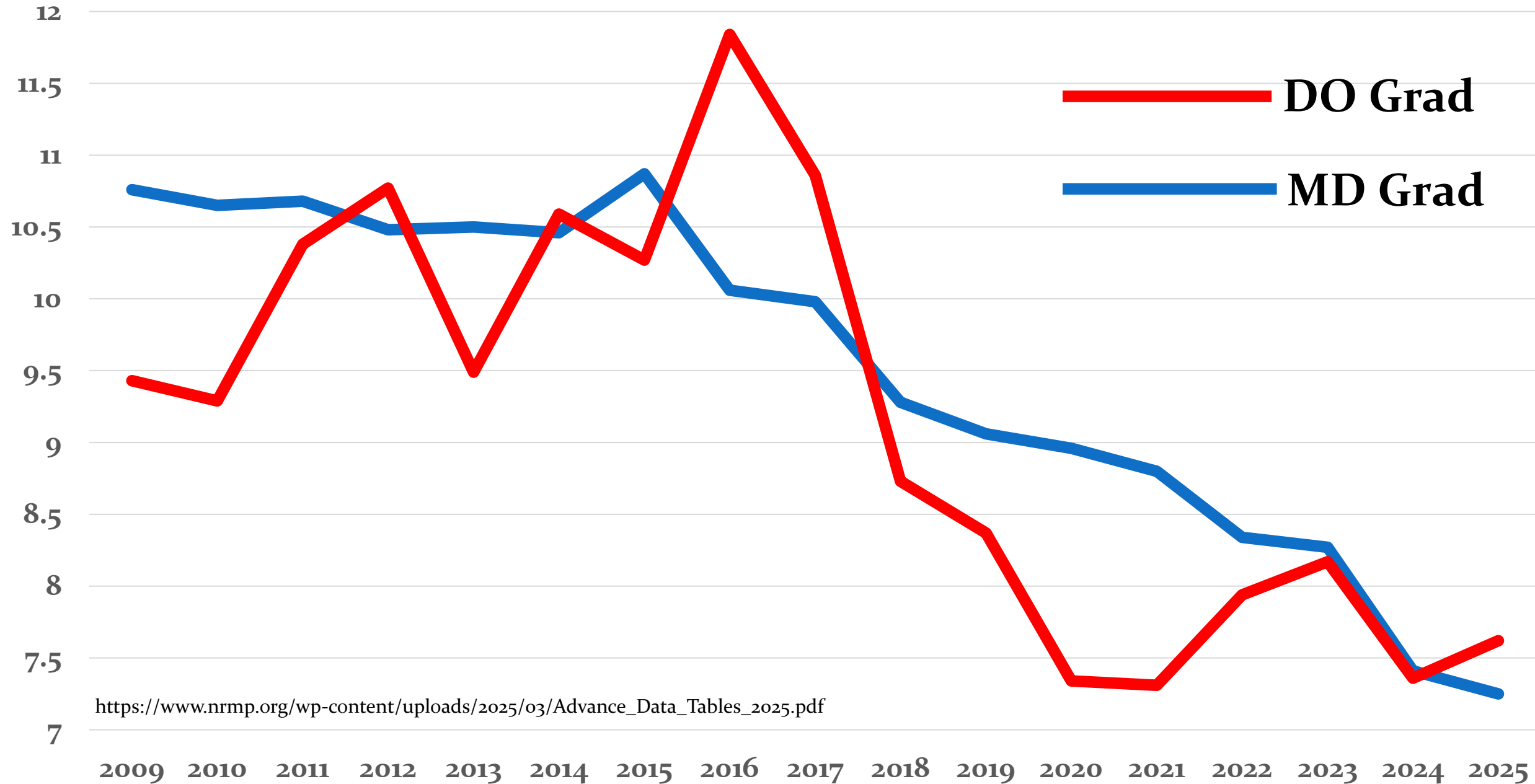
# AMSPDC Pediatrics Workforce Initiative (PWI)

The AMSPDC Pediatrics Workforce Initiative was created in 2020 with the goal to increase the number and diversity of high-quality students who enter training in categorical Pediatrics, Medicine-Pediatric, and Combined Pediatric Subspecialty training programs, as well as improve the supply and distribution of pediatric subspecialists with the goal of meeting the health and wellness needs of the wide diversity of US children, adolescents, and young adults.

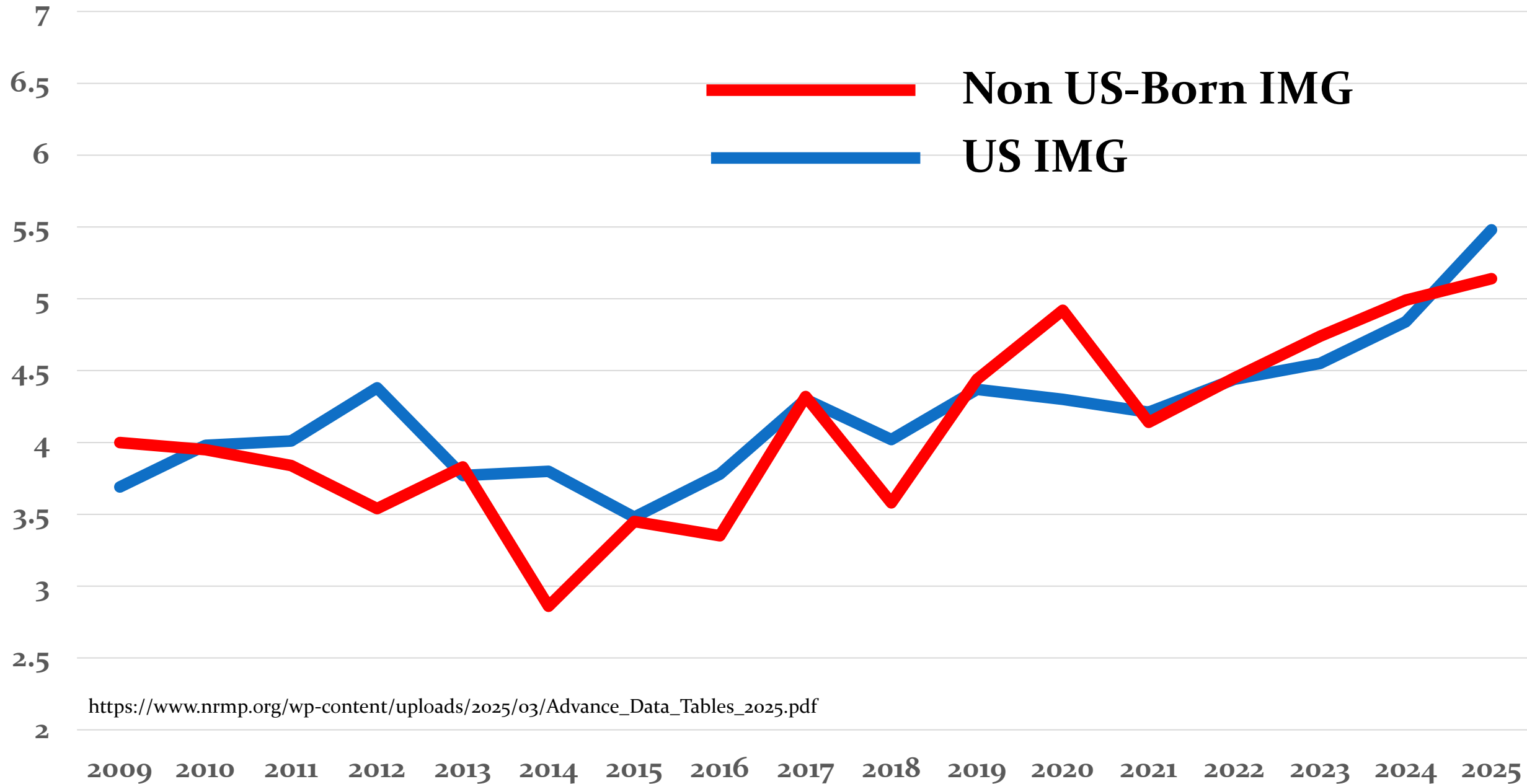


# Background Data

# % Graduates Pursuing Pediatrics by Match Year



# % Graduates Pursuing Pediatrics by Match Year



# The Match Data for Pediatrics

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
# Programs	196	199	204	211	220	222	222	235	248	251	250
Programs unfilled	7	8	13	23	29	24	17	28	30	67	46
# positions	2668	2689	2738	2768	2847	2864	2901	2942	2986	3078	3135
Matched Total	2654	2675	2693	2711	2778	2812	2860	2861	2900	2827	2988
Positions Unfilled	14	14	45	57	69	52	41	81	86	251	147

SOURCE: <https://www.nrmp.org/match-data/2024/02/results-and-data-specialties-matching-service-2025-appointment-year/>



# Pediatric Subspecialty Applicants – 2025 Match

<u>Specialty</u>	<u>2025 NRMP Applicants*</u>	<u>NRMP Positions 2025 (2024)</u>	<u>NRMP Filled</u>	<u>2025 Applicants Per Position</u>	<u>2024 Applicants Per Position</u>	
Critical Care	246	225 (224)	222	1.09	0.97	<b>More than 1 applicant per</b>
Hospital	137	130 (124)	120	1.05	1.13	
Cardiology	185	187 (179)	172	0.99	1.03	<b>1 application per position</b>
Neonatal	296	317 (302)	277	0.93	0.95	
Emergency	215	239 (227)	201	<b><u>0.93**</u></b>	0.93	
Gastroenterology	106	122 (125)	99	0.87	0.77	<b>Less than .9 applicant per position</b>
Heme/Onc	156	194 (184)	152	0.80	0.73	
Adolescent	25	41 (30)	22	0.61	0.86	
Developmental	33	49 (49)	30	0.67	0.65	
Infectious	57***	89 (77)	43	0.64	0.58	
Endocrinology	66	104 (100)	62	0.63	0.64	
Rheumatology	34	55 (52)	27	0.62	0.63	
Pulmonology	51	95 (86)	46	0.54	0.64	
Nephrology	33	78 (73)	29	0.42	0.59	
Child Abuse	12	30 (21)	10	0.40	0.62	

Source: [https://www.nrmp.org/wp-content/uploads/2025/02/SMS\\_Results\\_and\\_Data\\_2025.pdf](https://www.nrmp.org/wp-content/uploads/2025/02/SMS_Results_and_Data_2025.pdf)

# Who Is Filling Pediatric Subspecialty Positions?

	2015	2019	2023	2024	2025
<b>Total Positions in the NRMP Match</b>	1417	1645	1814	1878	1975
<b>Total Positions Filled (Primary Match)</b>	1214 (86% filled)	1349 (82% filled)	1536 (85% filled)	1487 (79% filled)	1524 (77% filled)
<b>MD Graduates</b>	786 (65%)	899 (67%)	946 (61%)	899 (60%)	941(62%)
<b>DO Graduates</b>	129 (11%)	167 (12%)	226 (15%)	238 (16%)	245(16%)
<b>US IMG</b>	111 (9%)	98 (7%)	135 (9%)	127 (8.5%)	124(8%)
<b>Non-US IMG</b>	187 (15%)	184 (14%)	228 (15%)	222 (15%)	219(14%)
<b>Canadian Grad.</b>	1	1	1	1	1

Source: [https://www.nrmp.org/wp-content/uploads/2025/02/SMS\\_Results\\_and\\_Data\\_2025.pdf](https://www.nrmp.org/wp-content/uploads/2025/02/SMS_Results_and_Data_2025.pdf)

# MATCH Insights & Policy Implications

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**Total categorical positions 3,135 (↑ 57 positions from prior year)**

- Positions Filled: 2,988 → 95.3% fill rate

## Match Composition

- MDs remain flat: fill 50% (1476) of categorical
- Continued increase in DOs (22%; 648) and IMGs (28%; 841)
- Non-U.S. Citizen IMGs filled 20.4% (590) of categorical positions (↑ 2.0%)

## Visa Vulnerabilities

- U.S. pediatric workforce is increasingly dependent on visa-holding trainees
- Changes to visa policy could disrupt workforce pipeline

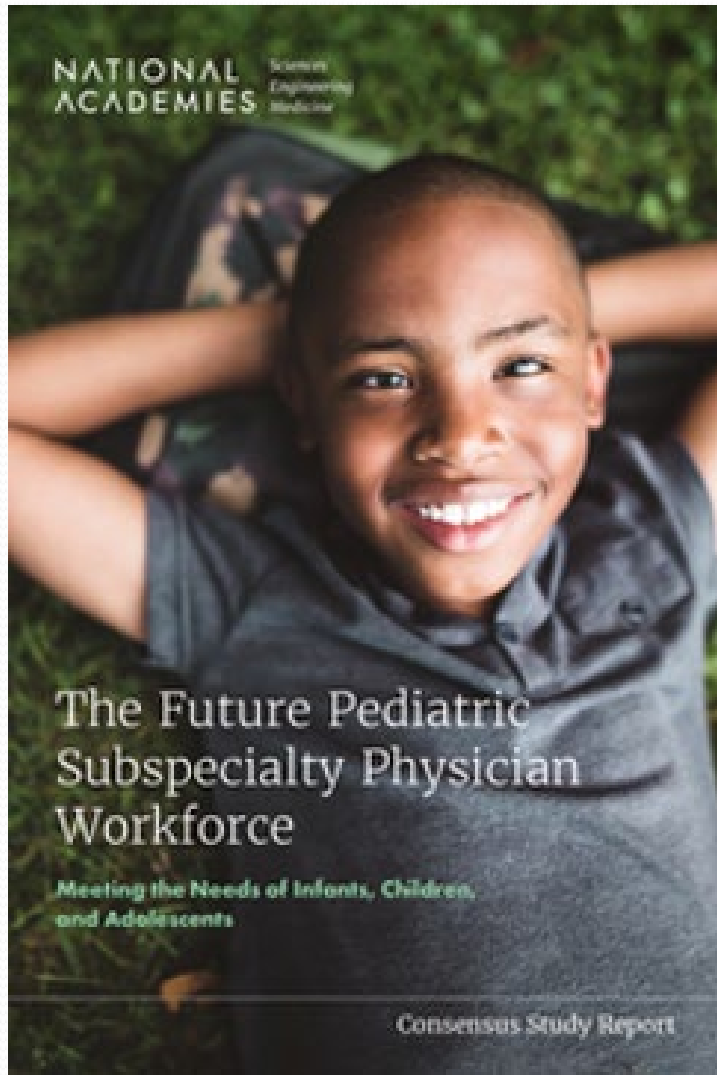
# MATCH Insights & Policy Implications

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## Funding Uncertainty in Training

- Federal training grants affected by executive actions targeting higher education institutions
- CHGME funding delays reported in March and April
- Elimination of NIH physician scientist training funding
- Other funding challenges (Indirect costs, Minority Supplements, Training Grants) may lead to fewer training slots and decreased mentorship bandwidth

# Key NASEM Studies on Child Health



## FORTHCOMING 2025

### **NASEM: Strategies to Enhance Pediatric Health Research Funded by NIH**

Examine pediatric research supported by NIH. Review current NIH pediatric research portfolio and structure. The committee will make recommendations focused on improving NIH's overall support of child health research.

# 2023 NASEM Future Pediatric Subspecialty Workforce

The NASEM Subspecialty Workforce Committee established four key goals, supported by 13 recommendations, which shape the AMSPDC Pediatric Workforce Initiative's structure, goals and actions. The NASEM goals are:

1. Promote collaboration and the effective use of services between pediatric primary care clinicians and subspecialty physicians.
2. Reduce financial and payment disincentives to subspecialty careers.
3. Enhance education, training, recruitment and retention.
4. Support the pediatric physician-scientist pathway.



# Strategically Aligned Workgroups with NASEM Report

## Workgroup

Practice Collaboration

Economic Strategy

Redesign Education

Physician Scientist

## Leader

Ann Reed MD

Mary Leonard MD MSCE

Becky Blankenburg MD MPH

Sallie Permar MD PhD

New in 2025: Launching a  
Public Awareness Campaign



# Goal One: Elevate The Importance Of Child And Adolescent Health for the Nation



## Recommendations

1-1. Federal policy makers should convene an expert panel to develop a framework for promoting child/adolescent health and wellbeing and *enduring implementation plan and structure*

1-2. Federal policy makers should enact child health and health equity impact statements

1-3. State legislatures and agencies should implement scoring of legislation to assess impact on health and wellbeing of children

1-4. Foundations and advocacy organizations should fund and implement a long-term, multifaceted public awareness campaign



# Public Awareness Campaign

## Goals:

- Increase knowledge about the poor health of US children and declining birth rate
- Increase knowledge that today's children become tomorrow's workforce/military
- Strengthen public attitudes about the common good in supporting child health, education and wellbeing, collective caregiving

**Audience:** Policymakers and the Public

**Coalition/Stakeholders:** Health care, education, business, military, law enforcement, family organizations

## Strategies:

- Hiring PR/Communications Firm
- Get the message right
- 2025 Hill visits in April, May, Fall – please contact your representatives!
- Congressional Briefing/Press Club Fall 2025
- Communications toolkit for Chairs
- Seeking patient stories

**Funding:** Seeking funding – please share any contacts/ideas

# A Critical Moment for Action

- Children are 20% of the population, 100% of the future—but receive a fraction of health investments.
- Pediatric needs are growing: mental health crises, obesity, chronic conditions, and widening disparities.
- Medicaid, CHGME, and training funds are under threat, jeopardizing pediatric training, mentoring, access, discoveries and innovation.
- The pediatric workforce is strained: burned out, decreased clinical time, declining subspecialty matches, and funding instability.
- IMGs are a very important part of the workforce and are under threat.
- Early investment = lifelong impact with better outcomes and reduced long-term costs.
- Key federal and state policy decisions are happening now—we must act with urgency.

# Why Stories Matter

- Data informs, but stories move people to act.
- Personal stories make the impact of policy real for lawmakers and the public.
- Lived experiences from families, providers, and trainees bring visibility to systemic challenges.
- Stories cut through political noise, creating emotional connection and bipartisan urgency.
- They show what's at stake—and what can be achieved with real investment.

# AMSPDC PWI - Share Your Stories



We're collecting stories to put a human face on what's happening to child health. Stories bring urgency, empathy, and depth to complex issues—and can meaningfully inform advocacy, guide leadership, and drive change.

# Expand Capacity of Subspecialty Care

Mary Ottolini and Siobhan Pittock

**Strategy 1: Advance the practice and payment of e-consult services**

## Catalogue Pediatric Experience

Interview pediatric sites that have implemented e-consults to document details on models, benefits and hurdles

## Identify Best Practices

Assess how e-consults have impacted:  
Access  
Payment  
Provider Experience  
Family Experience

## Scale e-consults

Recommendation to AMSPDC on scaling opportunities & tools  
  
Ex: Build from AAMC Core Program

# Expand Capacity of Subspecialty Care

Patricia Emmanuel & Alex Kemper

**Strategy 2: Assess and spread novel models of care at the interface of primary care and subspecialist**

## SURVEY

Catalogue use of  
“novel” models  
across Departments

## INTERVIEWS

Use survey results to  
identify sites for  
qualitative  
interviews

## SCALE

Recommendation  
on ways to support  
expansion via  
connection or  
infrastructure



# Political Will is Built with Coalitions

## A Multi-Institutional Medical Educational Collaborative: Advocacy Training in California Pediatric Residency Programs

Lisa J. Chamberlain, MD, MPH, Susan Wu, MD, Gena Lewis, MD, Nancy Graff, MD, Joyce R. Javier, MD, MPH, Joseph S.R. Park, Christine L. Johnson, MD, Capt, MC, USN, Steven D. Woods, MD, MSPH, Mona Patel, MD, Daphne Wong, MD, Gregory S. Blaschke, MD, MPH, Marc Lerner, MD, and Anda K. Kuo, MD, MPH, on behalf of the California Community Pediatrics and Legislative Advocacy Training Collaborative

*Academic Medicine, 2013*



# Building Pediatric Leadership for Payment Reform

Lisa Chamberlin, Stephanie Davis, Jean Raphael

**Strategy:** Enhance the capacity of pediatric departments through targeted education and infrastructure development to advance effective advocacy and coalition-building around payment reform and state health policy.

## MEDICAID EDUCATION

### Medicaid Education Series

3-4 webinars

- Medicaid 101
- Threats to Medicaid
- State-Level Medicaid Structures & Programs
- Advocacy in Action: What you can do to advocate

## BUILD ADVOCACY INFRASTRUCTURE

- Catalogue Dept advocacy roles & job descriptions
- Map roles' contribution to state and federal advocacy
- Develop toolkits for Chairs
- Coordinate meetings with Dept advocacy leaders to share best practices

## BUILD COALITIONS

Foster connections between AMSPDC members, state chapters of the AAP, CHA (where applicable) and state medical societies



# Redesign Medical Education

**Goal: Enhance the education, training, recruitment and retention in order to attract diverse, high-quality trainees into Pediatrics and Pediatric subspecialties**

1. Early Exposure to Pediatrics (Elementary School – PostBac)
2. UME Exposure and Innovative Training
3. Residency Subspecialty Exposure and Innovative Training
4. Flexible Subspecialty Training Pathways
5. Faculty Development

# Redesign Medical Education

Joe Gigante and Keith Mather

## Strategy 1: Early Exposure to Pediatrics (Elementary School – PostBac)

- Develop and distribute toolkit for mentoring pathways
- Develop and distribute toolkit for UIM mentoring pathways
- Branding and marketing: Develop “Choose Peds” Campaign



# Redesign Medical Education

April Buchanan and Mike Donnelly

## Strategy 2: UME Exposure and Innovative Training

- Develop best practices for UME Pre-Clinical Exposure
- Develop best practices for Clerkship Exposure
- Advocate for more pediatric content in medical school
- Explore how to increase pediatric exposure in osteopathic schools
- Include medical students in national organizations

# Redesign Medical Education

Stacy Laurent, Joanna Lewis, and Leah Harris

## Strategy 3: Residency Subspecialty Exposure and Innovative Training

- Develop and distribute toolkit for Individualized Curriculum, subspecialty curriculum, and visiting subspecialty electives
- Program development on how to improve autonomy and rigor in training
- Improve residency and fellowship advising for all applicants (e.g., MD, DO, and IMG)
- Improve transitions into residency and fellowship for IMGs (e.g., financial considerations, visas, etc)

# Redesign Medical Education

Jill Fussell and Kim Boland

## Strategy 4: Flexible Subspecialty Training Pathways

- Develop and implement competency-based, time-variable pediatric subspecialty training pilot



# Redesign Medical Education

Hilary Haftel and Doug Carlson

## Strategy 5: Faculty Development

- Develop a community of practice and professional development for community preceptors teaching students, residents, and fellows and support community preceptors with CME, MOC 2, MOC 4

# Physician Scientist Workgroup

**Goal: Improve the quantity and quality of child health research by strengthening the pediatric physician–scientist training pathways**

Strategies:

1. Strengthen federal reporting on child health research funding to enable data-driven advocacy and support increased investments that align with the field's importance as a national priority
2. Identify, engage, and secure new partnerships for pediatrician scientist training
3. Standardize qualitative/quantitative measures of initial success and retention for pediatrician scientist training implemented across training programs

# Federal Investment in Child Health Research

Terry Dermody, Nick Manetto, Alex Bassuk, Sue Furth, Karen Murray, Brian Sims

**Strategy 1:** Strengthen federal reporting on child health research funding to enable data-driven advocacy and support increased investments that align with the field's importance as a national priority

## Originally Identified Action Steps

- Define pediatric scientist & quantify current pediatric scientist workforce
- Develop a targeted data request to NIH
- Engage NIH to clarify the scope of pediatrician-scientist training programs
- Advocate for pediatric representation on all NIH IC councils

## Current Status

- Adjusting priorities in response to recent NIH policies and directives
- Completed manuscript: *"What is Child Health Research and Who Are Child Health Investigators?"*

## Looking Ahead

- Given current landscape, shift to advocacy for children's health representation in NIH structure





# Pediatrician Scientist Training Partnerships

Sallie Permar & Gabby Haddad

## **Strategy 2:** Identify, engage, and secure new partnerships for pediatrician scientist training

- Formed committee of 16 senior research scientists focused on fundraising
- Pivoted focus after loss of NIH K12 grant - now fundraising to sustain program
- Developed targeted funding pitch for foundations, businesses, and associations
- Actively soliciting ~40 organizations
- Seeking contributions of \$300K to support 2 years of PSDP fellow training
- Exploring co-sponsorships with professional societies to fund fellow slot

# Physician Scientist Training Metrics

Audrea Burns, Dan Moore, Andrew Nowalk

**Strategy 3:** Standardization of qualitative/quantitative measures of initial success and retention for pediatrician scientist training implemented across training programs

## Action Steps

- **Define Scope of Existing Metrics**
  - Conduct literature review to identify metrics used by programs and individuals to define success
  - Compare pediatrics to other specialties (medicine, surgery, MST)
  - Identify shared themes across diverse program structures
- **Propose Development of Novel Metrics**
  - Align metrics with goal of promoting and assessing training
  - Develop assessments for institutions (support, mentorship) and individuals (skills/knowledge)

## Looking Ahead

- Build partnerships to support beta testing and ongoing metric dissemination and collection



# Pediatric Organization Panel

AMSPDC - Joe St. Geme III, MD - Moderator

AAP - Ben Hoffman, MD, CPST-I

ABP - Michael Barone, MD

APA - Melissa Klein, MD, MEd

APPD - Megan Aylor, MD

APS - Stephen Daniels, MD, PhD

COMSEP – April Buchanan, MD

SPR - Brenda Poindexter, MD

NextGenPeds - Dannielle Brown, MD

