

# **AMSPDC Pediatrics Workforce Initiative**

## **Update AMSPDC Annual Meeting**

**February 28, 2026**

**Laura Degnon, CAE**

**Robert J. Vinci, MD FAAP**

**Melissa Gillooly, MPP**

# Objectives

- Understand progress to date across PWI pillars
- Increase awareness of emerging tools and resources available to support departments
- Inform future priorities and strategic direction for the next phase of PWI

# Disclosures

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



# 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 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.



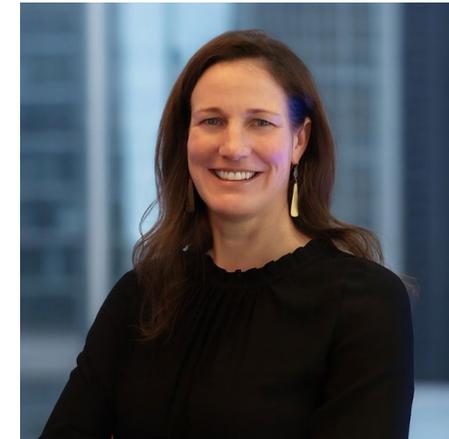
# AMSPDC Pediatrics Workforce Initiative



Bob Vinci, MD  
Co-Lead



Laura Degnon, CAE  
Co-Lead



Melissa Gillooly, MPP  
Project Director



# Medical Students Applicants to Pediatrics

## ERAS Data



|       | 2022 | 2023 | 2024 | 2025 | 2026 |
|-------|------|------|------|------|------|
| MD    | 2162 | 2108 | 1942 | 1986 | 1915 |
| IMG   | 2257 | 2165 | 2156 | 2694 | 3013 |
| DO    | 801  | 814  | 767  | 833  | 767  |
| Total | 5220 | 5087 | 4865 | 5513 | 5695 |

# Pediatric Subspecialty Applicants - 2026 Match

| <u>Specialty</u>    | <u>2026 NRMP Applicants</u> | <u>NRMP Positions 2026 (2025)</u> | <u>2026 NRMP Filled</u> | <u>2026 Applicants Per Position</u> |  |
|---------------------|-----------------------------|-----------------------------------|-------------------------|-------------------------------------|--|
| Cardiology          | 216                         | 194 (187)                         | 191                     | 1.13                                | <b>More than 1 applicant per</b>           |
| Gastroenterology    | 128                         | 124 (122)                         | 119                     | 1.03                                |  |
| Hospital Medicine   | 141                         | 143 (130)                         | 124                     | 0.97                                | <b>~1 application per position</b>         |
| Emergency           | 237                         | 251 (239)                         | 224                     | 0.94                                |  |
| Critical Care       | 199                         | 220 (225)                         | 190                     | 0.9                                 |  |
| Neonatal            | 270                         | 308 (317)                         | 264                     | 0.88                                | <b>Less than .9 applicant per position</b> |
| Heme/Onc            | 158                         | 194 (194)                         | 152                     | 0.81                                |  |
| Developmental Peds  | 36                          | 50 (49)                           | 34                      | 0.72                                |  |
| Pulmonology         | 59                          | 87 (95)                           | 55                      | 0.68                                |  |
| Infectious Disease  | 51                          | 86 (89)                           | 44                      | 0.59                                |  |
| Rheumatology        | 25                          | 44 (55)                           | 24                      | 0.57                                |  |
| Adolescent Medicine | 25                          | 45 (41)                           | 22                      | 0.56                                |  |
| Child Abuse         | 15                          | 28 (30)                           | 11                      | 0.54                                |  |
| Endocrinology       | 56                          | 106 (104)                         | 51                      | 0.53                                |  |
| Nephrology          | 32                          | 73 (78)                           | 28                      | 0.44                                |  |

Source: [NRMP Match Data](#)

# Pillars Aligned with 2023 NASEM Report

| PILLAR                        | LEADER                    | STRATEGIC GOAL   |
|-------------------------------|---------------------------|--|
| <b>Physician Scientist</b>    | Sallie Permar, MD PhD     | <b>Improve the quantity and quality of child health research by strengthening the pediatric physician–scientist training pathways.</b>                             |
| <b>Economic Strategy</b>      | Mary Leonard, MD MSCE     | <b>Reduce financial and payment disincentives for pediatricians.</b>   |
| <b>Practice Collaboration</b> | Ann Reed, MD              | <b>Develop and promote care models to ensure the timely and equitable receipt of pediatric subspecialty care services.</b>   |
| <b>Education Redesign</b>     | Becky Blankenburg, MD MPH | <b>Enhance the education, training, recruitment and retention in order to attract diverse, high-quality trainees into Pediatrics and Pediatric subspecialties.</b> |

# Federal Investment in Child Health Research

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

## Strategic Goal

Gather & improve reporting on federal investments in pediatrician scientist training.  
Define & quantify pediatric scientist workforce.

## Deliverable

Manuscript: “Defining Child Health Research to Guide Equitable Federal Appropriations” Dermody, Terence S. et al. *The Journal of Pediatrics*, Volume 288

## Status/ Next steps

Research Committee discussing the recommendations from the 2026 *NASEM Strategies to Enhance Pediatric Health Research* report.



# Pediatrician Scientist Training Partnerships

Sallie Permar & Gabby Haddad

## Strategic Goal

Expand the Pediatric Scientist Development Program (PSDP) funded slots.

## Deliverable(s) To Date

- Secured funding for 2 new slots (Warren Alpert Foundation & Illumina)
- Established multi-society specialty partnership to fund a Rheumatology-focused slot (RRF & AF)

## Status/ Next Steps

- Formalize and elevate the Rheumatology partnership as a replicable specialty society sponsorship model





# Physician Scientist Training Metrics

Audrea Burns, Dan Moore, Andrew Nowalk

Physician Scientist Pillar

## Strategic Goal

Establish standardized qualitative and quantitative metrics to assess early success, progression, and retention of pediatric physician-scientist trainees across programs.

## Deliverable(s)

- Recommendations for evaluating and strengthening pediatric physician-scientist training programs
- Framework for targeted program improvement and benchmarking

## Status/ Next Steps

- Presentation to AMSPDC Research Committee (3/3)
- Refine recommendations based on committee input
- Develop targeted partnerships to advance shared competencies



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AMSPDC Pediatrics Workforce Initiative

# Redesign Medical Education Pillar Updates

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

- Spans 15 collaborative workgroups
- Comprised of educational experts and learners across the broad pediatric community and continuum of education
- Collaboration across multiple pediatric organizations and broad educational organizations

| CORE FOCUS AREA                             | LEADERS                          | WORKGROUPS   |
|---|----------------------------------|--|
| <b>Early Exposure to Pediatrics</b>         | Joe Gigante and Keith Mather     | <ol style="list-style-type: none"> <li>1. General Pathway Programs</li> <li>2. <b>UIM Pathway Programs</b></li> <li>3. <b>Marketing Campaign: Choose Peds</b></li> </ol>   |
| <b>UME Exposure and Innovative Training</b> | April Buchanan and Mike Donnelly | <ol style="list-style-type: none"> <li>1. <b>Pre-Clinical Exposure</b></li> <li>2. Clerkship Exposure</li> <li>3. Medical Student Mentoring</li> <li>4. Pediatric Content in Allopathic Medical Schools</li> <li>5. Pediatric Content in Osteopathic Medical Schools</li> <li>6. Medical Students in National Organizations</li> </ol> |

| CORE FOCUS AREA  | LEADERS                                      | WORKGROUPS  |
|--|--|---|
| <b>Residency Subspecialty Exposure and Innovative Training</b>   | Stacy Laurent, Joanna Lewis, and Leah Harris | <ol style="list-style-type: none"> <li>1. Increase Interest in Subspecialties</li> <li>2. Increase Resident Autonomy</li> <li>3. Improve Residency and Fellowship Mentoring</li> <li>4. Support IMGs in Transition into Residency and Fellowship</li> </ol> |
| <b>Competency-Based Pediatric Subspecialty Training Pathways</b> | Jill Fussell and Kim Boland                  | <b>1. Implementation Support Workgroup</b>  |
| <b>Faculty Development</b>                                       | Chris Peltier and Doug Carlson               | <ol style="list-style-type: none"> <li>1. Faculty development for community preceptors</li> </ol>   |

# Education Pillar: From Development to Implementation

## Education Pillar

### What We Are Producing

- Best practice frameworks
- Practical tools for departments
- Materials to elevate pediatrics as a career path

### How Will We Drive Adoption and Impact

- AMSPDC Website & Resource Hub
- AMSPDC Departments: Provide feedback & participate piloting tools
  - Share local adaptations & outcomes
- Disseminate via AMSPDC Pages, national presentations and advocacy



# Pre-Clinical Exposure

Courtney Judd, Katie O'Donnell, and Suzy Schmidt

## GOAL 1

Describe the current state of pediatric pre-clerkship content, including barriers to inclusion and opportunities for improvement.

- Annual COMSEP Survey

## GOAL 2

Develop and disseminate best practices and resources for enhancing pediatric content in the pre-clerkship phase:

- Multiple resource guides
- Pediatric Discipline Director role description
- Curricular resources via workshops
- Collaboration with AMSPDC Education Committee & MESL



## Resources to Support Your Efforts



**Making the Case**



**Curricular Ideas/Toolkit**

# UIM Pathway

Tatiana Ndjatou

## GOAL 1

To identify and understand the most impactful characteristics of mentorship experiences that influence UIM medical students and pediatric trainees to pursue pediatrics

## GOAL 2

To highlight the systemic barriers—such as limited mentorship, lack of early exposure, and financial constraints—that impede UIM students' pathways into pediatrics, and to examine strategies that can mitigate these barriers

# UIM Pathway Programs

- Conduct UIM Mentoring Survey of Medical Students and Pediatric Trainees in Structured Mentorship Programs (AIMS, NCS, NGP)
- Develop and Disseminate UIM Mentoring Toolkit for Institutions (Fall 2026)
- Present “Addressing Disparities in Pediatric Physician Workforce Diversity: Insights, Barriers, and Pathway Solutions”

# Competency-based pediatric subspecialty training

Jill Fussell & Kim Boland

## Education Pillar

- AMSPDC representation on ABP taskforce - Kim Boland and Sherin Devaskar
- ABP presented proposed pilot models at the AMSPDC PWI Virtual Summit (Dec 2025)
  - Q1: Please develop a list of pros/cons related to elimination of the Scholarly Work Product that includes ways to mitigate the cons.*
  - Q2: Assume frontline real time workplace-based assessment. What additional elements are essential in a competency-based training model to ensure subspecialty graduates are ready for practice?*
- Continue engagement with ABP to reinforce the strategic importance of this work.

# Expand Capacity of Subspecialty Care

Patricia Emmanuel & Alex Kemper

Practice Collaboration Pillar

## Strategic Goal

Identify and promote novel models of care at the interface of primary care and subspecialty care.

## Deliverable(s) To Date

- Completed national survey (AMSPDC & CoPS) identifying innovative care models
- Developed framework aligning models to common workforce and access challenges
- Produced pilot “abstract style” videos to seed website & test dissemination strategy

## Status/ Next Steps

- Disseminate pilot videos; evaluate engagement, utility and scalability
- Draft manuscript to inform spread



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# Bridging the Distance



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# Expand Capacity of Subspecialty Care

Mary Ottolini and Siobhan Pittock

## Practice Collaboration Pillar

### Strategic Goal

Advance the practice and payment of e-consults to expand the capacity of subspecialty care.

### Deliverable(s) To Date

- AMSPDC survey completed (45 responses)
- Multi-institutional qualitative interviews across 17 institutions (45 interviews)
- Identified PI and secured IRB for analysis of qualitative data

### Status/ Next Steps

- Analyze cross institutional interview data
- Develop manuscript outlining best practices & implementation insights
- Submit recommendations to AMSPDC on opportunities to scale



# Input on E-Consults Deliverables

Help us focus our eConsult tools where they matter most.

Please complete this brief 4-question survey.



# Enhance Coding Practices & RVU Valuation

Eileen Brewer, Susan Kline, Sanjeev Tuli, Margie Andreae

## Economic Strategy Pillar

### Strategic Goal

Increase funding to pediatric departments and health systems by improving pediatric payment by strengthening coding accuracy and institutional understanding of RUC and CPT processes.

### Deliverable(s) To Date

- Webinar: Understanding CPT & RUC: Foundations of Coding and Valuation

### Status/ Next steps

- Educational webinar: How DRGs, CPT codes, and coding drive the revenue stream
- Resource Development: *Five Codes Every Pediatric Department Should Know.*
- Education regarding underutilized codes.



# Enhancing Coding Practices and Improving RVU Valuation

## *Where This Education Series Will Take Us*

**Economic Strategy Pillar**

### **Understand and Engage with the System**

How CPT, RUC, RVUs & the PFS shape pediatric payment & funds flow



### **Correct Coding (Upcoming)**

Improve documentation and utilization of existing codes



### **Strengthen Department Finances**

Bring more dollars into your institution and department



### **Advocate for Change**

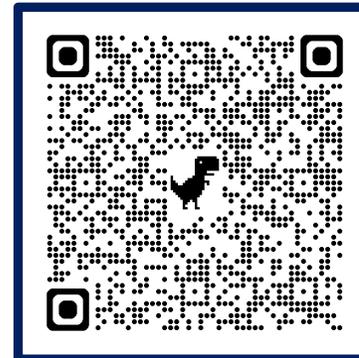
Advocacy on CPT creation and RVU valuation

# Understanding CPT & RUC: Foundations of Coding and Valuation

- Explained the AMA's CPT and RUC committees
- Described how RVU valuations influence the Medicare Physician Fee Schedule (PFS)
- Provide a foundation for future sessions on optimizing coding practices while gaining insight for future engagement in payment advocacy



*Eileen Brewer, MD*  
*AAP RUC Alternate and Chair, AAP*  
*Committee on Coding and Nomenclature*



**SHARE  
RECORDING**

# How DRGs, CPT codes, and Coding Drive the Revenue Stream

April 17, 2026

1:00-2:00pm ET

Be on Lookout in AMSPDC eNews for Registration Link



**Dr. Sanjeev Tuli**  
Chair, University of Texas Medical Branch  
(UTMB)

AAP National Committee on Coding and  
Nomenclature (COCN)

# Building Pediatric Leadership for Payment Reform

Lisa Chamberlin, Stephanie Davis, Jean Raphael

**Strategic Goal:** Expand Pediatric Departments' capacity to lead and engage in advocacy and coalition-building efforts focused on payment reform.

## Deliverables To Date

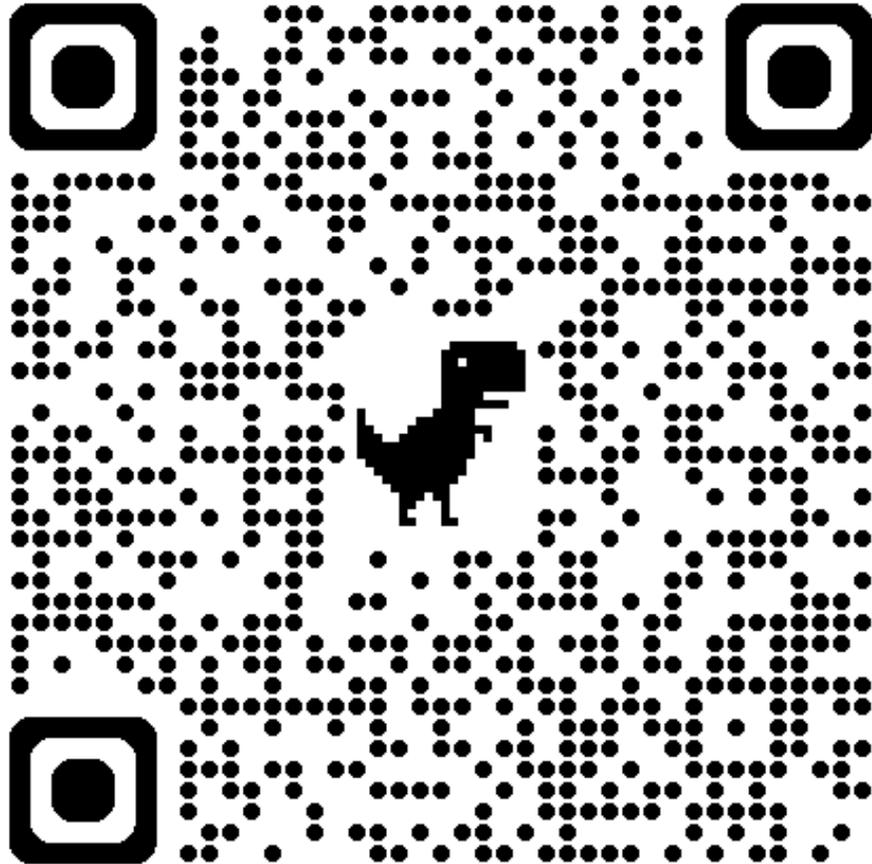
- Analyzed sample dept advocacy roles & job descriptions
- Presented at fall AMSPDC meeting
- Recently released practical tools (template advocacy job description, Model GR questions & Payment advocacy function worksheet)

## Status/ Next steps

- Dissemination of tools with feedback loop for refinements
- Continued support for helping Chairs meet with Government Relations and engage in state policy and build their local coalitions
- Gathering of advocacy leaders to share best practices



# Payment Reform and Advocacy Tools



1. [Payment Questions for Hospital GR](#)
2. [Payment Activities Worksheet](#)
3. [Advocacy & Payment Reform Job Template](#)

# PSLRP Advocacy 2025

Goal: Increase the number of MD and DO applicants to the PSLRP with the goal of boosting overall participation and award outcomes.

Economic Strategy Pillar

## Policy & Eligibility Advocacy

- Contributed via PPC to individual eligibility advocacy
- HRSA implemented small shift - 144 *monthly* clinical hours requirement
- Inclusion of care coordination activities toward eligibility
- To compensate for research time, HRSA allows extension of length of service beyond fellowship to fulfill service obligation

## Institutional Engagement & Site Enrollment

- Partnered with HRSA to streamline site eligibility process for AMSPDC
- Aware of 6 new AMSPDC institutions enrolled for first time
  - Arkansas, Cornell, Howard, KU-Wichita, Montefiore, Stanford
  - Provided direct guidance to additional institutions navigating enrollment

# Pediatric Subspecialty LRP Awards



|                              | 2024       |           |            | 2025       |           |            |
|------------------------------|------------|-----------|------------|------------|-----------|------------|
|                              | Applied    | Accepted  | Rate       | Applied    | Accepted  | Rate       |
| Allopathic Physician         |            |           |            |            |           |            |
| Pediatrics                   | 166        | 16        | 10%        | 266        | 46        | 17%        |
| Psychiatry                   | 13         | 2         | 15%        | 18         | 2         | 11%        |
| Surgery                      | 16         | 1         | 6%         | 16         | 0         |            |
| Other                        | 2          | 0         |            | 1          | 0         |            |
| Osteopathic Physician        |            |           |            |            |           |            |
| Pediatrics                   | 29         | 3         | 10%        | 60         | 19        | 32%        |
| Psychiatry                   | 1          | 0         |            | 0          | 0         |            |
| Surgery                      | 2          | 0         |            | 1          | 0         |            |
| <b>Physician Total</b>       | <b>229</b> | <b>22</b> | <b>10%</b> | <b>362</b> | <b>67</b> | <b>19%</b> |
| LICSW, MSW, Prof Counselor   | 159        | 56        | 35%        | 201        | 16        | 8%         |
| Psychiatric Mental Health NP | 43         | 2         | 5%         | 62         | 1         | 1.6%       |
| Psychologist                 | 70         | 4         | 6%         | 63         | 0         |            |
| <b>SW/Psychologist Total</b> | <b>272</b> | <b>62</b> | <b>23%</b> | <b>326</b> | <b>17</b> | <b>5%</b>  |

# PSLRP 2026 Priorities & Recommendations

## Engagement

- Formal recommendation submitted to HRSA

## AMSPDC Recs to Strengthen Impact

### 1. Trainees:

- Enrollment in good standing in an ACGME-accredited pediatric subspecialty fellowship program should satisfy the PSLRP service requirement.

### 2. Early Career Faculty:

- Recognize the academic "full-time equivalent" for pediatric subspecialists
- Reduce clinical eligibility threshold to 72 hours/month of direct patient care

### 3. Institution:

- Continued support for institutional eligibility in the 2026 cycle
- Strengthen technical assistance resources and jointly disseminate

# PSLRP 2026 Chair Call to Action

## 1. Confirm Institutional Status

- Details on AMSPDC website

## 2. Prepare for Enrollment

- Identify or designate your institutional **PSLRP Site Point of Contact (POC)**
- Utilize available **HRSA technical assistance** to streamline enrollment

## 3. Promote Awareness

- Share program information with:
  - **Pediatric subspecialty fellows**
  - **Early-career faculty**

## 4. Plan Ahead

- Be ready for the 2026 PSLRP cycle (2025: Opened June 3 | Closed July 17)

# Chair Engagement & Leadership Actions

## ENGAGE

- Attend coding/RUC education session — or designate department leadership
- Meet with Government Relations using PWI payment reform tools to identify 1–2 near-term advocacy actions
- Pilot and adapt education resources within your department

## INFORM

- Provide feedback on the refreshed PWI website and resource repository
- Share outcomes, adaptations, and lessons learned from tool implementation

# Chair Engagement & Leadership Actions

## SCALE

- Share innovative care model videos from your institution
- Identify potential specialty society or philanthropic partners to expand PSDP

## LEAD

- Assess whether your department has a designated leader accountable for payment advocacy
- Consider formalizing FTE support for Advocacy/Policy leadership
- Use the Payment Reform Advocacy Worksheet to prioritize and delegate action

# Website Refresh and Resource Repository

**Refresh of the PWI portion of AMSPDC website to create a dynamic resource hub. Targeted for Pediatric Departments with relevance to the broader pediatric community.**

## **Approach**

- Iterative rollout – Phase 1 launch with core structure and current tools
- Ongoing refinement as new resources developed
- Continuous improvement informed by Chair feedback

## **PWI Commitment**

- Maintain a living, regularly updated repository
- Communicate new resources consistently to Chairs via E-News
- Ensure tools remain practical, actionable, and adaptable
- Share updates with partner organizations at minimum quarterly

# On The Horizon

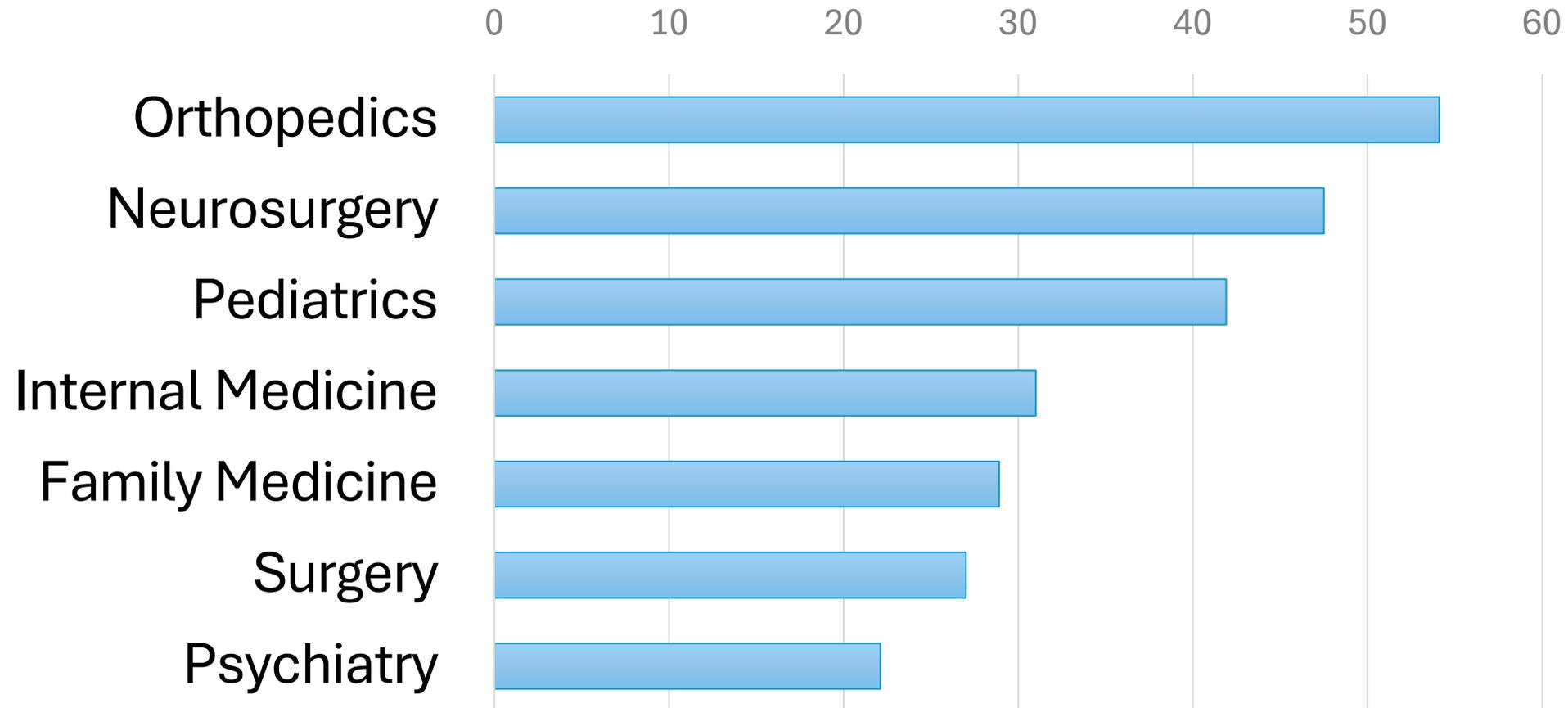
1. Key deliverables are being finalized
2. Continue dissemination of tools and resources
3. Accelerating adoption
4. Measuring impact
5. Public Awareness Campaign (more tomorrow!)
6. **Setting priorities for the next phase of work**

# 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 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.

# Using Data To Inform Our Work

## AAMC Data on Retention Rates by Specialty



Source: 2025 AAMC Report on Residents

# Factors Associated with Choosing Pediatrics

## Positive Correlations

- Pediatric specialty intention at matriculation
- Medical school exposure and experiences
- Gender (Women greater than men)
- Career plans that included patient care

## Negative Correlations

- Career plans at graduation include research
- URiM graduates

Source: “Pediatrics Specialty Choice of US MD Matriculants at Graduation” JAMA Network In Press

# Table Discussion

- If pediatric interest at matriculation is a key factor for career choice, please identify creative strategies that can reach and impact students at an earlier point in their educational pathway.
- What strategies should be prioritized in a national “Choose Pediatrics” campaign to meaningfully influence interest in pediatrics? (*social media, affinity groups, mentorship models, storytelling, etc.*)
- What creative strategies have you seen or implemented to engage pre-medical advisors and/or post-baccalaureate programs in promoting pediatric exposure? Please describe specific examples.

# Table Discussion Instructions

30 minutes:

- Discuss the question and identify key themes or examples
- Designate at least one person to type summary answers in form
- Multiple table members may share if dividing examples or perspectives is helpful
- Will not have report out but we will share themes during members meeting tomorrow

