AMSPDC Pediatrics Workforce Initiative (PWI)
Organizational Partner Update | March 2026

Co-Leads: Laura Degnon and Bob Vinci, MD | **Project Director:** Melissa Gillooly
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At the 2026 AMSPDC Annual Meeting, PWI leaders shared progress across all four pillars and highlighted new tools to support pediatric departments. A central theme was the shift from planning to implementation, with practical resources now available or underway in payment advocacy, pediatric exposure in medical education, and care model innovation.

We are grateful to the many partners and contributors whose time, expertise, and leadership are reflected in this progress.

Recently Released Tools and Resources

Payment reform toolkit suite

Three tools to help chairs strengthen internal advocacy capacity and engagement with hospital government relations teams:

- Payment Questions for Hospital Government Relations
- Payment Activities Worksheet
- Advocacy & Payment Reform Job Template

Coding and valuation education series

Webinar series to help departments better understand how CPT, RUC, RVUs, and the physician fee schedule influence pediatric payment and revenue flow to strengthen departmental financial performance and support increased investment in pediatric subspecialist salaries.

- Recording available: *Understanding CPT & RUC: Foundations of Coding and Valuation*
- **Upcoming webinar | April 17 | 1:00-2:00pmET:** *How DRGs, CPT Codes, and Coding Drive the Revenue Stream of Academic Pediatric Departments.* **REGISTER HERE**.

Early learner exposure resources

Materials that departments can use to advocate for stronger early exposure to pediatrics in medical education. Resources include:

- Curricular Ideas/Toolkit
- Making the Case: The Crucial Role of Pediatric Content & Educators

Novel Model Abstract Videos

Pilot abstract-style videos highlighting innovative care models that address specialty access barriers and support peer learning across institutions.

- View the repository **HERE**

Highlights Across the Four Pillars

Economic Strategy

AMSPDC continues to pair practical departmental support with broader advocacy opportunities. This includes ongoing work with HRSA to strengthen the Pediatric Specialty Loan Repayment Program (PSLRP) access and eligibility. In February 2026, a formal letter was submitted to HRSA at their request with AMSPDC's key recommendations for changes to the 2026 program. (Letter in Appendix)

Education Redesign

Workgroups are moving from information gathering and framework development to tool development, dissemination, piloting, and feedback collection. Highlights include:

- working with APPD Confronting Racism Action team to develop a toolkit to help institutions design, implement and evaluate pathway programs that support and engage URiM students prior to medical school.
- developing a Pediatric Specialty Preparation Guide for use at both allopathic and osteopathic medical schools.
- collaborating with CoPS and AAMC to develop informative and engaging descriptions for all pediatric specialties for inclusion in AAMC Residency Explorer.
- working with AAMC to assess how pediatrics is currently integrated in medical school curricula, as well as the availability of shadowing and community engagement opportunities.
- partnering with APPD and Intealth to develop a toolkit of resources to support IMG recruitment and success, while also drafting recommendations to promote greater standardization in application review and recruitment of IMG residents and fellows.
- expanding the ChoosePeds campaign with COMSEP by increasing social media reach and developing inspirational content for learners earlier in the education pathway.
- collaborating with AAP on the development and dissemination of a national community preceptorship curriculum.

Physician-Scientist

Expansion of the Physician Scientist Development Program (PSDP) continues, including:

- two new philanthropically funded slots through the Warren Alpert Foundation and Illumina.
- a new multi-society specialty partnership among the Rheumatology Research Foundation (RRF), Arthritis Foundation (AF), and the Childhood Arthritis and Rheumatology Research Alliance (CARRA) to support a rheumatology-focused slot.

We hope this partnership will serve as a replicable model for future multi-society specialty sponsorships.

PWI is collaborating with the National Pediatric Scientist Collaborative Workgroup (NPSCW) on a framework to support the development and implementation of clear, consistent, and widely adopted competencies for pediatric research training at the residency and fellowship levels, creating shared accountability among trainees, mentors, and programs.

Practice Collaboration

The eConsult workgroup has completed qualitative interviews across 17 institutions and is moving into cross-institutional analysis to identify implementation insights and opportunities for scale. The group will make recommendations to AMSPDC on opportunities and tools to support broader use of eConsults across pediatrics.

The Novel Model of Care workgroup will expand its pilot videos into a curated repository of scalable approaches to address specialty access barriers. These resources are designed to help departments:

- learn from peer institutions
- explore real-world workforce and care delivery innovations
- connect with others interested in adopting similar models

What's Next & Where Partners Can Engage

Public Awareness Campaign

AMSPDC is launching a national Public Awareness Campaign to elevate child and adolescent health and wellbeing and strengthen support for the pediatric workforce.

In partnership with LSG, AMSPDC conducted a national baseline survey to better understand public attitudes and the messages that resonate most with policymakers and key audiences. Findings from this work will inform campaign messaging and a communications toolkit to help pediatric leaders elevate these issues locally and nationally.

Learn more about the survey findings, messaging strategy, and tools being developed to support this campaign.
Webinar | April 9, 2026 | 2:00–3:00 PM ET
Register HERE

2026 Pediatrics Match Statement

AMSPDC recently released a statement on the 2026 Pediatrics Match, highlighting both the enthusiasm surrounding the incoming trainee cohort and the importance of continued coordinated action to strengthen the pediatric workforce. The statement is included in the Appendix for reference and sharing.

PWI Website Refresh

AMSPDC is also refreshing the PWI section of its website (Link) to serve as a more dynamic resource hub, with an initial rollout focused on current tools and core structure and ongoing expansion as additional materials are finalized.

Request to Partner Organizations

Throughout 2026, PWI will continue releasing tools, gathering feedback, tracking adoption, and sharing updates with partner organizations.

We ask partner organizations to:

- share these updates and resources with relevant leaders, committees, and members in your organization
- identify areas of alignment with related efforts already underway
- flag opportunities for collaboration, coordination, and reduced duplication
- provide feedback on resources and dissemination opportunities

Broader dissemination will help reduce duplication, surface opportunities for alignment, and support more coordinated action across pediatric workforce efforts.

We are grateful for our ongoing partnership with organizations across the pediatric community and look forward to continuing to learn from and work alongside you. Please do not hesitate to reach out if there are opportunities for alignment, questions about specific efforts, or ideas you would like to discuss further.

Appendix 1: HRSA PSLRP Letter

Association of Medical School Pediatric Department Chairs
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February 13, 2026

Israil Ali, MPA
Acting Deputy Associate Administrator
Bureau of Health Workforce
Heath Resources and Services Administration

Dear Mr. Ali and colleagues:

On behalf of the Association of Medical School Pediatric Department Chairs Pediatrics Workforce Initiative (AMSPDC PWI), thank you to the HRSA team for meeting with our leadership on February 4th. We appreciate the opportunity to engage directly and to further strengthen our partnership around HRSA's Pediatric Specialty Loan Repayment Program (PSLRP).

Your remarks during our meeting aligned closely with the goals of the AMSPDC PWI, and the vision you articulated for the PSLRP strongly resonates with our work. We are grateful for HRSA's commitment to this program and for the opportunity to collaborate in advancing our shared goal of strengthening the pediatric subspecialty workforce.

The PSLRP is a critical program for mitigating the financial challenges faced by future pediatric subspecialists. Pediatricians complete lengthy training while earning substantially lower salaries than their adult counterparts and carry significant educational debt burden that averages $220,000 and exceeds $300,000 for many pediatric trainees who self-identify as Black or African American. Programs such as the PSLRP are essential to sustaining the pediatric subspecialty workforce and ensuring access to care for vulnerable children.

AMSPDC's partnership with HRSA, and your leadership in administering PSLRP in accordance with Congressional direction, is already making a meaningful difference. We recognize that the PSLRP is a relatively new program, and we appreciate HRSA's thoughtful and collaborative approach to implementation, including your openness to refinement to ensure the program fully reflects its statutory intent and original goals. The increased number of pediatricians funded through the PSLRP in 2025 represents a significant accomplishment, and your continued commitment to supporting pediatric subspecialists serving medically underserved communities will have a lasting impact on child health for generations.

To ensure the PSLRP fully achieves its statutory mandates and intended goals, we have identified three areas where continued refinement would be particularly meaningful: pediatric subspecialty trainees, early career faculty, and the institutions that provide care to medically underserved populations. With this in mind, we offer the following recommendations to further strengthen access to and effectiveness of the PSLRP.

Pediatric Subspecialty Trainees

Board certification in the pediatric subspecialties requires completion of an ACGME accredited fellowship. Pediatric fellowships are generally three years in duration and include mandatory requirements for protected time dedicated to research and scholarly activity.

The "Fiscal Year 2025 Application & Program Guidance" (Page 11) states that for licensed physicians in training, "full-time employment is defined as the active participation in a full-time accredited pediatric medical subspecialty or pediatric surgical specialty residency or fellowship." However, the same section then specifies a minimum of hours/month for "pediatric medical subspecialty care" activities. This latter specification creates an internal contradiction, as ACGME mandates for subspecialty fellowships include:

1. Discipline specific clinical training (12 to 18 months)
2. Research intensive training (12 months)
3. Training in a core curriculum that includes patient safety, quality improvement, and a curriculum that meets the six ACGME core competencies.
4. A robust curriculum that provides fellows with specific training in biostatistics, epidemiology, research design, critical literature review, and understanding the evidence behind clinical care.

While clinical care is a core component, requiring hours of direct clinical activity during research-intensive months of an ACGME-accredited fellowship fundamentally misaligns with the structure of pediatric subspecialty training and threatens eligibility for subspecialty board certification. This clinical hours requirement risks disqualifying fellows from the PSLRP during mandatory research blocks, despite their full-time employment in service of pediatric health and their crucial role in advancing medical knowledge.

Recommendation:

We respectfully request that HRSA modify eligibility criteria to clarify that enrollment in good standing in an ACGME-accredited pediatric subspecialty fellowship program satisfies the PSLRP annual service requirement. The full scope of clinical, research, and educational activities mandated by the ACGME are indivisible components of subspecialty training and should not be subject to separate, rigid clinical-hour thresholds that conflict with accreditation standards.

Early Career Faculty

The vast majority of pediatric subspecialists practice within academic medical centers or integrated health systems, as demonstrated by the data on driving distance to see a subspecialits. These institutions provide the comprehensive infrastructure necessary for advanced pediatric care, often serving as safety nets for children with complex medical needs. However, the PSLRP's definition of "full-time employment" (Page 11), with its requirement of 144 hours/month in direct patient care or closely related clinical activities, reflects a primary care model that does not align with an academic pediatric subspecialist's role.

Early-career pediatric subspecialists fulfill a "Triple Mission" of clinical care, research, and education. In addition to providing direct patient care, they are expected to conduct and apply research that

establishes evidence-based treatments and to train the next generation of physicians - responsibilities that serve to advance child health.

Data from the American Board of Pediatrics Practice Dashboard underscore this reality. Across all 19 pediatric subspecialties combined, 79% of subspecialist hold an academic appointment and 62% devote up to 25% of their time to medical education. The median percent effort spent on clinical care is 70%, reflecting the balanced and multifaceted nature of pediatric subspecialty practice.

The current, rigid clinical hour requirement forces these physicians to choose between meeting loan repayment eligibility and engaging in critical research and educational activities necessary for advancement. If forced to maintain high clinical volumes, these physicians may be compelled to abandon their subspecialty careers, weakening the training pipeline and slowing medical discovery that ultimately benefits children in medically underserved communities. Alternatively, this requirement may discourage pediatric residents from pursuing subspecialty training in the first place.

Recommendation:

We urge HRSA to develop criteria that recognize the academic "full-time equivalent" for pediatric subspecialists. We recommend modifying the clinical eligibility requirement for academic pediatric subspecialists to a minimum of 72 hours of direct patient care per month as part of their overall full-time commitment to the institution. This adjustment would allow faculty who are making enormous contributions to vulnerable children to dedicate the time necessary for the research, quality improvement and educational activities that improve clinical outcomes, advance pediatric medicine, and sustain the future subspecialty workforce.

Institutions

In prior years, many institutions faced uncertainty regarding site eligibility and difficulty navigating the eligibility determination process. In 2025, HRSA established a streamlined process that, coupled with targeted technical support, clarified eligibility requirements. As a result, at least six AMSPDC member institutions became PSLRP eligible for the first time. This success demonstrates the value of tailored support.

Recommendation:

We respectfully request continued and expanded support in the 2026 cycle. Specifically, we ask that HRSA continue to partner with AMSPDC to strengthen technical assistance resources and jointly disseminate clear guidance to AMSPDC member institutions. Our shared goal is to maximize the number of approved eligible sites, thereby expanding the pool of eligible candidates serving medically underserved populations.

During our discussion, we noted that additional data - such as faculty retention rates at training institutions and median clinical hours among academic pediatric subspecialists -may be helpful to HRSA. We stand ready to assist in obtaining these and other relevant data to inform ongoing refinement of the eligibility criteria. We also welcome the opportunity to answer additional questions or provide input as the 2026 program criteria are developed, and we look forward to offering early feedback on the forthcoming 2026 guidelines.

We believe these recommendations are consistent with Congressional direction to ensure that PSLRP eligibility criteria reflect the realities of pediatric subspecialty practice. Taken together, enhanced institutional support and targeted refinement to the eligibility criteria for trainees and early career faculty will further strengthen the PSLRP program and help build a robust pediatric subspecialty workforce crucial for the health of all children.

Sincerely,
Laura Degnon, CAE
Melissa Gillooly, MPP
Mary Leonard, MD MSCE
Joseph St. Geme, III, MD
Robert Vinci, MD

On Behalf of the AMSPDC Pediatrics Workforce Initiative

Appendix 2: 2026 Pediatrics Match Statement

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Match Day 2026: Continuing the Work to Strengthen the Pediatric Workforce

Statement from the Association of Medical School Pediatric Department Chairs (AMSPDC) Pediatrics Workforce Initiative

The 2026 Match brings welcome excitement as a new group of trainees enters the profession. At the same time, the pediatric Match results underscore the importance of the AMSPDC Pediatrics Workforce Initiative (PWI) and the need for continued collaboration across the pediatric community. The 2026 categorical pediatrics Match was similar to the 2025 Match, with 3,126 positions offered and 2,951 filled for a 94.4% fill rate, leaving 175 positions unfilled. This represents a slight decline from 2025, when 3,135 positions were offered and 2,988 were filled for a match rate of 95.3%. The composition of matched applicants shifted, with declines among U.S. MD seniors (down 5%), U.S. DO seniors (down 4%), and U.S. IMGs (down 15%), while the number of non-U.S. IMGs increased (up 16%). We are grateful for the many partners and leaders across the pediatric community contributing to this work, and these results call for us to deepen our collective efforts to strengthen the field and support the future pediatric workforce.

Since 2020, AMSPDC, through the Pediatrics Workforce Initiative, has worked with partners across the pediatric community to advance a coordinated strategy to strengthen recruitment into pediatrics and support the long-term vitality of the field. That work includes strengthening the economic foundation of pediatric practice, expanding exposure to pediatrics across educational pathways, supporting innovation in care delivery to improve subspecialty access, and investing in the next generation of pediatric physician-scientists.

We know that students and trainees are paying attention not only to the meaning and mission of pediatrics, but also to the environment in which pediatricians practice. Concerns about reimbursement, financial sustainability, lifestyle, perceived value in the health care system, and the broader undervaluing of children's health all shape how learners view the field. At the same time, pediatricians across the country continue to speak to the extraordinary meaning, purpose, and joy found in caring for children and providing the foundation for lifelong health and well-being. For these reasons, the AMSPDC PWI will be refocusing our efforts on early exposure and mentorship opportunities coupled with enhanced recruitment strategies and innovative educational models to attract more students into pediatrics.

By coordinating our efforts across the greater pediatric community, we must continue to make the case for pediatrics early and often, expose learners to the breadth and impact of pediatric careers, address the structural and economic barriers that discourage entry into the field, and advocate for policies that reflect the true value of investing in child health.

Through the Pediatrics Workforce Initiative and in collaboration with partner organizations, AMSPDC remains committed to advancing practical solutions that strengthen recruitment into pediatrics, supporting training programs, and building a workforce equipped to meet the evolving needs of children and families. The future pediatric workforce must be strong, supported, and prepared - because the health of children depends on it.

Laura Degnon - Co-Leader, AMSPDC PWI
Bob Vinci - Co-Leader, AMSPDC PWI
Melissa Gillooly - Program Director, AMSPDC PWI