



AMSPDC Pediatrics Workforce Initiative (PWI)

Organizational Partner Update | July 2026

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The AMSPDC Pediatrics Workforce Initiative (PWI) brings together leaders from across academic pediatrics and national partner organizations to develop collaborative solutions for the pediatric workforce. Q2 produced new tools for learner recruitment, stronger payment advocacy support for departments, continued progress on Pediatric Specialty Loan Repayment Program (PSLRP) participation, and growing dissemination of scalable models of care.

Thank you for your continued partnership in advancing this work. We encourage you to share this update within your organizations and to continue exchanging information with AMSPDC so we can better coordinate efforts, leverage complementary work, and advance our shared goals. Please also send us examples, testimonials, and local wins so we can continue to highlight what is working.

RECENTLY RELEASED RESOURCES

The Medical Student Mentorship workgroup - comprised of representatives from COMSEP, NextGenPeds, and FuturePedsRes - developed two complementary resources designed to support allopathic and osteopathic medical students as they explore careers in pediatrics throughout medical school. These resources provide longitudinal guidance for learners while also serving as practical tools for advisors, clerkship directors, and faculty who support students along their career journey.

Exploring Pediatrics as a Career: A Guide for Learners helps students understand the breadth, impact, and opportunities within pediatrics while exploring whether the specialty aligns with their interests, values, and career goals.

[Access The Guide →](#)

Pediatrics as a Career: A Toolkit for Medical Students translates exploration into action by providing step-by-step guidance across the pre-clerkship, clerkship, and residency application phases.

[Access The Toolkit →](#)

Together, these resources are designed to support intentional career exploration, informed decision-making, and the development of a diverse and well-prepared pediatric workforce. Learners can revisit the Guide as their interests evolve and use the Toolkit to identify concrete next steps throughout medical school.

We encourage our partners to disseminate these resources widely among learners, mentors, and educational leaders within your organizations. We also welcome your feedback as we adapt this content into learner-friendly,

bite-sized formats - including videos, social media content, and other digital resources - to further expand their reach and impact.

"I highly recommend the Toolkit and Learner Guide as valuable resources for learners, mentors, and institutions seeking to support pediatric career exploration. By highlighting the diverse opportunities within pediatrics and offering practical tools for mentorship, professional development, and residency preparation, these resources promote sustained engagement with the specialty throughout medical school."

April Buchanan, MD, FAAP

Senior Associate Dean for Medical Education, Emory University School of Medicine
COMSEP Member and COMSEP President 2021 - 2023

PARTNER ENGAGEMENT OPPORTUNITY

Help us introduce more students to careers in pediatrics.

- ✓ Share these toolkits with learners, advisors, and educational leaders.
- ✓ Add a link to your website or resource page.
- ✓ Share feedback to guide future digital resources.

Feedback can be sent to: info@comsep.org

PILLAR HIGHLIGHTS

— ECONOMIC STRATEGY

The Economic Strategy pillar is focused on strengthening the financial foundation of pediatrics by equipping departments with practical resources, educational programming, and advocacy tools to address financial and payment disincentives facing pediatricians. Current efforts include increasing understanding of coding and reimbursement processes, strengthening departmental advocacy and coalition-building capacity, and expanding awareness of and participation in the Pediatric Specialty Loan Repayment Program.

This quarter highlighted the value of PWI as a national learning network, with departments applying shared lessons to strengthen engagement with government relations teams, building state coalitions, and advancing successful state-level advocacy efforts.

“The Building Pediatric Leadership for Payment Reform workgroup has helped underscore the importance of engaging institutional government relations teams to elevate pediatric priorities. At our institution, this recently translated into action when, following advocacy efforts in Washington, DC and partnership with our government relations team, staff from Senator Ted Budd’s office toured our Children’s Hospital, where they were able to see firsthand and discuss the impact of Medicaid on hospital programs and the children and families we serve.”

Stephanie Duggins Davis, MD

Chair, Department of Pediatrics
University of North Carolina at Chapel Hill

“The AMSPDC Pediatrics Workforce Initiative helped bring my attention to the code G2211 and its relevance to pediatric payment reform. That knowledge informed our advocacy in New York, where through the [Era of the Child, Medicaid Reimagined project via the Cornell Health Policy Center](#), where we worked to ensure children’s healthcare, including recognition of complexity was included in payment reform conversations. This advocacy resulted in the G2211 code being made available for providers who see NY State Medicaid insured children ages 0-21 with complex disease. As pediatric departments face growing financial pressures and workforce shortages, advocacy is essential to secure equitable payment and strengthen access to care for all children and families.”

Sallie Permar, MD, PhD

Chair, Department of Pediatrics
Weill Cornell Medicine

Pediatric Specialty Loan Repayment Program (PSLRP)

During the 2026 PSLRP application cycle, AMSPDC partnered closely with HRSA to support pediatric departments with site eligibility, activation, and verification questions while encouraging chairs to promote the opportunity to eligible fellows and early-career faculty. At least eight AMSPDC member institutions received individualized technical assistance to facilitate participation. These efforts are intended to increase MD and DO participation in the program and improve award outcomes. Award announcements are expected in September. These efforts help departments reduce barriers to participation in one of the few national tools aimed at mitigating the financial disincentives facing pediatric subspecialists. We will continue to advocate for changes to individual eligibility requirements for the next cycle.

PWI Webinar: How CPT, ICD and DRG Coding Drive the Revenue Stream of Academic Pediatric Departments

RESOURCES

▶ [View Recording](#)

📄 [View Slides](#)

AMSPDC PWI hosted a webinar featuring Sanjeev Tuli, MD, who provided an insightful and practical overview of how DRG, CPT, and ICD coding drive revenue in academic pediatric departments. The session highlighted the critical role of accurate documentation and coding not only in revenue capture, but also in informing advocacy efforts, supporting institutional resource discussions, and ensuring long-term departmental sustainability. This built upon the foundation established by Dr. Eileen Brewer in her webinar entitled [Understanding CPT and RUC: Foundations of Coding and Valuation](#). The session also highlighted that better understanding of coding and revenue flow is not only important for accurate capture, but can strengthen departments’ negotiating

power within their institutions and help support reinvestment of funds into pediatric departments, including faculty compensation.

“As pediatricians and specialists, we work tirelessly for our patients, yet without a strong grasp of coding and revenue cycles, we frequently leave earned revenue on the table. Dr. Tuli’s webinar on CPT, ICD, and DRG coding is undoubtedly one of the most effective presentations on this subject. After attending the live session, I downloaded the slides and re-watched the recording to take detailed notes. I have since forwarded the link to my entire faculty. I strongly recommend this webinar to all pediatric providers.”

Satyan Lakshminrusimha, MD

Chair, Department of Pediatrics
University of California, Davis

Virtual Gathering: Pediatric Advocacy Leaders & Payment Advocacy

RESOURCES

▶ [View Recording](#)

📄 [View Slides](#)

The Building Pediatric Leadership for Payment Reform workgroup convened a virtual gathering of Chairs and pediatric advocacy leaders to discuss payment advocacy, partnerships with government relations teams, and coalition-building strategies. Speakers Vivien Sun, MD (Stanford), Sandra McKay, MD (UTHealth Houston), and Stephen Chapman, MD (Dartmouth) shared practical approaches to engaging faculty and trainees, building effective collaborations, and advancing Medicaid and payment advocacy initiatives. Common themes included the importance of strong relationships, trusted government relations partnerships, coalition-building, and grounding advocacy efforts in the experiences of children and families.

“The AMSPDC virtual gathering on pediatric payment reform helped generate momentum for conversations in Virginia about bringing academic pediatric leaders together around shared advocacy priorities. It offered both inspiration and practical examples as we began exploring what a more coordinated statewide effort could look like.”

Madhusmita Misra, MD, MPH

Chair, Department of Pediatrics
University of Virginia

💡 Best practices highlighted

- Invest in relationships with government relations teams.
- Lead with patient stories and access-to-care impacts, not reimbursement alone.
- Partner broadly with state chapters, peer institutions, and community organizations.
- Build an advocacy workforce by mentoring leaders, engaging trainees, and sharing successful playbooks.

— EDUCATION REDESIGN

The Education pillar is focused on strengthening the pediatric workforce by supporting learners, educators, and training programs across the continuum from medical school through fellowship. Current efforts

emphasize career exploration, innovative training models, faculty engagement, and dissemination of pathway best practices.

Advancing Competency-Based Subspecialty Training

The AMSPDC Pediatrics Workforce Initiative is following the American Board of Pediatrics (ABP) plans for competency-based subspecialty training pathways in pediatric subspecialties. Dr. Michael Barone, CEO of the ABP, provided a webinar to AMSPDC members that described the plans and next steps to advance competency-based medical education.

Engaging Medical Education Leaders to Strengthen the Pediatric Workforce

At the April AAMC Medical Education Senior Leaders (MESL) Meeting, April Buchanan, MD, Meg Keeley, MD, and Jen Koestler, MD presented on behalf of the AMSPDC PWI to increase awareness of pediatric workforce challenges and highlight ways medical schools can support recruitment into pediatrics. The session included a review of recent Match trends, an overview of PWI workforce initiatives, and a discussion of key educational resources, including pre-clerkship toolkits and best practices, clerkship resources, and learner guides for students exploring careers in pediatrics.

MESL members were encouraged to partner with pediatric clerkship directors, student affairs leaders, and curriculum leaders at their institutions to disseminate and implement these resources in support of informed career exploration and pediatric workforce development.

Strengthening the Community Preceptor Workforce

The Community Preceptor Workgroup has partnered closely with the American Academy of Pediatrics (AAP) to better understand the community pediatric preceptor workforce and identify strategies to increase and strengthen community-based training experiences. Through a national survey of community preceptors, the workgroup is assessing barriers, supports, and opportunities to improve recruitment and retention. Survey findings are informing a national action plan that includes development of learner-facing microlearning resources, a standardized preceptor toolkit, on-demand educational modules, compensation model proposals, pilot testing of reduced-schedule teaching models, creation of an online national community preceptor platform, and exploration of MOC Part 4 opportunities for preceptors. These efforts aim to reduce barriers to teaching and expand high-quality community-based pediatric learning experiences.

AMSPDC PWI Leaders Highlight Workforce Efforts at National Meetings

A number of members of the AMSPDC PWI education workgroups and other PWI leaders continue to contribute to numerous presentations, workshops, and plenary sessions at national meetings. Through these sessions, PWI leaders highlighted current workforce trends, shared innovative educational and workforce strategies, and fostered cross-organizational collaboration aimed at strengthening the pediatric workforce.

— PHYSICIAN SCIENTIST

The Physician-Scientist pillar is focused on improving the quantity and quality of child health research by strengthening pediatric physician-scientist training pathways.

Physician Scientist Training Metrics

The NPSCW and AMSPDC PWI physician-scientist partnership continued to advance work aimed at strengthening the pediatric physician-scientist workforce through development of a research competencies framework and accompanying manuscript. Considering evolving ABP competency-based fellowship pathways, the group also explored how this work can help inform national conversations regarding scholarship assessment, competency development, and physician-scientist career pathways. Next steps include continued engagement with national partners, refinement and dissemination of the manuscript, and identification of opportunities to advance research competency development across the educational continuum. This work supports national efforts to define research training expectations and strengthen the physician-scientist training during a period of change in fellowship design.

— PRACTICE COLLABORATION

The Practice Collaboration pillar is focused on developing and promoting innovative care models that improve timely and equitable access to pediatric subspecialty care. Current efforts support the identification, evaluation, and dissemination of scalable models that can be adapted by institutions across diverse practice settings.

Models of Care at Interface of Primary Care – Specialty

The Novel Models of Care workgroup continues to expand its repository of innovative models of care at the interface of primary care and pediatric subspecialty care. Through brief video spotlights, the repository showcases promising approaches that improve access to pediatric subspecialty services, raises awareness of successful care models, and promotes adaptation and adoption by other institutions facing similar challenges.

Three additional institutions have committed to contribute brief video spotlights this summer:

- **Indiana University:** Early Autism Evaluation Hub System
- **University of Florida:** Integration of Autism Evaluations in Primary Care
- **Duke University:** Integration of Pediatric Cardiology in Primary Care

These new contributions build on previously highlighted models to create a growing repository of adaptable, scalable approaches that address common access challenges and may be adopted and tailored by other institutions.

Advancing a Public Awareness Strategy for Children's Health and the Pediatric Workforce

To strengthen advocacy for children's health and the pediatric workforce, AMSPDC contracted LSG, a national public affairs and communications firm, to develop an evidence-based messaging strategy. LSG conducted national research that included a survey of more than 1,200 likely voters and Beltway opinion leaders, message testing, and audience analysis to identify the most effective ways to communicate about children's health, pediatric workforce challenges, and federal investment in pediatric care, training, and research. This work resulted in a comprehensive messaging toolkit and communications resources designed to help pediatric leaders more effectively engage policymakers, media, and the public.

AMSPDC is now disseminating and evaluating these resources, and the findings will help inform future PWI communications, advocacy, and workforce recruitment efforts by providing a shared narrative around the value of investing in children's health and the pediatric workforce.

[Access Toolkit →](#)

Messaging practices highlighted

- Begin by establishing why children's health matters now.
- Connect workforce challenges to cost, quality, and access.
- Use youth mental health as an entry point.
- Lead with practical benefits, not abstract appeals.
- Choose clear, outcome-focused language.
- Use humanized proof points over technical data alone.

PARTNER ENGAGEMENT OPPORTUNITY

Help amplify a consistent message about children's health.

- ✓ Use the messaging toolkit in your advocacy, presentations, and communications.
- ✓ Share examples of how your organization is adapting these messages so we can highlight successful approaches.

AMSPDC is grateful to the many partner organizations, workgroup members, and institutional leaders for your continued collaboration and commitment to strengthening the pediatric workforce. We welcome continued opportunities to align dissemination, share examples of local adaptation, and identify areas for collaboration across our organizations.