AMSPDC Pediatrics Workforce Initiative Virtual Summit

December 3, 2025

Ground Rules

- **Mute:** Please stay on mute unless in breakout session or called on to speak.
- **Questions in the Chat:** There will *not* be an open Q&A. Please post questions in the chat at any time — presenters or moderators will respond as they're able.
- **Engage as You Can:** Use reactions or chat to share perspectives throughout the session.
- **Breakout Participation:** When prompted, you'll be assigned to breakout rooms.
- **Recording:** Today's session is being recorded and slides will be shared afterward.

AGENDA

Topic	Presenters
Welcome & Public Awareness Campaign	Laura Degnon Robert Vinci
PWI Pillar Leader Updates Physician Scientist Economic Strategy Practice Collaboration Redesign Medical Education	 Sallie Permar Mary Leonard Ann Reed Becky Blankenburg
ABP: Competency-based subspecialty training models CBME Breakout Groups	David Turner Group 1: Scholarly Work Product Elimination: Pros and Cons Group 2: “Must Haves” for CBME Implementation
Intealth: Visa Policy & IMG Impacts	Tracy Wallowicz Catherine Apaloo
PWI IMG Workgroup Update	Monique Naifeh
Closing Remarks	Laura Degnon Robert Vinci

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

AMSPDC PWI Collaborations

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Society for Pediatric Research

Association of Pedatric Program Directors

The American Board of Pediatrics
ABP
Founded 1933

NGP | NEXT GEN PEDIATRICIANS

National Medical Association
Service. Excellence. Accountability.

CHILDREN'S HOSPITAL ASSOCIATION

AMERICAN PEDIATRIC SOCIETY
APS
SINCE 1888

Association of Medical School Pediatric Department Chairs
AMSPDC

ACADEMIC PEDIATRIC ASSOCIATION

CoPS
Council of Pediatric Subspecialties

CMS.gov

National Association of Pediatric Nurse Practitioners℠

COMSEP
Better Health for All Patients Through Pediatric Education

NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development

aacom®
AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

AAMC Association of American Medical Colleges

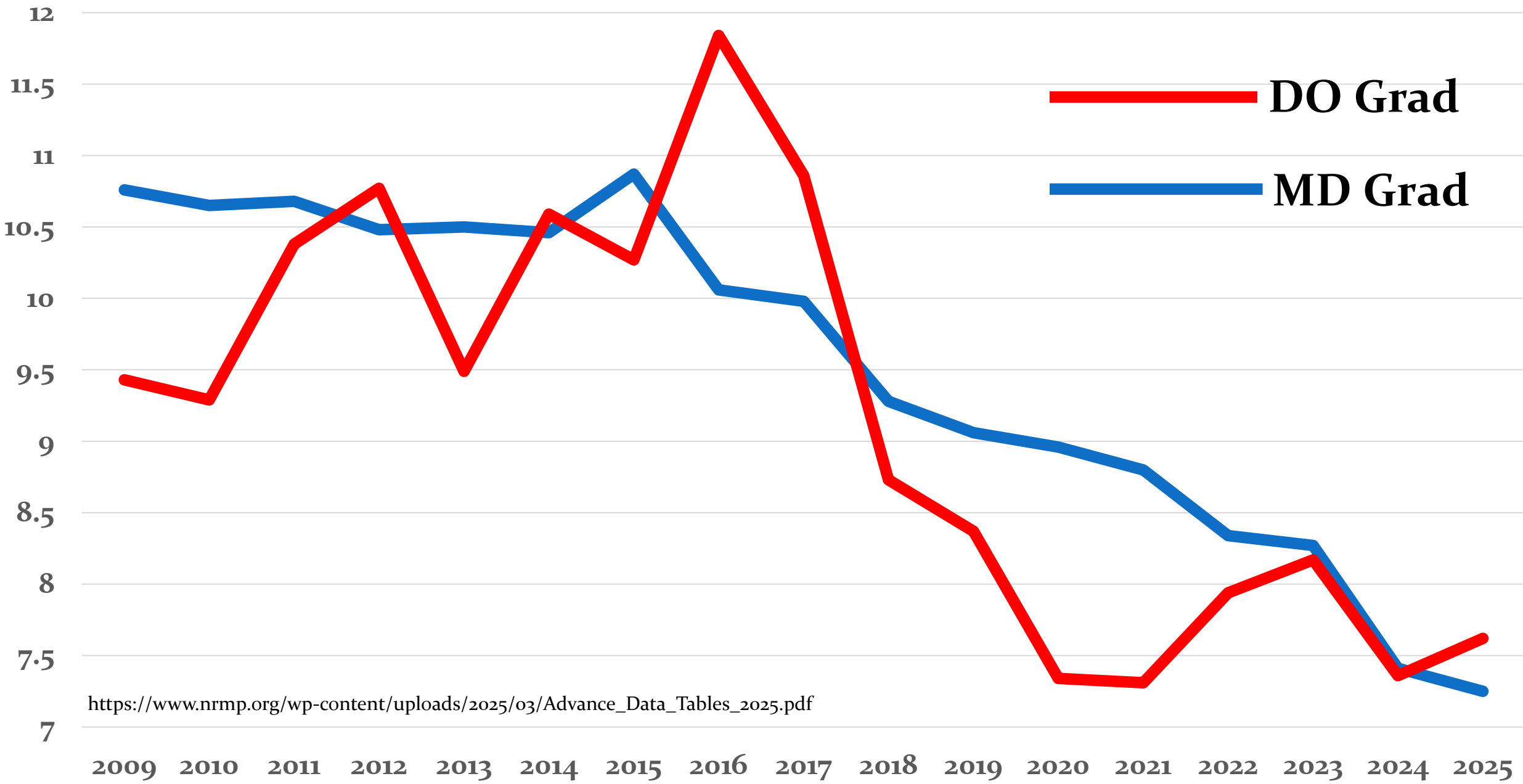
AAAP | Association of Administrators in Academic Pediatrics

NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS
SINCE 1934

COALITION FOR PEDIATRIC MEDICAL RESEARCH

NPSCW
NATIONAL PEDIATRICIAN-SCIENTIST COLLABORATIVE WORKGROUP

% Graduates Pursuing Pediatrics by Match Year



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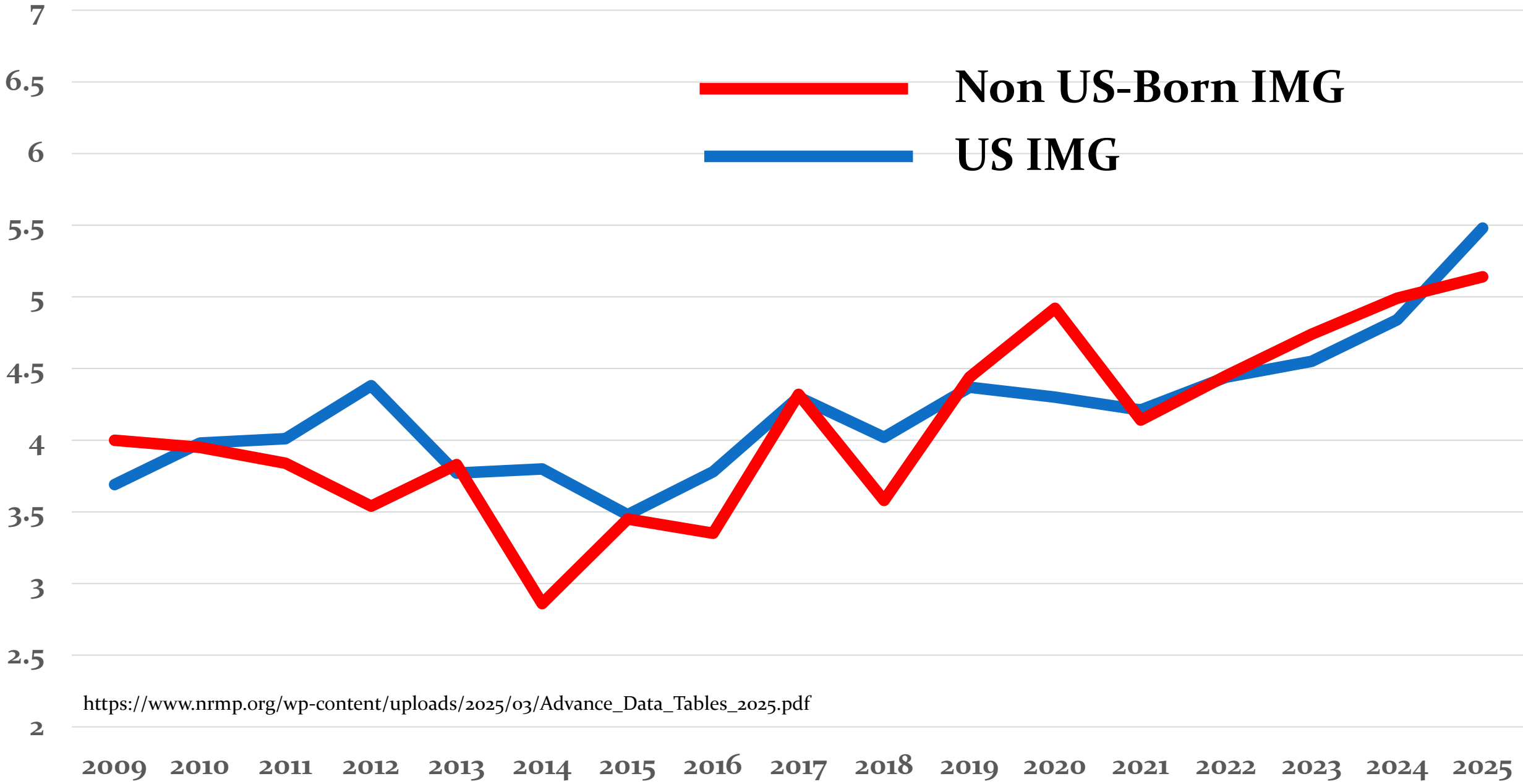
% Graduates Pursuing Pediatrics by Match Year



https://www.nrmp.org/wp-content/uploads/2025/03/Advance_Data_Tables_2025.pdf

ERAS 2026 Application Trends

(As of 11/3/25)

Categorical Pediatrics - Total Applicants: Flat

- MD (↓ 5%) DO (↓ 8%) IMG: ↑ 8%

Fellowship Highlights

📈 Increases

- Gastroenterology: ↑ 15%
- Cardiology: ↑ 20% Emergency Medicine: ↑ 10% (Peds) and ↑ 25%(EM)
  - Both already ~1 applicant per position in 2025

📉 Decreases

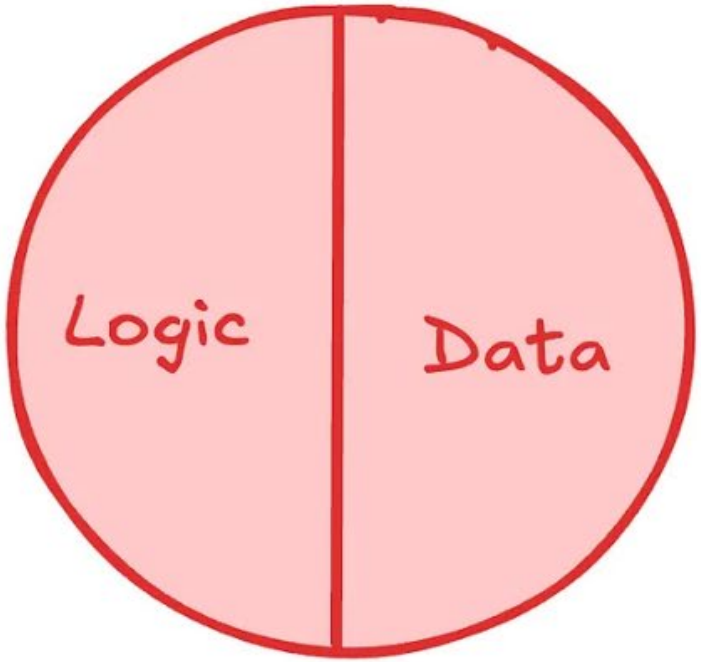
- Critical Care (↓ 19%), Endocrinology (↓ 19%), ID (↓ 6%), Neonatology (↓ 12%), Nephrology (↓ 13%), Rheumatology (↓ 18%)

AMSPDC Public Awareness Campaign

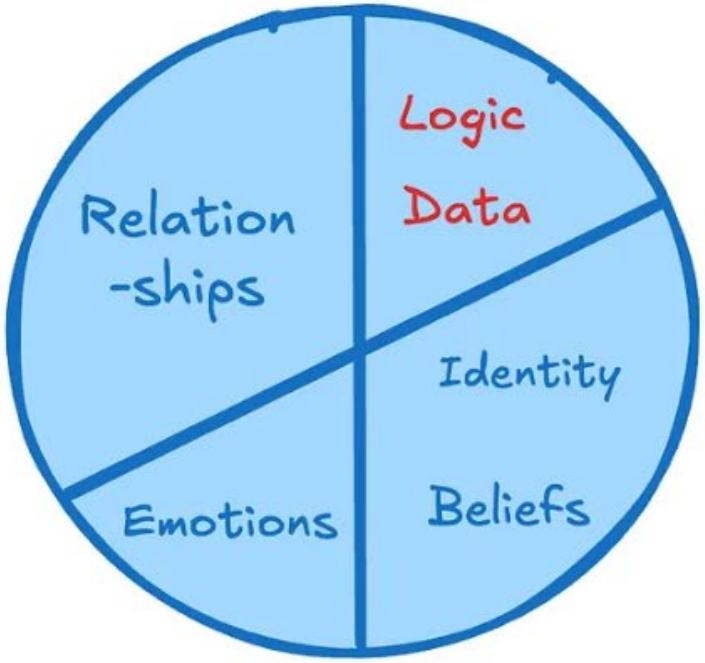
Laura Degnon, CAE

December 3, 2025

What People Think Matters for Influence



What Actually Influences Others



How To Expand Your Influence Skills - by Yue Zhao

Public Awareness Campaign

AMSPDC is launching a **Public Awareness Campaign** to champion child and adolescent health and secure greater investment in pediatric care.

Campaign Goals:

- Increase knowledge about the **poor health of U.S. children** and the **declining birth rate**.
- Increase attitudes about the need to better support **child health and the pediatric workforce**.

The foundational first step is a comprehensive **baseline survey** to rigorously inform our strategy and messaging.

Phase 1: Campaign Foundation – Baseline Survey

Rigorous data collection is the critical first step to ensuring our campaign messaging is as effective as possible.

Goal:

Measure current awareness, public opinion, and key issues facing child and adolescent health to demonstrate the need for pediatric care to policymakers and identify the most effective messaging to equip and support AMSPDC members and key external stakeholders and allies.

Partner:

LSG is an impact agency with an extensive track record in health care research and advocacy, uniquely positioned to lead this effort.

Methodology:

Online message testing survey targeting the audiences who matter most to policymakers.

Key Deliverables and Output

The research will provide AMSPDC the necessary tools and strategic framework to launch a national campaign. Deliverables include:

- **Survey Analysis Report:** Detailing all insights and messaging recommendations.
- **Messaging Framework:**
  - Core Industry Narrative.
  - Supporting messaging on key issues.
  - "Say This, Not That" language guide.
- **Executive Summary Memo:** Key findings for immediate distribution to stakeholders.
- **Communications Plan & Toolkit:** Comprehensive resources to proactively drive the public rollout of key data, to include:
  - Strategies, tactics, and sample content to amplify results through earned, shared, and owned channels (e.g., member websites, social media channels, key media outlets).

Amplification and Rollout

AMSPDC and LSG are committed to ensuring our community is fully equipped to amplify the data and drive the narrative locally.

- **Implementation and Training:** LSG will host a webinar to walk AMSPDC members through key communications strategies and sample content to successfully drive the narrative and maximize the toolkit's use.
- **Presentation:** Research findings will be presented at the AMSPDC Annual Meeting, February 2026.
- **Collaboration:** AMSPDC will engage the pediatric community spring 2026.

Timeline and Next Steps

Research Timeline

- ✓ LSG to Share Survey Draft for AMSPDC Review
- ✓ AMSPDC to Provide Feedback
- ❑ AMSPDC Approval of Survey
- ❑ Survey Fielding: December 5-12
- ❑ LSG to Share Survey Topline Results
- ❑ LSG to Share Survey Analysis Report
- ❑ Communications Toolkit and Final Deliverables early 2026

Timeline and Next Steps

AMSPDC Strategies Moving Forward

- ❑ Focus on child health and the pediatric workforce, leveraging PWI
- ❑ Conduct and publish results of a public poll on effective messaging
- ❑ Conduct additional trainings for Chairs on effective advocacy/messaging
- ❑ Meetings with stakeholder organizations to identify points of collaboration
- ❑ Disseminate our work to the broader community through the PWI
- ❑ Target 2026 mid-term elections for a Children's agenda

Thank you!

Please get engaged with this important work - we need you!

Pillars Aligned with NASEM Report

Pillar	Leader
Physician Scientist	Sallie Permar, MD PhD
Economic Strategy	Mary Leonard, MD MSCE
Practice Collaboration	Ann Reed, MD
Redesign Education	Becky Blankenburg, MD MPH

New in 2026: Launching a Public Awareness Campaign

Workgroup Members

Lolita Alkureishi
Chris Anderson
Margie Andrade
Gal Barak
Alex Bassuk
Lynn Batten
Vince Faustinos
Shannon Bennett
Katherine Bline
Clifford Bogue
Kim Boland
Crystal Botham
Debra Boyer
Eileen Brewer
David Brousseau
Elizabeth Brown
Audrea Burns
Carrie Byington
Doug Carlson
Morgan Chadwick
Lisa Chamberlain
Esther Chung
Tumaini Coker
Jeffrey Colvin
Elisabeth Conser
Eileen Cowan
John Cunningham
Gary Beck Dallaghan
Steven Daniels
Carla Davis
Stephanie Davis
Ian Davis
Brian DeBosche
Michael Dell
Mike Dell
Lisa Delsignore
Terry Dermody
Kim Avila Edwards
Patricia Emmanuel
Keith English
Leslie Farrell
Vince Faustino
Alexander Fiks
Jill Forbess
Brandi Freeman
John Frohna
Susan Furth
Jill Fussell
Elaine Gallagher
Hayley Gans
Julie Louise Gerberding
Candace Gildner
Mahima Goel
Christopher Golden
Veronica Gonzalez
Misty Good
Amalia Guardiola
Indu Gupta
Gabby Haddad
Charles Hannum
Tori Haydel
Elizabeth Henschen
Meghan Howell
Margee Huntwork
Joe Jackson
Courtney Judd
Alex Kemper
Vinita Kiluk
Sarah Klein
Susan Kline
Abena Knight
Lyuba Konopasek
Amanda Kossack
Joyce Lee
Catherine Garfield Legare

Workgroup Members

Deborah Lehman
Mary Leonard
Michele Long
Regina Macatangay
Nick Manetto
Ana Mauro
Natalie McKnight
Erin McMaster
Angelo Millazo
Seetal Mishra
Emma Mohr
Dan Moore
Sandra Moore
Lou Muglia
Charles Mullett
Karen Murray
Kirstin Nackers
Monique Naifeh
Tatiana Ndjatou
Daniel Notterman
Andrew Nowalk
Diana Orabueze
Mary Ottolini
Kate O'Donnell
Dianne Pappas
Mona Patel
Eric Pease
Chris Peltier
Sybil Pentsil
Sallie Permar
Vydia Permashwar
Siobhan Pittock
Sarah Porter
Weston Powell
Deborah Rana
Jean Raphael
Megan Rashid
Carrie Rassbach
Molly Rideout
Callie Roth
Urvi Sakhuja
Jack Salerno
Vijay Sankaran
Cary Sauer
Rashmin Savani
Rebecca Scherzer
Suzie Schmidt
Jennifer Andrene
Scott Shipman
Cathy Shubkin
Gary Silverman
Kari Simonsen
Brian Sims
Kanakadurga Singer
Tyler K. Smith
Jorna Sojati
Catherine Soprano
Antoinette Spoto-Cannons
Jamie Sutherell
Rebecca Swan
Paul Taylor
Brittany Thomas
Lynn Thoreson
Jess Tomaszewski
Robert Trevino
Sanjeev Tuli
Teri Turner
Megan Vallowe
Renu Varma
Linda Waggoner-Fountain
Nicole Washington
Kate Watson
Pnina Weiss
Genevieve Whiting
Patrisha Woolard
Beth Wueste

PILLAR	STRATEGIC GOAL
Physician Scientist	Improve the quantity and quality of child health research by strengthening the pediatric physician–scientist training pathways.
Economic Strategy	Reduce financial and payment disincentives for pediatricians.
Practice Collaboration	Develop and promote care models to ensure the timely and equitable receipt of pediatric subspeciality care services.
Education Redesign	Enhance the education, training, recruitment and retention in order to attract diverse, high-quality trainees into Pediatrics and Pediatric subspecialties.

Physician Scientist

Sallie Permar, M.D., Ph.D.

Pediatrician Scientist Training Partnerships

Sallie Permar & Gabby Haddad

Physician Scientist Pillar

- Federal advocacy: Reinstatement of PSDP NIH Grant
- Philanthropic partnerships: Secured two new PSDP slots: Warren Alpert Foundation & Illumina
- Ongoing advocacy:
  - Active dialogue with medical societies - Expand multi-sponsor funding models
  - Creating regional slots
- Expansion goal: Increase to 10-12 annual PSDP positions

Federal Investment in Child Health Research

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

Physician Scientist Pillar

Originally Identified Actions	Current Status	Looking Ahead
• Define & quantify pediatric scientist workforce • Request targeted NIH data • Clarify scope of training programs • Advocate for pediatric seats on NIH IC councils	• Priorities shifting with new NIH policies and directives • Manuscript Completed: ***"What is Child Health Research and Who Are Child Health Investigators?"***	• Release of NASEM ***"Strategies to Enhance Pediatric Health Research Funded by NIH"*** expected March 2026 • Align future work based on recommendations

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

Physician Scientist Pillar

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) and identify shared themes

Deliverables

- Recommendations for the assessment and targeted improvement of training programs to foster pediatrician-scientist development

Looking Ahead

- Targeted partnerships to support development of standard competencies across training programs

Proposed competencies for the evaluation of physician-scientists in MST training programs*

Physician Scientist Pillar

Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC9054991/
Image used with permission of Lourdes Estrada et al.

Sample of Proposed Competency Framework for Physician-Scientist Development*

Physician Scientist Pillar

Core Competency Domain	Example Competencies (Observable Skills)	Potential Assessment Methods (Proximal Metrics)
Scientific Inquiry & Rigor	Formulates a testable hypothesis	Trainee: Identifies area of aligned clinical and scientific passion Mentor: Commits to further developing question into a feasible and fundable project with milestones Program: Provides structured process for mentor-mentee matching and support
Translational Mindset	Communicates the clinical relevance of basic research Identifies unmet clinical needs that can further evolve their research plan	Chalk talk effectively articulating a bench-to-bedside research plan Portfolio of clinical questions generated from patient care in area of scientific interest

* Draft under development by NPSCW workgroup

Sample of Proposed Competency Framework for Physician-Scientist Development*

Physician Scientist Pillar

Core Competency Domain	Example Competencies (Observable Skills)	Potential Assessment Methods (Proximal Metrics)
Leadership & Mentorship	Successfully mentors a junior trainee interested in pursuing research in aligned research area	360 degree feedback from mentees and lab members
		Review of a written individual development plan
	Manages a research project including navigating realistic timelines and SMART goals	Summary/portfolio of project management documents
Professional Identity & Resilience	Effectively balances clinical and research responsibilities	Structured self-reflection essays of career identity
		Mentors evaluation of trainees response to experimental challenges & failures
	Effectively navigates scientific setbacks and constructive feedback	Ongoing participation in career development and well-being workshops

* Draft under development by NPSCW workgroup

Economic Strategy

Mary Leonard, M.D, MSCE

Reducing Financial and Payment Disincentives

1. Increase and target funding for the Pediatrics Specialty Loan Repayment Program (PSLRP)
2. Appropriately assign relative value units for pediatric services
3. Increase Medicaid payment rates for pediatric services by building pediatric leadership for payment reform

Pediatric Subspecialty LRP Awards in 2024

	2024		
	Applied	**Accepted**	**Rate**
Allopathic Physician			
Pediatrics	166	16	10%
Psychiatry	13	2	15%
Surgery	16	1	6%
Other	2	0	
Osteopathic Physician			
Pediatrics	29	3	10%
Psychiatry	1	0	
Surgery	2	0	
Physician Total	**229**	**22**	**10%**
LICSW, MSW, Prof Counselor	159	56	35%
Psychiatric Mental Health NP	43	2	5%
Psychologist	70	4	6%
SW/Psychologist Total	**272**	**62**	**23%**

PSLRP Advocacy 2025

- FY25 House Spending Bill Report included strong language rebuking HRSA's implementation of the program
- HRSA hosted listening sessions soliciting feedback on program structure

In partnership with AAP and CHA	Advocate for HRSA to update definition of clinical service hours	Congressional briefings on reauthorization beyond 2025
AMSPDC	Facilitated technical assistance from HRSA for site activation under HPSA, MUA, or MUP	Disseminated guidance on PSLRP eligibility for fellows

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	
Physician Total	**229**	**22**	**10%**	**362**	**67**	**19%**
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	
SW/Psychologist Total	**272**	**62**	**23%**	**326**	**17**	**5%**

PSLRP Advocacy 2026

- Continue partnership with AAP and CHA on federal advocacy for increased funding, further expand eligibility criteria, and enable site activation
- AMSPDC participation in HRSA stakeholder meeting – stories on challenges implementing current eligibility criteria

Enhance Coding Practices & RVU Valuation

Eileen Brewer, Susan Kline, Sanjeev Tuli, Margie Andreae

Goal:

Increase funding to pediatric departments and health systems.

Strategy:

Improve pediatric payment by strengthening coding accuracy and institutional understanding of RUC and CPT processes.

Key Actions:

Equip Chairs, Administrators and Division leaders with:

- A clear understanding of AMA CPT and RUC processes
- Education on high-impact & underutilized CPT codes to support correct coding

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
- 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

WATCH RECORDING

Building Pediatric Leadership for Payment Reform

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

Strategy: Strengthen advocacy readiness through targeted education, development of institutional advocacy capacity, and connection to broader coalition efforts

Economic Strategy Workgroup

Co-Chair

Stephanie Davis, MD
University of North Carolina

Co-Chair

Jean Raphael, MD, MPH
Texas Children's Hospital

Co-Chair

Lisa Chamberlain, MD, MPH
Stanford University

Melissa Gillooly, MPP
AMSPDC

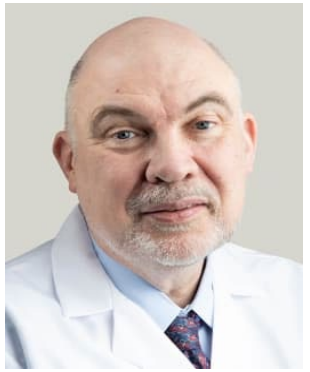
Mona Patel, MD
CHLA

Jeffrey Colvin, MD, JD
Children's Mercy Hospital

Kim Avila Edwards, MD
Dell Children's Hospital

David Brousseau, MD, MS
Nemour Children's Health

Jeff Renner, MHA
Seattle Children's Hospital



John Cunningham, MD
U Chicago Medicine

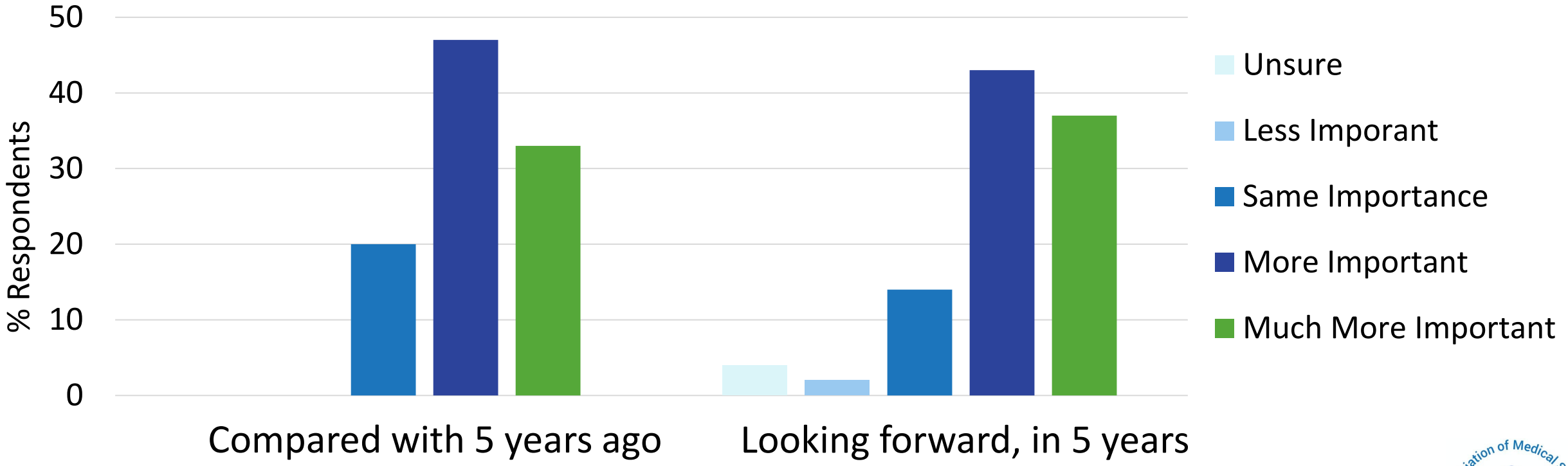
Diane Pappas, MD, JD
University of Virginia

NOTES FROM THE ASSOCIATION OF
MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS, INC.

Advocacy and Community Engagement: Perspectives from Pediatric Department Chairs

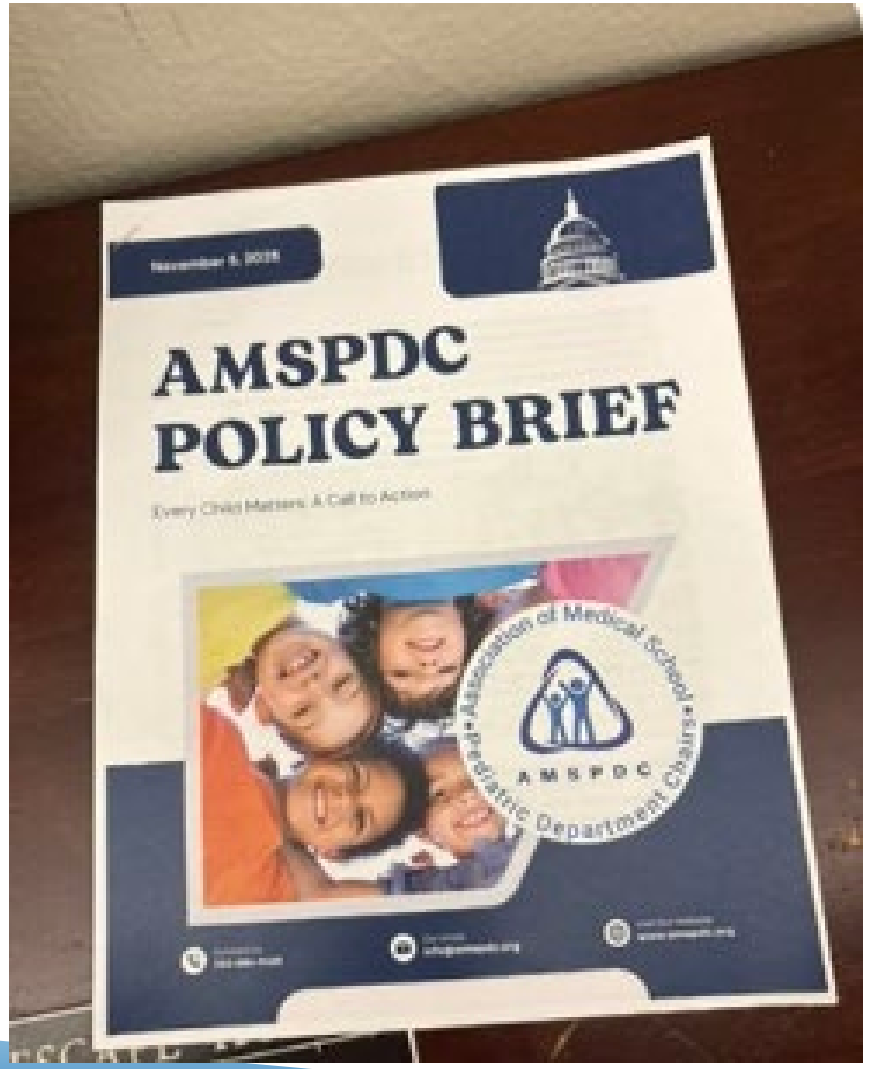
Richard J. Chung, MD[1], Melanie R. Ramirez, BA[2], Debra L. Best, MD[1], Mitchell B. Cohen, MD[3], and Lisa J. Chamberlain, MD, MPH[2]

How important are advocacy activities among faculty in academic pediatric departments?



November 5-6, 2025

Federal Level – AMSPDC in DC!



Representative
Kim Schrier, MD

State – Develop/Join Coalitions

- AAP
- CHA
- AMA
- American Hospital Association
- America’s Essential Hospitals
- State medical societies
- Children’s advocacy groups (e.g. Children Now)

Review of Advocacy Related Job Descriptions

Findings from AMSPDC/AAAP March 24 Meeting Breakout:

50 unique institutions reported having an advocacy-related role

- 21 indicated role engages in payment policy advocacy
- 24 reported role is not engaged in payment advocacy or unclear
- 5 reported a government relations hospital role vs. department

Workgroup Follow-up:

- Outreach to 21 departments to request detailed job descriptions
- 9 departments have submitted descriptions to date
- Reviewed for functions and key themes

Observations of existing Advocacy Job Descriptions

- Roles vary widely in scope, FTE allocation, & specificity
- Payment reform is rarely explicit, often embedded within broader advocacy work
- Focus areas span education, community engagement, systems improvement, and policy

- *Coming soon* – two generic advocacy job descriptions that can be tailored for your own use

Advocacy Functions That Support Payment Reform

Institutional

- Meet with Government Relations
- Participate in institutional funds-flow or VBP discussions
- Coordinate with finance, contracting, or compliance teams
- Contribute to setting hospital or health-system legislative agenda

State (in partnership with GR)

- Meet with state Medicaid office (Director, Medical Director, staff)
- Engage with legislators, budget, or health finance offices
- Participate in state or regional payment-reform coalitions
- Provide input on Medicaid waivers, rate setting, or policy proposals

Coalition (in partnership with GR)

- Partner with AAP chapter, CHA, state medical societies or advocacy networks
- Participate in multi-stakeholder coalitions advancing child-health payment reform
- Share data and stories

Next Steps

Chair opportunities for Action!

Supported with practical tools to engage in state and federal payment-related advocacy

In the near future Chairs will:

1. **Meet with Government Relations** officials using conversation guides and scripts
2. **Bring on Vice/Associate chairs of Advocacy/Community/Policy -** supported by model job descriptions
3. **Utilize a menu of advocacy activities** related to payment reform to support decision-making and delegation of responsibilities
4. **Brief faculty during faculty meetings** using an adaptable slide deck

Practice Collaboration

Ann Reed, M.D.

Practice Collaboration

NASEM recommendations to support the development, implementation, and evaluation of innovations in the primary–specialty care interface and the pediatric subspecialty referral and care coordination processes.

AMSPDC PWI Goal: Develop and promote care models to ensure the timely and equitable receipt of pediatric subspeciality care services.

Expand Capacity of Subspeciality Care

Mary Ottolini and Siobhan Pittock

Practice Collaboration Pillar

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

Catalogue Pediatric Experience	Identify Best Practices	Scale e-consults
Survey and Interviews to Document Pediatric eConsult Models, Benefits & Barriers	Analysis of e-Consult impact on access, payment, and provider satisfaction	Manuscript Recommendation to AMSPDC on scaling opportunities & tools
July – Nov	Dec - Jan	Early 2026

Survey Response and Interviews

Econsult defined as an asynchronous, provider-to-provider communication that occurs within a shared electronic health record (EHR) or web-based platform, allowing primary care providers, or other subspecialist, to seek advice from a specialist about a patient's condition without requiring an in-person visit.

Survey

- 46 complete responses from 43 institutions
- 39 sites currently using eConsults*

Interview Participation

- Interviews underway at 17 sites
- 3 per site to capture(Chair/Leadership, Primary Care, Specialty)

Pediatric Subspecialties Using eConsults

Most frequently used	Moderate/Lower uptake:
Endocrinology: 29 Yes | 10 No **Gastroenterology**: 25 Yes | 14 No **Infectious Disease**: 25 Yes | 14 No **Nephrology**: 23 Yes | 16 No **Dermatology**: 22 Yes | 17 No **Hematology-Oncology**: 21 Yes | 18 No **Pulmonology**: 21 Yes | 18 No **Cardiology**: 20 Yes | 19 No **Rheumatology**: 20 Yes | 19 No	**Neurology**: 18 Yes | 21 No **Adolescent Medicine**: 16 Yes | 23 No **Developmental-Behavioral Pediatrics**: 16 Yes | 23 No **Genetics**: 16 Yes | 23 No **Surgical Specialties (ENT, Ortho, Peds Surgery, Urology)**: 15 Yes | 24 No **Child Abuse**: 8 Yes | 31 No

Other (free text responses):
Psychiatry, sleep medicine, hepatology, allergy/immunology, NICU, PICU, dental, gynecology, complex care, pediatric emergency medicine, substance use.

Eary Themes from Interviews

- Wide variation in “life-cycle” of Pediatric eConsult implementation
- **Key benefits**
  - **Improved Access and Efficiency**
    - Rapid, documented specialist guidance
    - Fewer unnecessary in-person referrals
  - **Enhanced Clinical Learning**
    - Real-time education for PCPs
    - Strengthens PCP-specialist relationship
- **Common Barriers**
    - Difficult to implement on with practices not on same instance of EHR
    - Payment for CMS approved codes

Next Steps

- Analysis of qualitative interviews and quantitative data (Jan 26)
- Manuscript highlighting key themes, lessons learned and emerging best practices (Spring 26)
- Use findings to shape recommendations to AMSPDC
  - Ex: Education Sessions, Pediatric Cohort, Advocacy

Expand Capacity of Subspeciality Care

Patricia Emmanuel & Alex Kemper

Practice Collaboration Pillar

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

SURVEY	FRAMEWORK	TOOLKIT
Catalogue use of "novel" models across departments via survey	• Organize models around themes • Provide clear, actionable examples	• Build web content • Input from depts • Manuscript
May-June	July-Nov	Dec-Feb

Survey and Next Steps

- Survey to AMSPDC Chairs & CoPS identified 38 models across 25 institutions
- Most frequent models: eConsults and embedded PCP–subspecialty clinics
- Workgroup created a framework linking common challenges → intervention types
- Piloting short videos summarizing each model from workgroup member sites
- Pilot videos, program materials, and site contacts will go live on AMSPDC website (Feb 2026)

Redesign Education

Becky Blankenburg, MD, MPH

and the Redesign Education Team

Redesign Medical Education

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

- 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
Early Exposure to Pediatrics	Joe Gigante and Keith Mather	1. General Pathway Programs 2. UIM Pathway Programs 3. Marketing Campaign: Choose Peds
UME Exposure and Innovative Training	April Buchanan and Mike Donnelly	1. Pre-Clinical Exposure 2. Clerkship Exposure 3. Medical Student Mentoring 4. Pediatric Content in Allopathic Medical Schools 5. Pediatric Content in Osteopathic Medical Schools 6. Medical Students in National Organizations

CORE FOCUS AREA	LEADERS	WORKGROUPS
Residency Subspecialty Exposure and Innovative Training	Stacy Laurent, Joanna Lewis, and Leah Harris	1. Increase Interest in Subspecialties 2. Increase Resident Autonomy 3. Improve Residency and Fellowship Mentoring 4. Support IMGs in Transition into Residency and Fellowship
Competency-Based, Time-Variable Pediatric Subspecialty Training Pathways	Jill Fussell and Kim Boland	1. Implementation Support Workgroup
Faculty Development	Chris Peltier and Doug Carlson	1. Faculty development for community preceptors

Highlight 5 Workgroups

- **Later today:**
  - Competency-Based Subspecialty Training Pilot
  - Supporting International Medical Graduates
- **Now:**
  - UIM Pathways
  - Pre-Clinical Exposure
  - Faculty Development

UIM Pathways

Tatiana Ndjatou

and the UIM Pathways Workgroup

UIM Pathway Workgroup Goals

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)**
  - $2000 research grant received from Northwell
  - Writing a manuscript based on survey results
- **Develop and Disseminate UIM Mentoring Toolkit for Institutions**
- **Present “Addressing Disparities in Pediatric Physician Workforce Diversity: Insights, Barriers, and Pathway Solutions”**
  - APA Catalyst session 10/16/25
  - Grand Rounds at Sinai Hospital of Baltimore 11/25/25

UIM Pathway Programs

- **K–8 / K–12 Pathways Resource Hub & Gap Analysis**
  - Focus specifically on children and early adolescents, not just high school/college
  - Recognize that some resources already exist (e.g., AAP materials, STEM websites, children's books about being a doctor/scientist)
  - Plan:
    - Conduct a gap analysis of existing K–12 resources (especially K–8)
    - Identify what is missing or fragmented
    - Curate a central web page/hub of existing resources
    - Only create new content where clear gaps exist

COMSEP

Better Health for All Patients Through Pediatric Education

Pre-Clinical Exposure Workgroup Update

Courtney Judd, Katie O'Donnell, and Suzy Schmidt

And the Pre-Clinical Exposure Workgroup

Pre-Clinical Exposure Workgroup Goals

GOAL 1

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

- Annual COMSEP Survey
- Footprint of Pediatric Faculty in UME leadership

GOAL 2

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

- One pager overview/Toolkit
- Pediatric Discipline Director role description
- White paper
- Curricular resources
- Workshops
- **NEW:** updated recommendations for prioritized pre-clerkship content

Pre-Clinical Exposure Workgroup

- **Pre-Clinical Exposure Toolkit**
  - Branded “one-pagers” completed and highlighted at 2025 APPD Pediatric Education Meeting

- **Dissemination**
  - Collaborating with AMSPDC Education Committee on dissemination across pediatrics
  - Sharing best practices in broader UME communities (e.g. AAMC Medical Education Senior Leaders (MESL))
  - Build presentation that workgroup members and other pediatric educators could use for local and invited presentations on this topic

- **Future work**
  - Pediatric Discipline Director Job Description
  - Guidance on pediatric content priorities for the pre-clerkship phase

Resources to Support Your Efforts

Making the Case

Curricular Ideas/Toolkit

Pediatrics in the Pre-Clerkship Phase: Road Map for Educators

Making the Case: The Crucial Role of Pediatric Content & Educators

All Medical Students

- Learn examples of key scientific discoveries that have influenced clinical care and pt outcomes (including CF, SMA, ALL, genetic screening, and more!)
- Build skills in complex communication, observation as PE skill, and family-centered care
- Enhance residency readiness (every residency other than IM has a pediatric component)
- Learn widely applicable content that pediatricians champion, including health equity, SDoH, advocacy, sex and gender minority health, vaccines, climate and health, preventative care, screening, substance use, and trauma-informed care

Recruitment to Pediatric Careers

- **Early exposure matters!**
- Enhance pediatric clerkship readiness and ability to take on meaningful roles in pediatric spaces, thus improving the clerkship experience
- Increase exposure to pediatric mentors and experiences (research, advocacy, service, clinical)
- Enhance understanding of the breadth of pediatric careers

Action Steps

Participate in pre-clerkship teaching opportunities: enhance your knowledge of the curriculum to identify opportunities for pediatric content and educators and expose students to more pediatricians.

Don't limit yourself to pediatric-focused content: pediatricians have expertise in widely-applicable content

Join curricular committees: contribute to the conversations around curricular change and step up for opportunities.

Build relationships with curricular leaders: become the "go-to" person for pediatric content and reach out to them with ideas and innovations.

Support student-led efforts: partner with them to advocate for curricular change.

Network with colleagues outside of your institution: learn from successes, share resources, and collaborate.

Resources

COMSEP: Curricular Mapping Tool (members only), Curricula (pre-clerkship, clerkship, post-clerkship), educator resources

Stanford Newborn Medicine Photo Gallery

Clerkship Ready Pediatrics Podcast

Milestone Moments

OpenPediatrics

MedEdPORTAL

Literature to support the role of pediatrics in the pre-clerkship phase

COMSEP

Pre-Clerkship Pediatric Education

Category	Learning Activities	Additional Notes
Basic Science Integration	• Include pediatric diseases in foundational science courses • Include pediatric cases in problem-based learning • Develop a longitudinal curriculum on child health, development, and illness and integrate into relevant organ-system based classes	• Helpful to have pediatric representation on curricular committees, consider advocating for a Pediatric Discipline Director or similar role • Example longitudinal curriculum integrated into basic science courses (thanks to Adam Weinstein, MD)

History-Taking	• **Didactics:**
	  ○ Approach to the pediatric history
	• **Patients:**
	  ○ Inpatient volunteers
	  ○ Primary care clinics
	  ○ Adolescent peer educators for HEADSS/SSHADESS
	  ○ College student volunteers
	  ○ Home visits
	  ○ Pediatric/family medicine longitudinal clinic placements
	• **Technology:**
	  ○ Simulation
	  ○ AI simulated patients/chat-bots
		• Great opportunity to utilize 4th year students/pediatric student chiefs as preceptors

Physical Exam	• **Didactics:**
	  ○ Approach to the pediatric exam
	  ○ Different age groups
	• **Observational sessions (great for observation of developmental milestones):**
	  ○ Partner with local daycare centers, preschools, elementary schools, school-based clinics
	  ○ Video-based sessions
	  ○ Children of faculty, trainees, SPs
	• **Hands-on PE skills:**
	  ○ Bedside exams of inpatients
	  ○ Pediatric primary care offices
	  ○ Children of faculty, trainees, SPs (non-invasive exams)
	  ○ Pediatric/family medicine longitudinal clinic placements
	• **Technology:**
	  ○ Simulation
	  ○ Virtual reality
	  ○ Embed video-based modules re: unique aspects of pediatric PE in foundational exam teaching
		• Videos to highlight how much can be learned through careful observation (widely applicable PE skill for all students)
		• Build community partnerships with local daycares, schools, programs for children
		• Engage specialists in teaching specific exams as a way to both teach key concepts AND expose students to the breadth of pediatric specialists.

Theme-Based Learning	Climate health, Communication, Chronic Illness, Ethics, Evidence-based medicine, Health care policy/costs, Health equity, Injury prevention, Physician as advocate, Preventative health/screening, Research skills, Sex & gender minority health, Social determinants of health, Trauma-informed care, Vaccines	• Identify the curricular needs of your medical school, and **sponsor pediatricians** to teach this content.
Co-Curricular Opportunities	Advocacy, Curricular design, Mentorship, Pediatric Interest Group, Pediatric Student Chiefs/Near-Peer Advising, Research, Service opportunities	• If any elements (e.g., research) are required, ensure pediatric representation! • Don't go it alone - access national resources and collaborations.

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American Academy of Pediatrics

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Faculty Development Workgroup Update

Chris Peltier and Doug Carlson

And the Faculty Development Workgroup

Workgroup Goals

GOAL 1	Create and disseminate a national faculty development curriculum to increase recruitment, retention, and development of community preceptors in the hopes of increasing visibility of pediatrics to trainees.
GOAL 2	Create a national learning network of community preceptors.

Faculty Development Workgroup

- **Curriculum Development**
  - Building working outline of faculty development topics
  - Developing process for community preceptors to earn CME, MOC2, and MOC4

- **Dissemination**
  - Collaborating with AAP to disseminate (e.g., in-person meetings, webinars)
  - Creating a national network of community preceptors

Best Practice/Toolkit Dissemination

- **Recognize that much of the work in education needs to be done at both national AND local levels**
- **Many of the Educational Workgroups are developing Best Practices/Toolkits**
- **Dissemination Through:**
  - AMSPDC Website
  - Publication in MedEdPortal
  - Workshops at National Meetings
  - Webinars/Virtual Cafes
  - Advocacy with National Organizations Outside of Pediatrics

Competency-Based Subspecialty Training

David A. Turner, MD

Vice President, Innovation and Competency-Based Education

American Board of Pediatrics

AMSPDC Workforce Initiative Virtual Summit

December 3, 2025

THE AMERICAN BOARD *of* PEDIATRICS

Workforce goals and training paths

- Relationship of novel (i.e., shorter) training pathways with workforce expansion is **not clear.**
  - Many other variables; e.g., salary, career earnings
- Need to balance:
  - Expectations of the impact of any one *solution/fix*
  - Unintended consequences
    - e.g., Potential negative impact on physician-scientist workforce
- ABP
  - Remains interested/willing to explore
  - Primary focus on competency/opportunity to advance CBME

Overview/Agenda

- Past
  - Work to date
  - Current data on pediatric subspecialty training
- Present
  - 2025 ABP Competency-Based Subspecialty Training Task Force - charge/output/subsequent discussions
- Future
  - Potential approaches to educational design
  - Feedback from all of you to guide decision-making

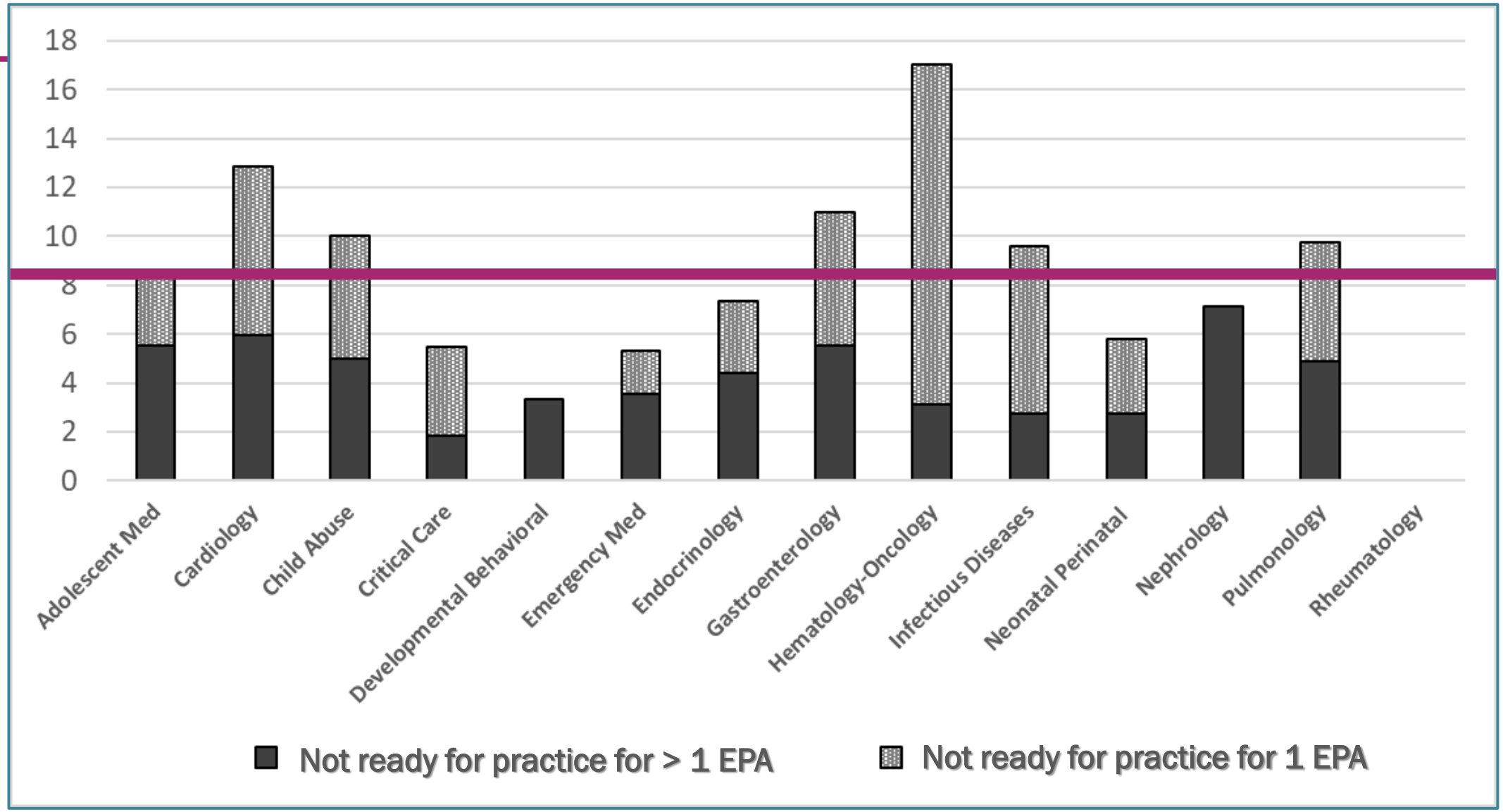
Pediatric Subspecialty Efforts to Date

- 2010-2014
  - Subspecialty Clinical Training and Certification (SCTC) Initiative
- 2023
  - NASEM Report: *The Pediatric Subspecialty Workforce and Its Impact on Child Health and Well-Being*
- Recent Research
  - Multiple publications demonstrating inconsistent outcomes with current approach to fellowship training

Areas that lack consensus

- ***Impact of duration of training on the workforce***
- Maintaining the scholarship component of subspecialty training
- Optimal approach to subspecialty training

Many Graduates are Not Ready for Practice



Weiss P et al. *Pediatrics* 2025

ABP Competency-Based Subspecialty Training Task Force

Charge

- The ABP sought proposals for modified training that could be applied to multiple different subspecialties
- Proposals were to be designed to reassure the public that core outcomes of subspecialty training have been achieved
  - Outcomes defined by the Entrustable Professional Activities (EPAs)
- No change to General Pediatrics training
- Focus on competency attainment rather than a pre-determination of a specific duration of training
- Timeline: April 2025-Sept 2025

Task Force Participants

Adelle Atkinson
Sick Kids
University of Toronto

Debra Boyer, Task Force Chair
Nationwide Children's Hospital
Ohio State University

Sherin Devaskar
Mattel Children's Hospital
University of California, Los Angeles

Zuri Hudson
Children's Healthcare of Atlanta
Emory University

Amy Ohmer
International Children's Advisory Network
Naturally Sweet Sisters, owner

Kim Boland
Norton Children's Hospital
University of Louisville

Dominick "Nick" DeBlasio
Cincinnati Children's Hospital
University of Cincinnati

Jill Fussell
University of Arkansas

Mary Moffatt
Children's Mercy Hospital
University of Missouri-Kansas C

Sarah Pitts
Boston Children's Hospital
Harvard Medical School

Patricia Poitevien
Hasbro Children's Hospita
Brown University

Linda Waggoner-Fountain
UVA Health
University of Virginia

Kristen Stefanski
Akron Children's
Northeast Ohio Medical University

Anna Williams
Duke University

David Turner
ABP Vice President, CBME
TF Initiative Sponsor

Suzanne Woods
ABP Executive Vice President

Kimberly Durham
ABP Project Manager,
Executive Assistant
TF Initiative Owner

Brenda Nuncio
Program Coordinator
CBME

Wendy Lea-Walker
Director
Credentialing &
Initial Certification

Karen Hoeve
Director
Assessment

Stephany Pritchard
Manager
Communications

THE AMERICAN BO TRICS

High-Level Summary of the Task Force Proposals

Elements of the Proposals

- Grounded in CBME – with EPAs defining the expected outcomes
  - Included changes needed in curriculum ***AND*** assessment
- Consideration of eliminating of scholarly work product
- Progressive autonomy guided by:
  - Individualized Learning Plans (ILPs)
  - Coaching programs
- Programmatic assessment includes:
  - 'Real-time' frontline assessment (e.g. via smartphone-based app)
  - Structured assessments locally by programs
  - ABP administered assessments (e.g. initial certification exam, other)

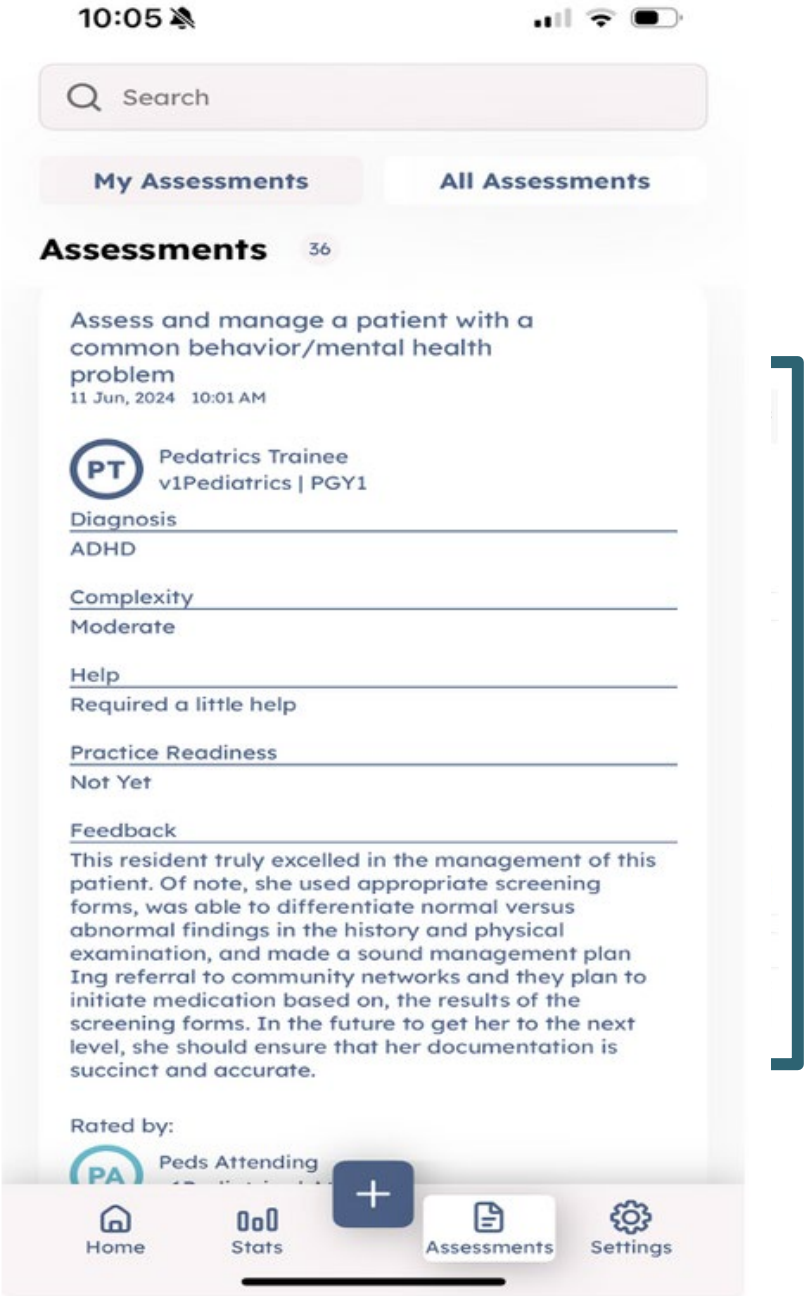
Major Discussion Points about the Proposals

- How to optimally use time as a resource
  - True time variability presents substantial practical challenges
  - Concerns about ‘promotion in place’
- How to best address scholarship
  - Role of the Scholarship EPA
- How to achieve the optimal balance of assessment to ensure readiness of graduates
  - Local programs of assessment (e.g. frontline assessment)
  - External assessment (e.g. ABP assessments)

What do we mean when we say ‘frontline assessment’?!

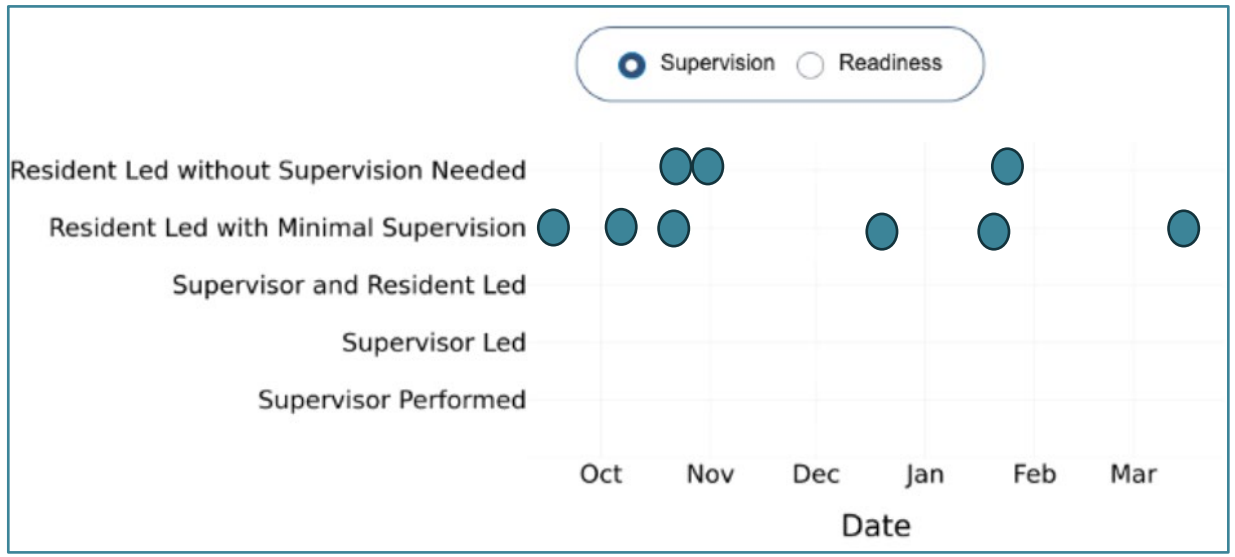
Enhancing Frontline Assessment Using a Smartphone-based App

- Integrated into daily workflow
- Designed to be after a single patient encounter/activity
- EPA-based and Narrative-only forms
- ***Takes < 3 minutes to complete***
- Allows for frequent low-stakes assessments that can inform higher-stakes decisions



Slide courtesy of Meghan O'Connor, MD; images used with

A tale of two trainees….



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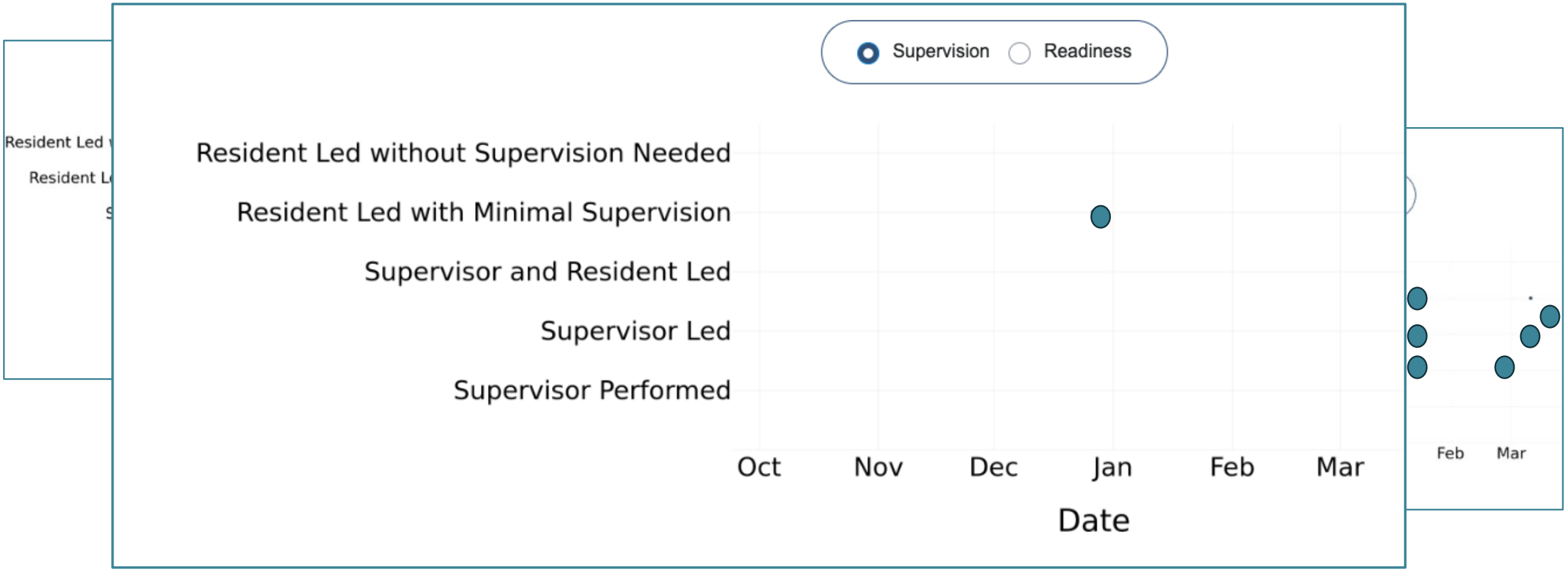
A more common scenario…



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Small Group Discussions

GROUP 1:

Thoughts on elimination of the Scholarly Work Product Requirement?*

**with the caveat that scholarship would continue to be part of both curriculum and assessment based on the Scholarship EPA*

Specific Task: *Please develop a list of pros/cons related to elimination of the Scholarly Work Product that includes ways to mitigate the cons.*

GROUP 2: 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?

Specific Task: *Of the list provided, which are the 2-3 most important elements to ensure graduate readiness for practice. (i.e. what are the 'must haves' in a CBME system)*

Small Group Discussions

Small Group Debrief

Intealth™
Advancing the Global Health Workforce

ECFMG FAIMER

Visa Policy Changes and Impacts on International Medical Graduates

Catherine Apaloo, M.D.
SVP & Chief IMG Experience Officer

Tracy Wallowicz, MLS
SVP, Regulatory Affairs & Chief Communications Officer

November 2025

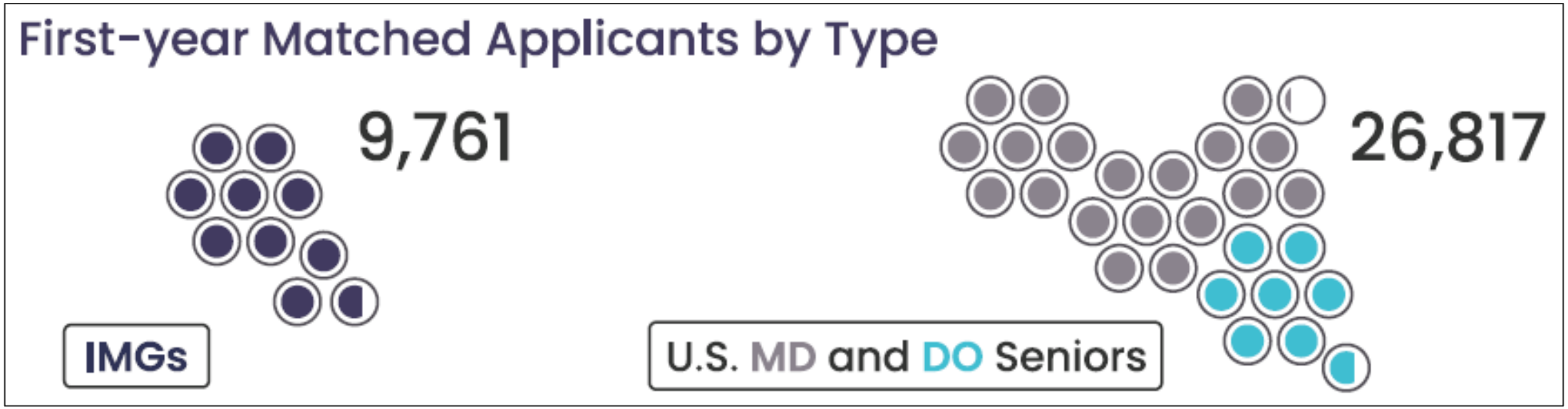
About Intealth

- **Announced in late 2021**
- **Introduced a new corporate identity** supporting the global health workforce and representing our divisions, ECFMG and FAIMER
- **Integrates the expertise and resources** of ECFMG and FAIMER under one strategic framework
- **Establishes a strong foundation** for continued growth and diversification
- **Enhances our ability** to meet the evolving needs of stakeholders worldwide

Overview

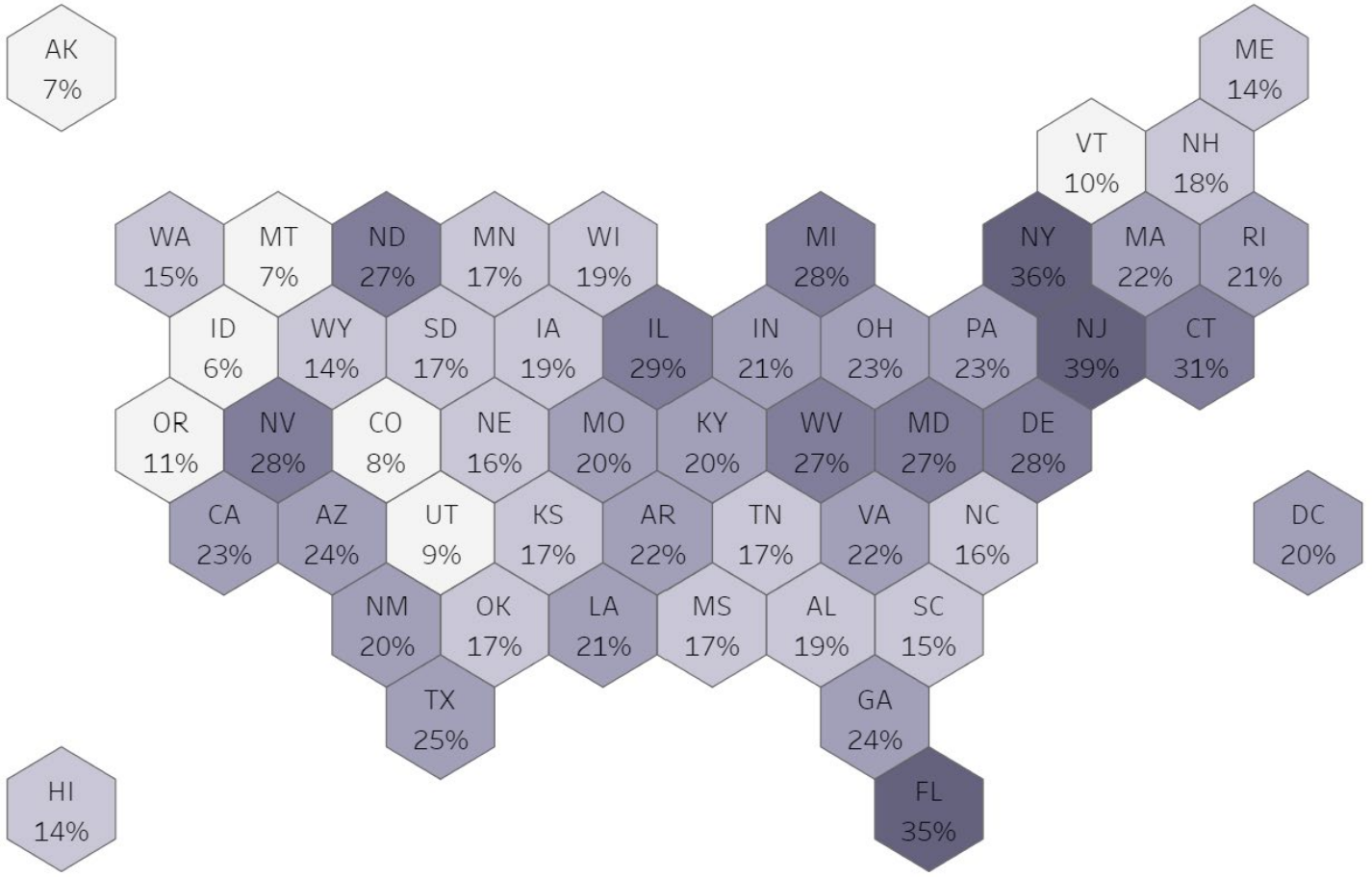
- The U.S. healthcare system currently cannot function without international medical graduates (IMGs)
- 1 in 4 physicians in practicing in the United States is an IMG (this includes U.S. IMGs)
- Nearly a third (1 in 3) of practicing physicians in the United States came from abroad to train in the US (17%) or they are the child of an immigrant (13%)

2025 Match



*28% Pediatrics positions filled by IMGs.

IMGs in Active Practice by State



	% IMG
All Active Physicians	24%
Idaho (min)	6%
New Jersey (max)	39%

RECENT IMMIGRATION ISSUES IMPACTING IMGs

Context: Visa vs. Visa Status

Understanding this distinction is critical as we navigate recent and expected immigration actions.

- Visa = permits entry to the U.S.; *can expire while still lawfully present*
- Visa Status = allows an individual to **live, train, or work** in the U.S.; *must stay valid the entire time*

This difference matters — especially amid increased vetting, shifting policies, and visa appointment delays.

Four Issues Since June 2025

01

Visa Appointment Pause

02

Presidential Proclamation Introducing Travel Ban

03

Proposed Regulatory Change Regarding “Duration of Status”

04

Presidential Proclamation Introducing H-1B Fee

May 2025 Appointment Pause: Social Media Vetting

What Happened

- On May 27, 2025, the U.S. Department of State initiated a pause in visa processing while implementing new security review procedures.
- The pause primarily impacted nonimmigrant visa applicants, including J-1 physicians in the Exchange Visitor Program.
- Applicants were unable to schedule new appointments; some experienced unexpected cancellations and reschedulings.

IMPORTANT: Appointments resumed on June 18, 2025, with a directive to consular posts to prioritize J-1 physicians.

June 2025 Presidential Proclamation: Travel Ban / Restrictions

Tier 1 Full suspension of entry: all citizens barred from entering the United States	Tier 2 Partial suspension of entry: citizens seeking certain visa classifications, including J-1, barred from entering the United States
Afghanistan, Burma (Myanmar), Chad, Republic of the Congo, Equatorial Guinea, Eritrea, Haiti, Iran, Libya, Somalia, Sudan, and Yemen	Burundi, Cuba, Laos, Sierra Leone, Togo, Turkmenistan, and Venezuela

Exemptions:

- U.S. lawful permanent residents (green card holders)
- Individuals with valid visas issued prior to the proclamation
- Dual nationals traveling on a passport from a non-designated country
- **Certain individuals traveling on diplomatic or humanitarian grounds**

Intealth sponsoring 117 initial applicants from "travel ban" countries this year.
More than half had their visas before the ban took effect on June 9.

Duration of Status

- Reemergence of an issue first introduced by the previous Trump administration in 2020
- Would significantly modify admission and extension procedures for nonimmigrant students, exchange visitors, and foreign media representatives
- Goal is to replace *Duration of Status (D/S)* with fixed time periods for admission
- Comment period closed September 29, 2025

*"Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, **Exchange Visitors**, and Representatives of Foreign Information Media"*

H-1B Presidential Proclamation

On October 3, 2025, a coalition of H-1B employers, unions, educational institutions, religious organizations, and H-1B employees filed a lawsuit challenging the Proclamation.

Proclamation issued Sept. 19, 2025

Imposes new $100,000 fee for certain H-1B petitions filed on/after Sept. 21, 2025

Not impacted:

- Extensions, amendments, or change-of-employer cases

Physician implications include:

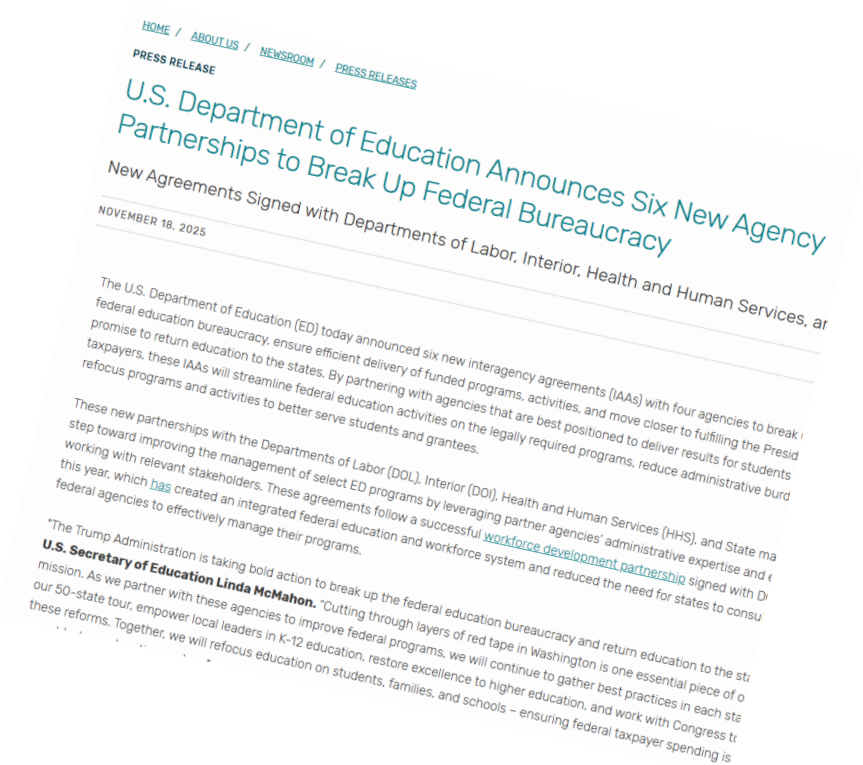
- All new entrants from outside of the United States after Sept. 21, 2025
- Employers must cover fee; cannot shift to physicians
- National interest exemption exists, unclear whether these will be successful

OTHER ISSUES WE ARE WATCHING

NCFMEA Move to HHS

U.S. Department of Education (ED) - HHS Partnership

- **NFMEA** = the National Committee on Foreign Medical Education and Accreditation
  - Responsible for evaluating the accreditation standards of foreign medical schools and determining comparability to U.S. standards
  - Comparability essential for U.S. citizens studying abroad to be eligible for financial aid
  - The NCFMEA issues guidelines and recommendations to ensure foreign medical schools meet necessary standards for accreditation
- Interagency Agreement announced November 18
- HHS to manage NCFMEA meetings, provide SME input, manage systems
- Potential to impact U.S. IMGs



HOME / ABOUT US / NEWSROOM / PRESS RELEASES

PRESS RELEASE

U.S. Department of Education Announces Six New Agency Partnerships to Break Up Federal Bureaucracy

New Agreements Signed with Departments of Labor, Interior, Health and Human Services, ar

NOVEMBER 18, 2025

The U.S. Department of Education (ED) today announced six new interagency agreements (IAAs) with four agencies to break federal education bureaucracy, ensure efficient delivery of funded programs, activities, and move closer to fulfilling the Presid promise to return education to the states. By partnering with agencies that are best positioned to deliver results for students taxpayers, these IAAs will streamline federal education activities on the legally required programs, reduce administrative burd refocus programs and activities to better serve students and grantees.

These new partnerships with the Departments of Labor (DOL), Interior (DOI), Health and Human Services (HHS), and State ma step toward improving the management of select ED programs by leveraging partner agencies' administrative expertise and working with relevant stakeholders. These agreements follow a successful workforce development partnership signed with D this year, which has created an integrated federal education and workforce system and reduced the need for states to consu federal agencies to effectively manage their programs.

"The Trump Administration is taking bold action to break up the federal education bureaucracy and return education to the st **U.S. Secretary of Education Linda McMahon.** "Cutting through layers of red tape in Washington is one essential piece of o mission. As we partner with these agencies to improve federal programs, we will continue to gather best practices in each sta our 50-state tour, empower local leaders in K-12 education, restore excellence to higher education, and work with Congress t these reforms. Together, we will refocus education on students, families, and schools – ensuring federal taxpayer spending is

Misc Issues

Congress – House Judiciary

- **Antitrust investigation** into GME structure and the NRMP Match.
- **Hearing:** *"The MATCH Monopoly: Evaluating the Medical Residency Antitrust Exemption."*
- Scrutiny of ACGME/ABMS/NRMP roles, resident mobility, and workforce bottlenecks.

HHS – Education & Workforce Initiatives

- Joint HHS/DOE push for expanded **nutrition and preventive-health training** in med schools and residencies.
- Continued investment in **community-based GME** to address shortages.

Proposed / Recent GME–Funding Legislation & Policy Proposals

- **Resident Physician Shortage Reduction Act** — a bipartisan bill reintroduced in 2025 that would add **14,000 Medicare-funded residency (GME) slots over seven years** (2026–2032).
- **Children's Hospital GME Support Reauthorization Act of 2025** — introduced in March 2025, this bill seeks to reauthorize the program that provides payments to children's hospitals operating GME programs.

Strong Performance and Continued Advocacy for IMGs

Despite the external environment, 98% of J-1 physicians reported to their training programs for the 2025-2026 academic year.

- On par with other years
- Many reasons one may not report: chose to enter in another visa classification, visa delay or denial, program deferral, lengthy change of status within the U.S.

Intealth continues to educate policymakers in Washington, D.C., ensuring that they understand:

- The critical role international medical graduates play in U.S. healthcare.
- The impact of immigration policy on access to care, particularly in medically underserved areas.

Washington Outreach Goals

Educate	Identify	Build
Educate Policymakers about the Problem(s) and the Value of IMGs	Identify Champions	Build Long-term Bipartisan Support

Support IMGs in Transition into Residency and Fellowship Workgroup

Monique Naifeh, MD

Updates

- Fall APPD Educational Conference enhanced learning session presented
- Submission of an ELS with a broader group of presenters to Spring APPD
- Collaborate with other APPD members to develop an application review rubric for IMG candidates
- Work with AAP and APPD on supporting physicians from international medical schools and immigrant backgrounds (2025 AAP resolution #40)

Deliverables

- Published materials from both ELS sessions (available in google drive)
- Document detailing VISA process and best practices (done)
- Rubric for application review best practices (to be developed this spring)
- Collaborate with AAP section on IMGs create inclusive work environments for internationally trained physicians and those from immigrant backgrounds
- Consider advocating for shorter training times for trainees with significant prior training experiences in pediatrics or in research

Let Us Know

What additional resources or content would be most helpful to you or your programs to assure inclusive work environments for internationally trained physicians and those from immigrant backgrounds?

THANK YOU