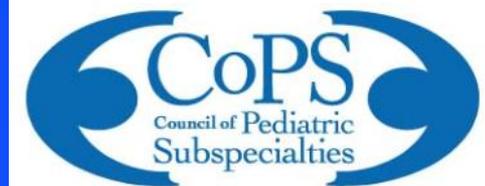
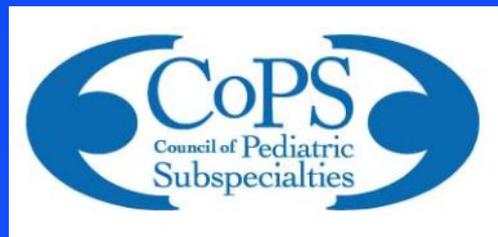

Workforce Action Team



Charge to Action Team

- Define the stakeholders
- Summarize issues of recruitment across the continuum
- Identify funding structures for training
- Compare the differences between various subspecialties



Action Team Members

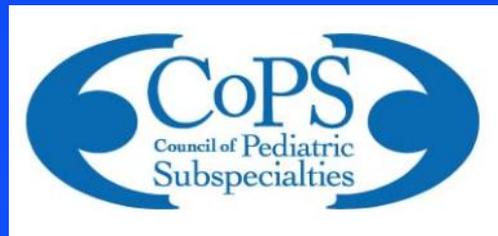
- Bruce Herman
- Diane Stafford
- Pnina Weiss
- Meredith van der Velden
- Rob Ross
- Lisa Imundo
- Pat Leavey
- Debra Boyer
- Christianne Dammann

Child Abuse
Endocrine
Pulmonary
Critical Care
Cardiology
Rheumatology
Heme/Onc
Pulmonary
NICU



Initial Steps

- How to start?
- What data do we need?
- How can we catalog what has been done?
- Initially, surveyed all subs and other affiliate groups (ACGME, ABP, AAP, AAMC, NRMP, AMSPDC) to determine what workforce data is out there



Initial Steps

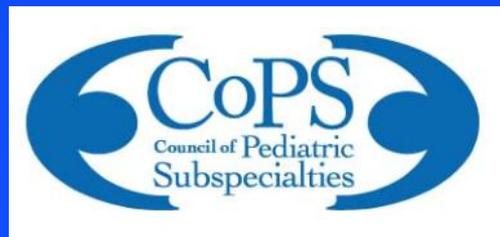
- How to start?
- What data do we need?
- How can we catalog what has been done?

- Initially, surveyed all subs and other affiliate groups (ACGME, ABP, AAP, AAMC, NRMP, AMSPDC) to determine what workforce data is out there
 - **A LOT, NOT A LOT, DIFFERENT QUESTIONS, DIFFERENT TIME PERIODS, LOTS OF GAPS**



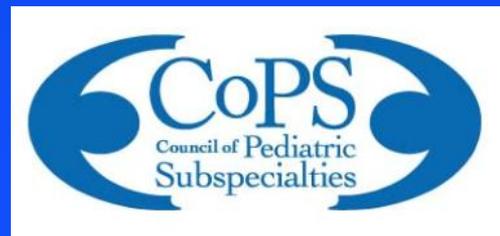
Simple survey of subs

1. What are your subs biggest concerns about workforce issues?
2. In any workforce studies/projects your sub has done, what has helped the project succeed?
3. How can CoPS help your sub with its workforce concerns?



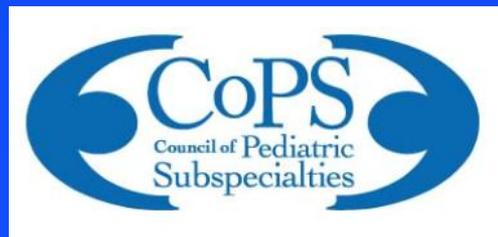
Biggest Concerns- Pipeline

- Not enough fellows entering training for many subs
- Too many fellows for some subs (graduates can't find jobs)
- Concerns about recruitment based on new limits on non-ACGME residency trained applicants
- Concerns about regional distribution of clinical and academic subspecialists



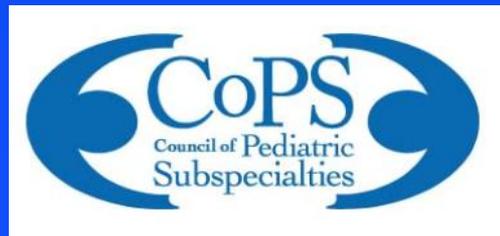
Concerns- Funding/Reimbursement

- Medical education debt- concern re. LRP
- Challenges in funding for fellowship positions
- Equity of reimbursement/salaries of varies subs (concerns re. 2 year hospitalist fellowship)



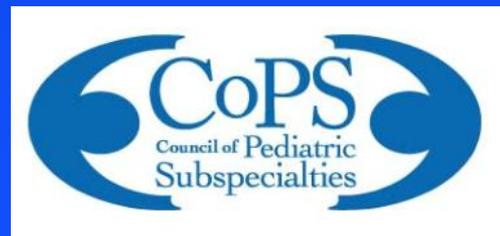
Concerns- Research

- Not enough fellows in academics
- Not enough fellows doing and sticking with scientific research



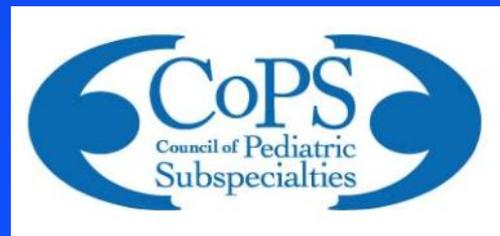
Concerns- others

- **Decreased resident duty hours means need for other providers (that may not exist)**
- **Access to care for many patients is severely limited, especially in certain geographic areas**
- **Scope of practice is hard to define and now seems blurred**



What can CoPS do- General

- Find common issues among subs
- Partner with other groups (AAP, AAMC, ABP)
- Conduct cross-specialty workforce studies
- Help individual subs with contact info for recent grads to do their own surveys
- CoPS could help to understand geographic needs of the various subs
 - Disease prevalence data and understanding scope of practice



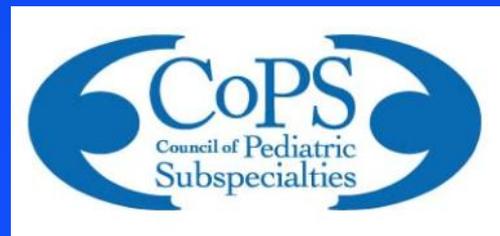
What can CoPS do- Financial

- **Help with GME funding issues for fellowship positions**
- **Being an advocate for LRP and improved compensation for Medicaid/Medicare**
- **Help to improve reimbursement for prolonged face to face visits**
- **Develop a resource that identifies potential funding sources to support research**
- **Urge AMSPDC to improve/equalize compensation**
- **Raise issue of improved gov funding for subs that are particularly in need**



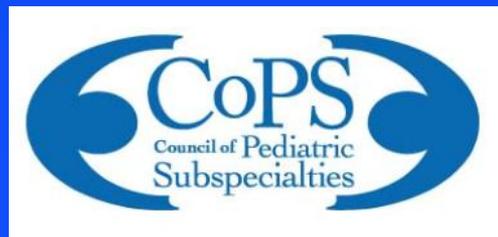
What can CoPS do- Pipeline

- **Generate publicity for the importance of the subs**
 - Especially small, unfilled subs
- **Determine factors that affect the decision-making process for residents**
- **Disseminate and maintain workforce data for residency program directors to improve mentorship of residents**
- **Determine how to recruit more residents/medical students**



Next Steps

- Talk with CoPS Council about areas of focus
- Consider a Pediatric Workforce Summit
- Other ideas?



Questions?

