

AMSPDC

Pediatric Workforce

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The concern

- Children need and deserve highly skilled providers
 - Training requires specific and targeted support
 - The field of pediatrics must be able to maximize the benefit derived from those receiving such training
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Two significant workforce issues

- The threat to Children's Hospitals
GME
- The field's inability to support and therefore maximize the contributions from women in pediatrics

Children's Hospitals GME: CHGME

Critical to the future of pediatrics




- Congress provided \$307 million in the FY 2008 Labor HHS bill to CHGME Program
- 3% increase over FY 2007 funding - the first increase for CHGME in 4 years
- The President's 2009 Budget Proposal eliminates all funding for the Children's Hospital GME Program
- **Why is it important?**

CHGME Provides Equitable Federal Funding

- CHGME provides independent children's hospitals with the same support for teaching programs that Medicare provides for adult teaching hospitals.
- CHGME helps support training for more than 4,700 FTE residents each year. The children's hospitals train *one-third* of all pediatric residents, *one-half* of pediatric specialty residents, *almost all* pediatric researchers and many other physicians requiring pediatric training.

Children need CHGME Hospitals

- Although <1% of all hospitals, CHGME hospitals provide half of all hospital care to children with serious conditions.
 - >50% of the patients they serve are children covered by Medicaid.
 - World's leading pediatric research centers are in CHGME Hospitals.
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CHGME has used its dollars wisely: ...

- through CHGME children's hospitals have sustained and expanded their programs –correcting the decline in pediatric residencies critical to end the nation's pediatric subspecialist shortage.

CHGME has used its dollars wisely, con.

- **through CHGME** children's hospitals have improved and enriched their residency programs –
 - quality and health information technology efforts
 - focusing on training experiences that address the service needs of the children across their communities and states.

CHGME has used its dollars wisely, con.

- through CHGME children's hospitals have been able to sustain and improve services, including services to low-income children in their communities

Women in Pediatrics



First FOPO Task Force on Women in Pediatrics: Introduction

- **“There are many reasons for addressing issues of family balance in the lives of pediatricians during training and practice, including concerns regarding productivity, career advancement, and individual fulfillment. The most compelling reason derives from the central responsibility of our profession. The commitment of pediatrics to the health and well being of children and youth should encompass the families of those who choose to pursue careers in pediatrics.”**

The concern

- 50% of medical students, 70% of pediatricians in training, and 50% of all practicing pediatricians are women
- percent of women in medicine quadrupled in past 30 years, but women only 14% of tenured faculty and 12% of full professors.
- 14 of the 147 (9.5%) members of AMSPDC currently are women

The concern, con.

- Traditional explanation: pool of qualified women to be considered for such positions too small because of an inadequate pipeline.
- “Pipeline” theory no longer applicable; the pipe has been primed for well over a decade
- Critical for equity AND to improve the quality of our profession by engaging and nurturing the best talent available

Four critical issues affecting women in pediatrics

- 1 Option to train and work **part-time** at specific career stages
- 2 Need for flexibility in the career paths of **physician-scientists**
- 3 Desire to draw more women into **leadership positions**
- 4 Attention to **child care**

Why is **part-time** option needed?

- Multiple roles, including responsibilities to their families.
- May need flexible work schedules or part-time employment to meet concurrent responsibilities outside of workplace.
- Optimal time for childbearing/rearing overlaps traditional time for career advancement forcing parents to choose between needs of their families and the demands of their profession.

Flexibility for **Physician Scientists**

Fewer women/minorities choose physician-scientist careers

- **Physician-scientist path is a tenure track position in most universities with the traditional restrictions and requirements to attain tenure.**
 - **restricted time frame to achieve tenure**
 - **explicit requirements for obtaining grant funding and producing publications**
 - **part-time work not encouraged or allowed**
 - **tenure clock not altered or as an exception**
 - **Tick of tenure clock coincides with tick of woman's biological clock to bear children**

Recommendations for **Physician Scientist** Track

- Tenure track appointments must have some flexibility.
 - permit faculty members to stop the tenure clock with a reduction in full time appointments to 75-80%
- Research/funding institutes allow part-time faculty to apply for grants without special permission
- Eliminate time-limited tenure decisions or lengthen the tenure clock for women and/or men who are primary caregivers

More Women in **Leadership** **Positions**

- Percent of pediatric chairs has not increased appreciably in the past 15 years and has continually hovered around 10%.
- As the number of women in medicine increases, the paucity of women in senior ranks and leadership positions becomes a liability
 - Not accessing talent
 - Not taking advantage of diversity

More Women in **Leadership Positions**: Recommendations

- Institutions include leadership transition planning in every major academic office and qualified women candidates sought out for these positions when appropriate
- Institutions should develop internal/on-campus leadership training and mentorship programs.
- Minorities underrepresented in leadership positions and would benefit from the same attention to mentorship

Onsite **child care** facilities

- < 1/2 academic medical centers have on-site daycare
 - often not central, limited capacity, quality inadequate
- Ability of women to work in close proximity to their infants/children:
 - allows involvement with child's care
 - facilitates breastfeeding,
 - reduces emotional tension
 - allows young women professionals to socialize with peers

Other models of **child care** services

- In-home child-care may be needed for medical parents whose professional responsibilities extend beyond usual hours of commercial daycare
 - Institutions have contracts with au pair
- Sick care, vacation care needed if a child or the baby sitter is sick, school vacation
 - Institutions have contracts with emergency child-sitting services that fill in temporarily