AAP surveys taking workforce pulse of pediatric subspecialties
by from the AAP Division of Workforce and Medical Education Policy

In 2000, the Academy published groundbreaking pediatric workforce survey results in its comprehensive Future of Pediatric Education (FOPE) II project. These included data from surveys of 17 AAP medical subspecialty and surgical specialty (hereafter referred to as subspecialty) sections. For many sections, this was the first and only workforce survey undertaken.

In recent years, increased attention has been paid to the physician workforce at the national policy level by groups such as the federal Council on Graduate Medical Education and the Robert Wood Johnson Foundation.

"The AAP realizes that in order to participate in these discussions, we must have current data," said William B. Moskowitz, M.D., FAAP, chair of the AAP Committee on Pediatric Workforce. "It is important to bring a pediatric perspective, grounded in data, to deliberations that are too often dominated by adult medicine."

Therefore, subspecialty sections again are being surveyed under the AAP Workforce Survey of Pediatric Medical Subspecialties and Surgical Specialties.

Twenty sections participated in Phase 1 of the project, including sections that did not exist in the 1990s (e.g., Hospital Medicine) when the FOPE II surveys were being conducted.

The survey is modeled on the FOPE II survey, with all participating sections being asked a standard set of 44 questions to compare data over time. Responses to these questions provide useful demographic information (see Figure A). When comparing those sections surveyed under the FOPE II project with many of the sections surveyed in Phase 1, for example, there is a noteworthy increase in the percentage of women in most of the pediatric subspecialties. Also, having asked questions pertaining to hours worked (part time), there will be good information for subspecialty workforce planning.

![Figure A: Proportion of respondents from participating subspecialty sections who are female, nonwhite and graduates of medical schools outside the U.S. and Canada, 2012-2015](image-url)
Once again, each section could develop questions specific to its subspecialty and work with survey staff to write articles. The total number of questions ranged from 58 to 112, with an average of 78.

Several sections asked about types of diagnoses and types and level of complexity of patients seen. Frequently, sections inquired about reliance on technology, and many included questions about training programs and experiences as well as current and future need for subspecialists.

New to this survey is a standard set of questions for the surgery sections developed by the AAP Surgical Advisory Panel.

The number of survey recipients varied significantly by subspecialty. Additionally, members of “sister societies” are included in the survey pool where applicable. The response rate has been high for an electronic survey project, and all major regions of the country are well-represented. This is attributed to the high level of enthusiasm for the project, the involvement of section leadership and the recognized need for subspecialty workforce data.

“This survey is valuable to the nephrology community, and published data has provided important information for deployment of resources to support pediatric nephrology practices,” said William Primack, M.D., FAAP, a former member of the AAP Section on Nephrology Executive Committee.

Overall, the survey project reflects changes in how pediatric subspeciality medicine is practiced or delivered (telemedicine). It gives the ability to track changes resulting from the Affordable Care Act and serves as a reference point from which to monitor workforce trends and identify challenges.

Survey findings can be used to inform the decisions of pediatric residents who are considering pediatric subspecialties. Data generated by the survey justify advocacy efforts to call for increases in fellowship training slots and/or funding and loan repayment/forgiveness programs.

“This data allows the AAP and its subspecialty sections to study, plan and advocate for pediatric subspecialties separately and distinctly, instead of in the aggregate,” Dr. Moskowitz said. “We have learned at a very granular level what are the unique attributes of individual subspecialties.”

Phase 2 of the AAP Workforce Survey of Pediatric Medical Subspecialties and Surgical Specialties will begin in mid- to late-2017, and 13 subspecialty sections already are included.

Resource

- More information about the AAP Workforce Survey of Pediatric Medical Subspecialties and Surgical Specialties, including articles published.