Pediatric Work Force Crisis!

July has always been an exciting time in the practice of medicine. Freshly minted physicians embark on their professional journeys by starting their residency training. They are still excited, idealistic, and not jaded.

The 2024 match season was not kind to pediatrics. It will only get worse as more internal medicine and family practice residencies open and medical students burdened with debt look for better remuneration. That is the bad news. The good news is that those who join pediatrics are not just committed to their profession, but more importantly, they are committed to the well-being of children. This dedication is what will make them exceptional pediatricians.

Like all medicine, pediatrics, especially specialists, will face a physician shortage. This will be highly challenging in pediatrics because of the additional six years required for training. After their training, some specialists get paid less than general pediatricians. That is the illogical nature of medicine in the United States.

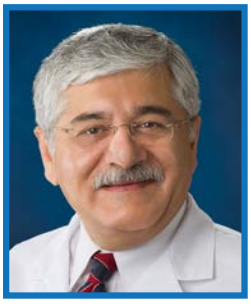
What can be done? For one thing, it may be time to re-think the length of training in pediatrics. I am convinced that pediatric fellowships should not be three years long. That is not the case for internal medicine. If it is appropriate to have two-year fellowships for pediatric hospital medicine, then why not other pediatric specialties? The research requirements need to be decreased. Those interested in research can certainly do three years. That was the case before there were pediatric board requirements. Many fellows did a two-year fellowship. Others (including me) chose to do three years to do more research, and it was worthwhile. But there should be a choice.

One could even consider four years of training for specialists: two as residents and two as fellows. There was (and I believe still is) an accelerated training option in which a fellow can complete all their training in four years. But this process is cumbersome.

Two other things are already happening and could impact specialty pediatrics. In specialties where the pediatric residents are not choosing fellowships, mid-level providers will fill the gaps. Folks, this is a reality. Patients must be seen, work must be done, and personnel are needed. Those among us who have worked with mid-levels for decades know that such a partnership can be valuable.

Another thing that may happen is that international medical graduates will be allowed to take on roles similar to mid-levels. This is already occurring. Eight states, Florida, Arizona, Virginia, Wisconsin, Missouri, Illinois, Iowa, and Idaho, already have something in place. Several other states are looking into similar programs. This program is not new for Florida as there was a similar program that sunset several years ago. Florida Senate Bill 7016 eliminates the need for international medical graduates to repeat residency training in the US if they have had training outside the US. The details of how this will be implemented are still being worked out.

The point is the current situation is not sustainable. Kids need care, and as more and more pediatricians retire, the gaps are not being filled while the needs are increasing. It's time for change, and it's time to act.



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