Pediatric Pulmonology Workforce: An Aging Dilemma

To the Editor:

According to the American Board of Pediatrics Workforce Data, 61% (661 of 1,091) of the current diplomates in pediatric pulmonology completed their certification examination in 2000 or earlier (Fig 1). An important point is that during the first 4 years after implementation (1988-1992), the completion of the examination occurred at a higher frequency than in subsequent years, at least in part due to pediatric pulmonologists already in practice taking the board examinations, in addition to new graduates.

Of these 1,091 board-certified pediatric pulmonologists in the United States, the mean age was recently reported as 53 years, with further age distribution of 17% between the ages of 31 and 40 years and 21% > 61 years of age. For trainees entering pediatric pulmonary medicine fellowship, the number of applicants is relatively small, with a recent report identifying significant attrition during subspecialty fellowship training in the United States. Although a spike in the number of applicants completing the American Board of Pediatrics pediatric pulmonology certification examination occurred after 2006, there has since been a downward trend (Fig 1). This retrospective review cannot identify causality, so further research is needed to address that important issue.

To better understand the near-future workforce, data from the National Resident Match Program for pediatric pulmonology since 2010 were analyzed with a worrisome discovery found, as outlined in Figure 2: a downward trend in medical school graduates matching to fellowship training programs. Even more concerning, pediatric pulmonology was the only fellowship of the 15 pediatric subspecialty training programs with a consistent downward trend in the National Resident Match Program match since 2010.

Currently, considerable uncertainties exist regarding pediatric pulmonology, with recent concerns regarding the development and preservation of physician-scientists performing research in the area of pediatric respiratory disorders; an aging physician population and rising clinical workload will certainly impact this ongoing issue. Based on these data, job security will be of no concern for pediatric pulmonologists in the United States in the near future, as the clinical demands will undoubtedly continue to rise. Importantly, the current US fellowship positions will provide sufficient workforce for pediatric pulmonary physicians who will be retiring over the next 10 years, but if the fellowship fill rates with graduates from the United States continue as they are, there will be an eventual contraction of overall physician supply.

Figure 1 – The number of pediatric pulmonology diplomates certified by the ABP by year since the first examination. ABP = American Board of Pediatrics.

Figure 2 – The percent of pediatric pulmonology fellowship positions filled by graduates of all medical schools and by US allopathic medical schools from 2010 to 2014 (total number of available positions in parentheses).
Don Hayes Jr, MD
Columbus, OH

AFFILIATIONS: From the Department of Pediatrics, The Ohio State University, Nationwide Children's Hospital.

FINANCIAL/NONFINANCIAL DISCLOSURES: The authors have reported to CHEST that no potential conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.

CORRESPONDENCE TO: Don Hayes Jr, MD, The Ohio State University, Nationwide Children's Hospital, 700 Children's Dr, Columbus, OH 43205; e-mail: hayes.705@osu.edu

© 2014 AMERICAN COLLEGE OF CHEST PHYSICIANS. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details.

DOI: 10.1378/chest.14-1124

References


