

## 2014 ASPHO WORKFORCE SURVEY

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In the spring of 2014, 65 division directors from 32 states and two centers in Canada completed the ASPHO Workforce Survey with a response rate of **32.2%**. The responding centers are representative of pediatric hematology oncology (PHO) centers across the United States and includes 32 of the country's 70 Accreditation Council for Graduate Medical Education (ACGME)- accredited fellowship training programs.

According to the survey, a full-time 100% clinical PHO physician attends the inpatient service 12 weeks per year and sees patients in the outpatient clinic for 6 half-day sessions per week. Among responding centers, the median wRVU [AU: PLEASE SPELL OUT "wRVU"] goal in 2013 for a 100% clinical PHO physician was 3,100. The average PHO physician spends 60% of his or her time providing clinical care.

On average, programs have one clinical FTE [AU: IS "FTE" FULL-TIME EMPLOYEE?] PHO physician for every 18 new oncology patients diagnosed annually. The average PHO physician spend 60% of his or her time providing clinical care, which means the average program has one PHO physician per 11 new oncology patients diagnosed each year. The number of hematology patients followed in a practice does not seem to have much influence on this ratio.

The composition of the PHO workforce is changing as the number of advanced practice providers (APPs) entering our subspecialty increases. Today, the clinical full-time equivalents within the U.S. pediatric hematology/oncology workforce are comprised of 55% physicians and 45% APPs, and more women than men are entering our subspecialty. According to the American Board of Pediatrics (ABP), among 124 first-time test takers of PHO Boards in 2012, 89 were female (72%) and 35 were male (28). In comparison, the gender distribution in 2001 was 50% male and 50% female. The ABP has also noted that the distribution of PHO physicians in the United States varies widely, with the fewest in West Virginia (384,794 children per one PHO physician) and the most in Washington, DC (7,022 children per one PHO physician).

The results of our survey suggest that in the next 3 years the supply of graduating PHO fellows ( $n = 450$ ) will exceed the demand because division directors are only expecting to hire 340 physicians (three times the number reported by our survey respondents because the survey was only completed by one-third of the programs). This gap could be even wider since the number of graduates is predictable while the number of expected openings is less certain. It is also possible that not all the positions the division directors hope to fill will be approved by administration.

Though this recent survey answered some questions, others were raised when the results were reviewed. The ASPHO Workforce Task Force will gather additional information to better characterize the PHO workforce. Some questions to be addressed include why has the number of PHO fellows more than doubled in the past 14 years, how easy or difficult is it for new fellowship graduates to find desirable jobs, how is the hospitalist role being incorporated into our subspecialty, how ethnically diverse are PHO providers in the United States, and how should we counsel medical trainees who are interested in entering our subspecialty.