WHAT SUBSPECIALTY SHORTAGES MEAN FOR CHILDREN AND THEIR FAMILIES:

1. Traveling long distances to get care
2. Waiting weeks or months to get an appointment with a subspecialist
3. Going without care or getting care from providers with less specific training

CHILDREN WHO SUFFER FROM JUVENILE ARTHRITIS IN WASHINGTON NEED TO DRIVE AS FAR AS 259 MILES FOR CARE.
A ROOT CAUSE OF SHORTAGES: MORE TRAINING, LESS NET CAREER EARNINGS

Pediatric subspecialists require an extra three years of fellowship training in addition to the four years of medical school and three years of residency that are needed to become a general pediatrician. That’s at least 10 years of training after college.

Pediatricians are already among the lowest-paid physicians nationally. Although they receive more training, many pediatric subspecialists have relatively lower earnings potential over their careers than general pediatricians when you factor in the time and costs required for additional training. Indeed, a recent study showed that 12 of the 15 pediatric subspecialties analyzed had lower career net earnings than primary care pediatricians, who do not require extra subspecialty training.

The financial disincentives are one root cause of workforce shortages and disparities in access to care. Children who need specialized care bear the burden of difficulties in accessing pediatric subspecialists.

LOAN REPAYMENT CAN HELP

Loan repayment for pediatric subspecialists would lessen the financial burden of their additional training, meaning more doctors will be able to specialize and treat children with special health needs. Loan repayment can be targeted to underserved areas where children have insufficient access to care.

For data sources used, see: services.aap.org/subspecialtyfactsheet