The Pediatric Workforce:
Where We Are, How We Got Here, Changing the Trajectory

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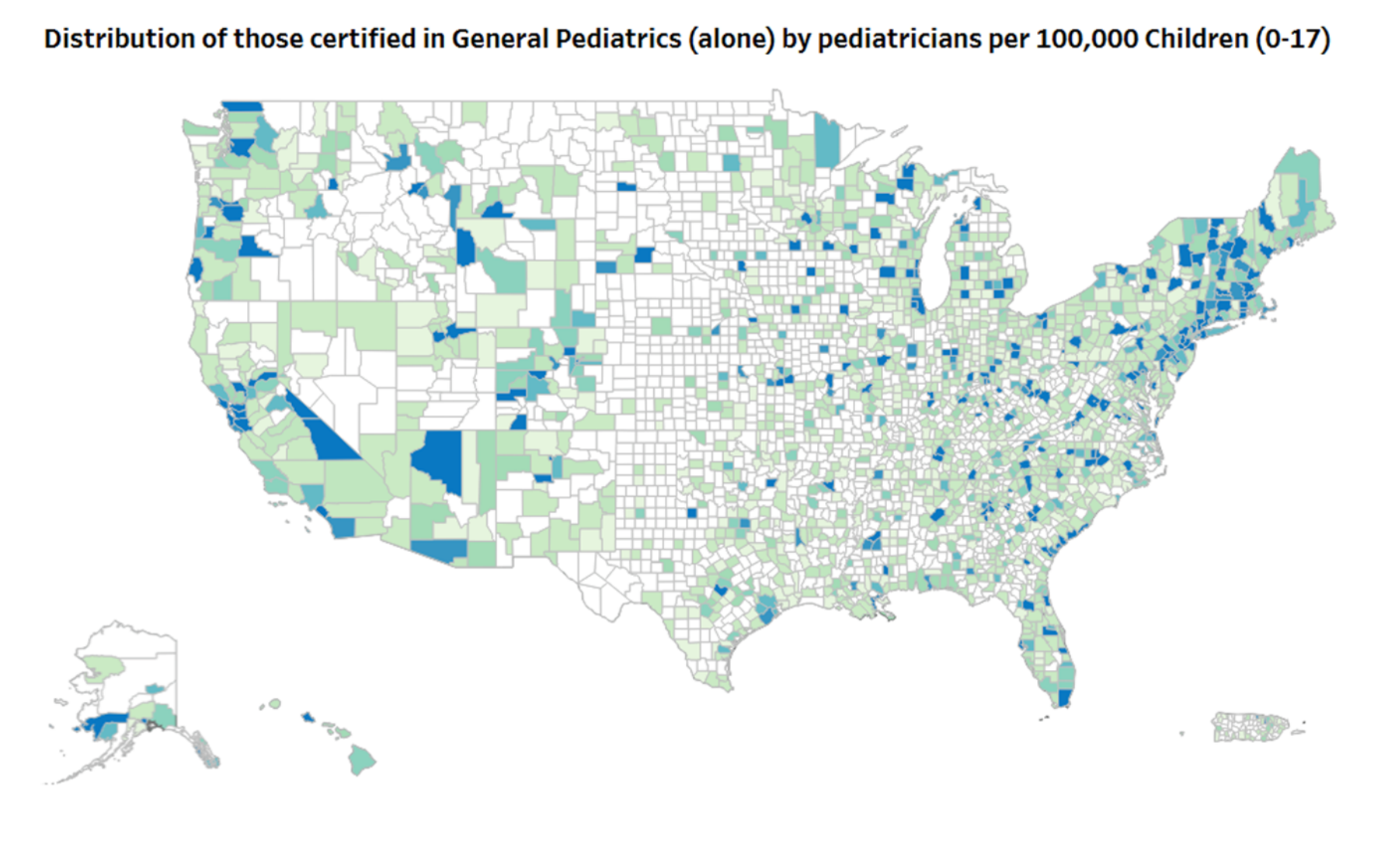
Current Pediatric Workforce By the Numbers

- 73 million children through age 18 in the US
- 65,000 primary care pediatricians (58,000 Board certified)
- 24,000 subspecialist pediatricians
- Age <70, includes non-clinical positions

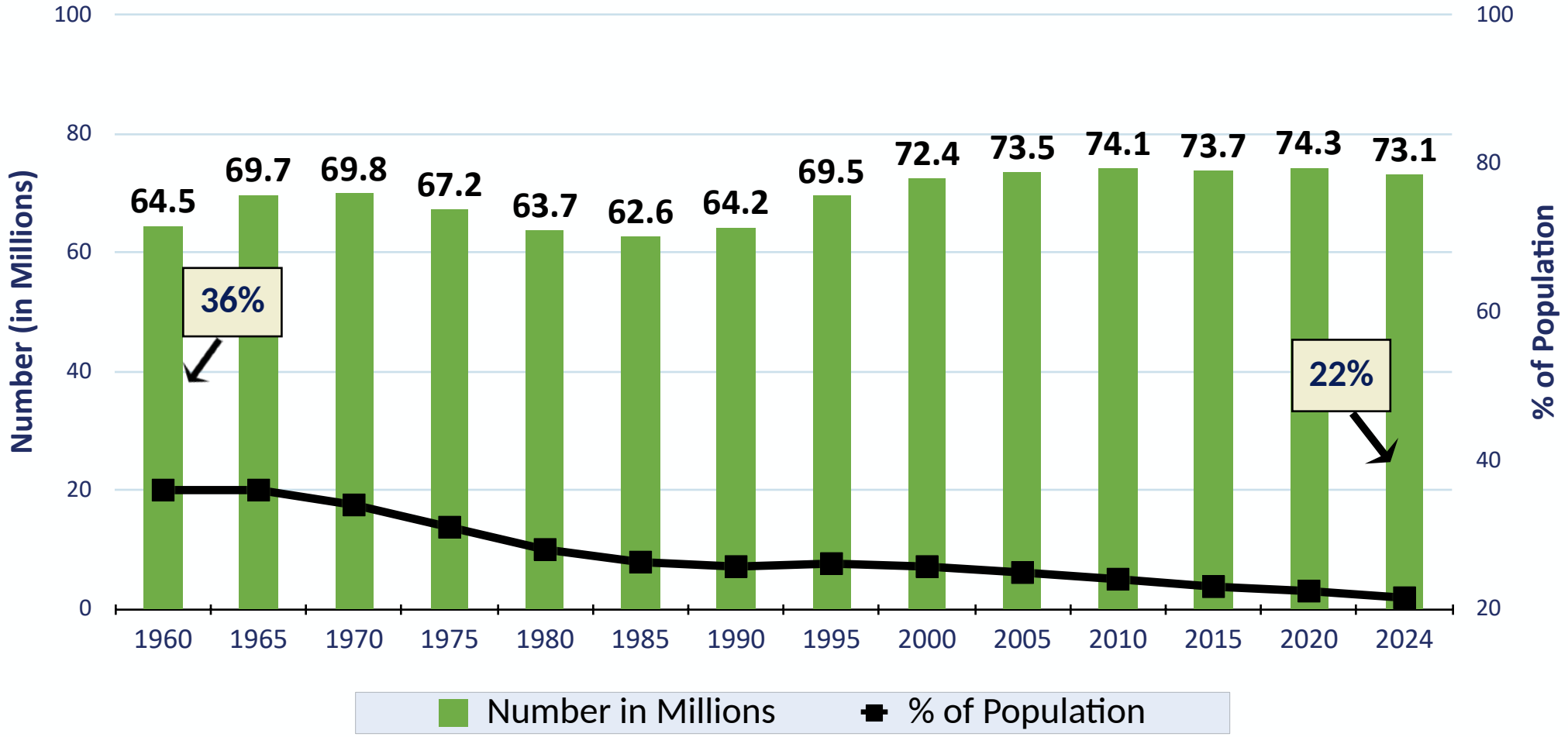
Doing the math, ~1120 children/PCP

Sounds about right….



Source: American Board of Pediatrics, https://www.abp.org/dashboards/general-pediatricians-us-state-and-county-maps

US Child (under 18) Population: Number and % of Overall Population, 1960-2024



Source: US Census Bureau, Current Population Reports (data for 1960-2020: http://www.childstats.gov/americaschildren/tables/pop1.asp and http://www.childstats.gov/americaschildren/tables/pop2.asp; and 2024: https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html)

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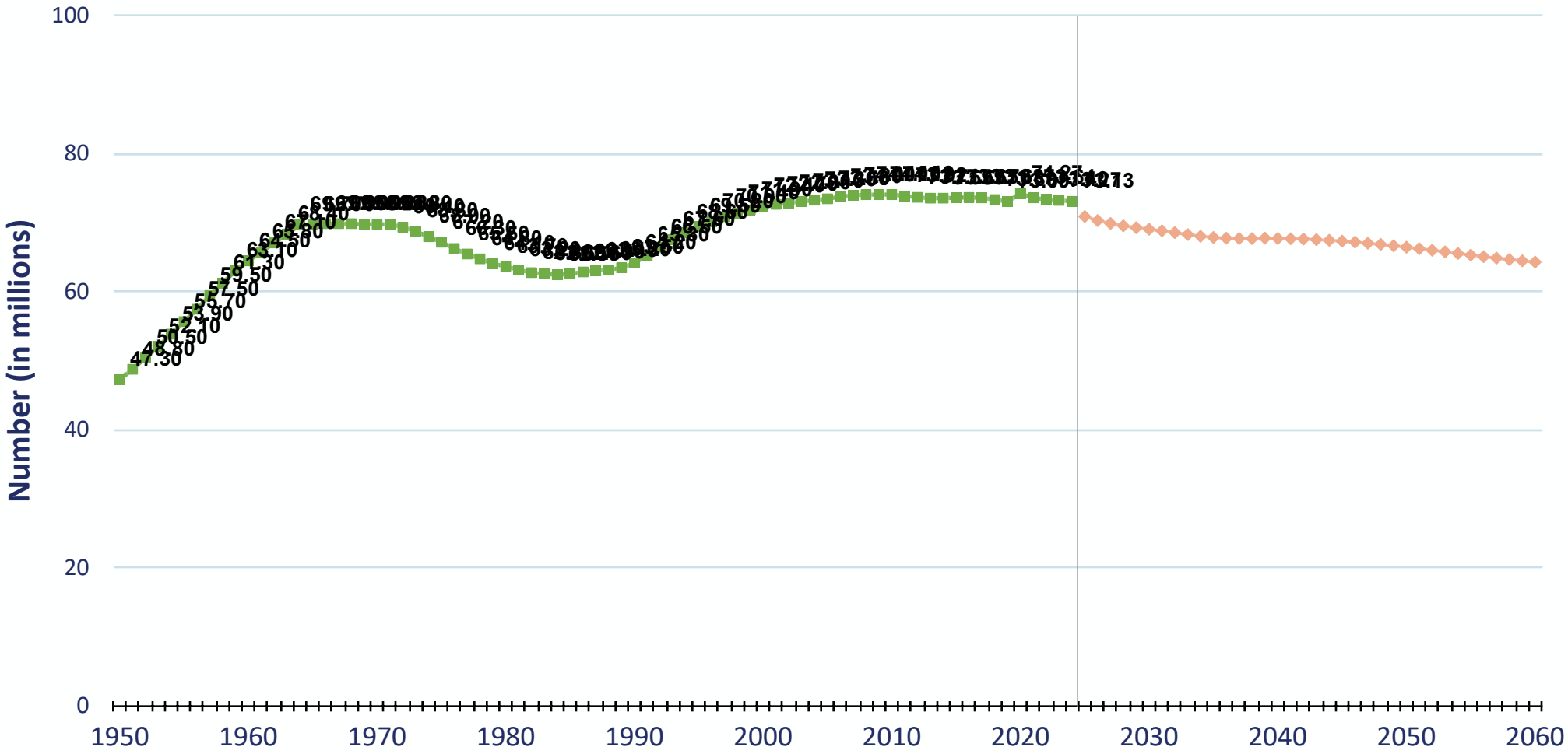
US Child (under 18) Population Estimates Recorded (1950-2024) and Projected (2025-2060)



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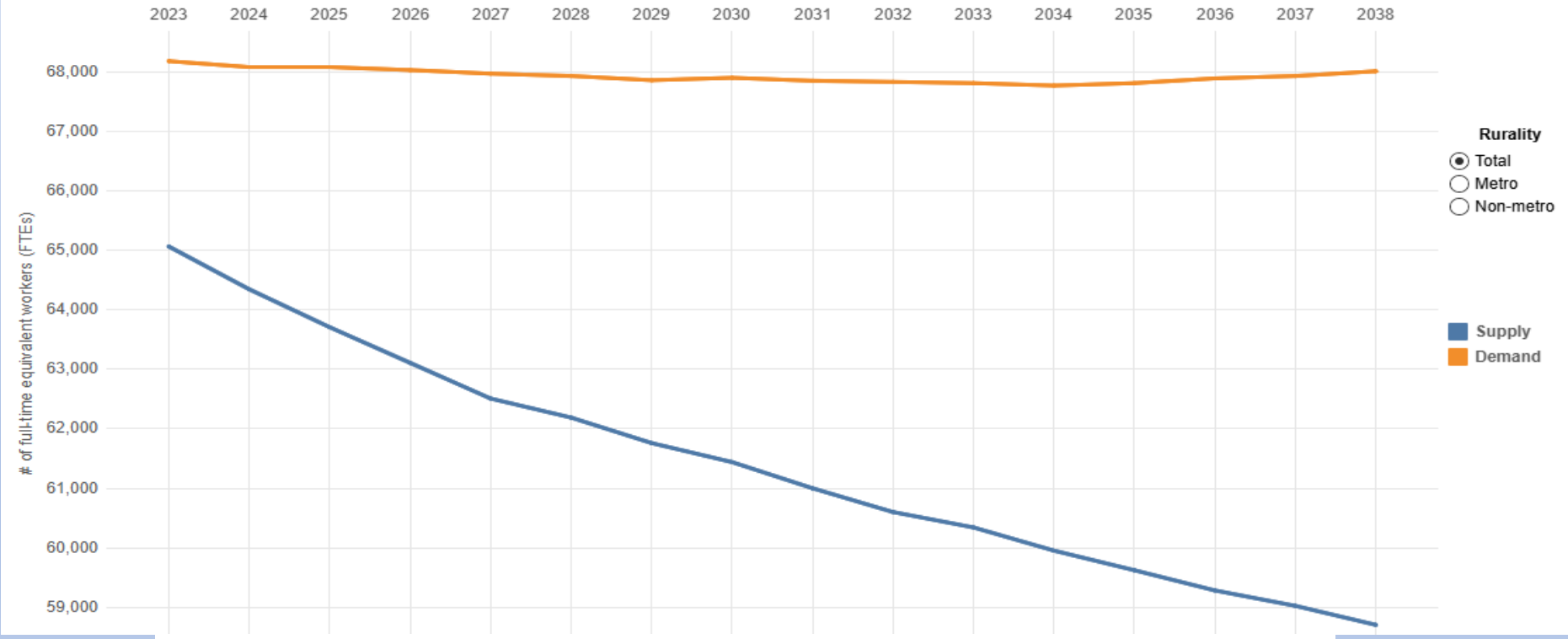
Source: US Census Bureau, Current Population Reports (data for 1950-2019: http://www.childstats.gov/americaschildren/tables/pop1.asp; 2020-2024: https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html; and 2025-2060: https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html)

Pediatrics Physicians - 2038

	Supply	Demand	Surplus/Shortage	Percent Adequacy
Total	58,690	68,010	-9,320	86%
Metro	55,240	61,990	-6,750	89%
Non-metro	3,450	6,020	-2,570	57%

Pediatrics Physicians - Total
Supply & Demand 2023 - 2038



Date created: April 26, 2026

Source: Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections. Available at https://bhw.hrsa.gov/data-research/review-health-workforce-research

PCP Shortage—From Bad to Worse

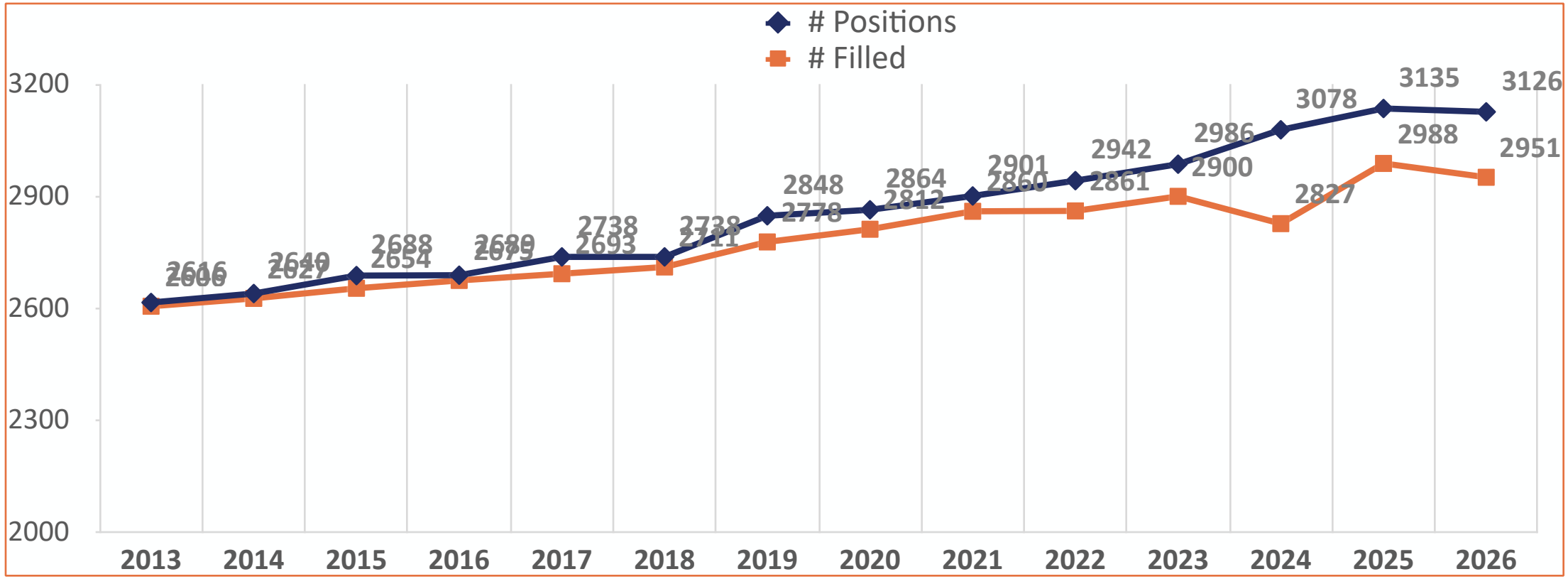
- Constant demand level (not broken down geographically)
- Decreased number of new PCPs entering the care workforce
- Early departure of established PCPs
  - Retirement
  - Burnout leading to other changes in clinical practice
  - Leaving clinical work for other medical pursuits
- All reflected in the shape of the HRSA graph

Trends in # of Categorical Pediatrics Resident Positions and Number Filled in the Match 2013-2026

From 2013-2026

- **> 50 Pediatric Residency Programs added**
- **# of positions increased 19%**
- **# of filled positions increased 13%**

2026 fill rate = 94.4%



Source: NRMP Results and Data. https://www.nrmp.org/wp-content/uploads/2021/07/resultsanddata2013.pdf; …; https://www.nrmp.org/wp-content/uploads/2026/03/Advance-Data-Tables-2026_Public.pdf

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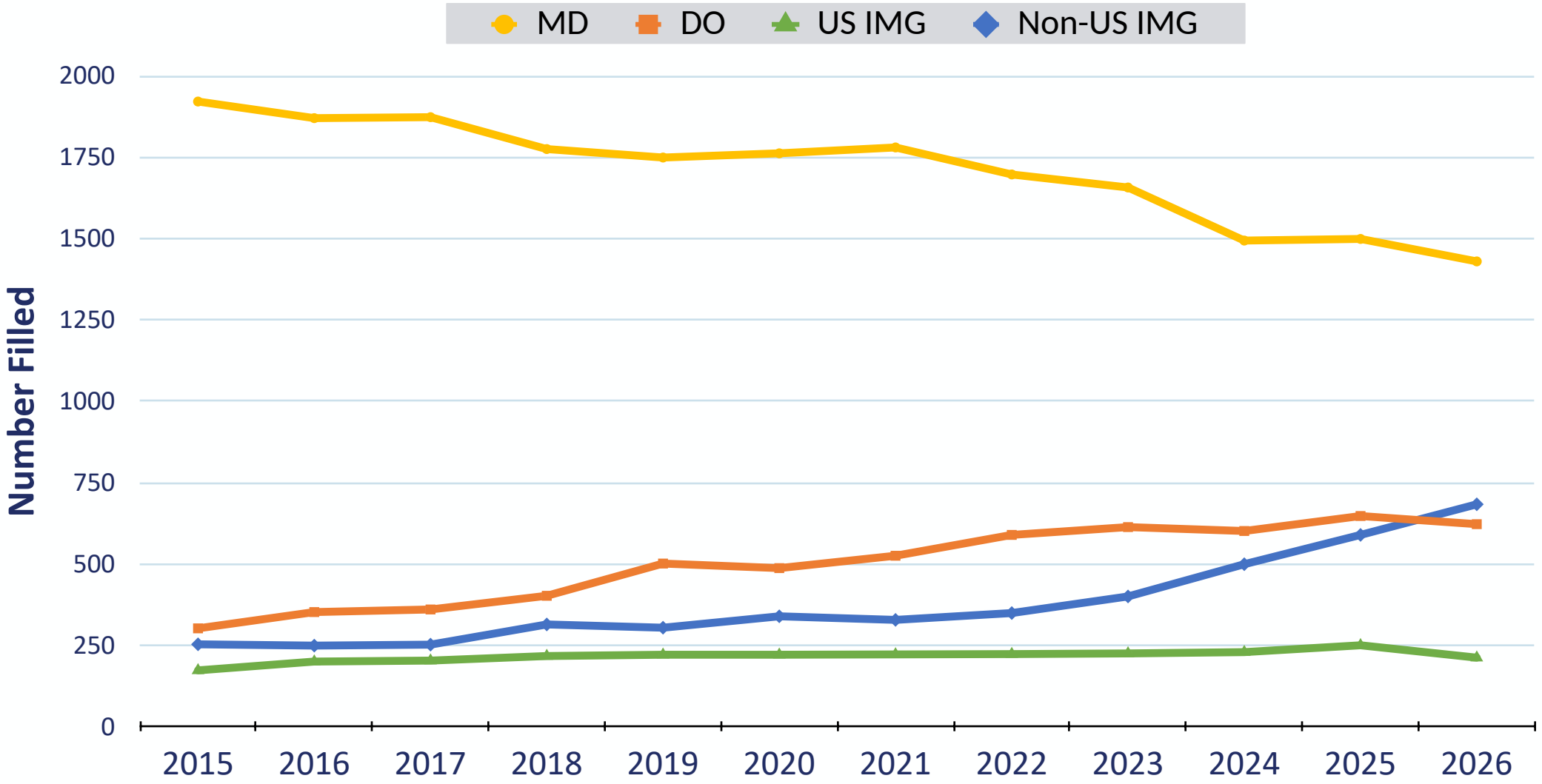
Categorical Pediatrics MATCH® Results 2021-2026

YEAR	Pediatric Positions Offered	Pediatric Positions Filled	% Filled	Total Filled All Specialties
2026	3126	2951	94.4	41,482
2025	3135	2988	95.3	40,041
2024	3078	2827	91.8	38,494
2023	2986	2900	97.1	37,425
2022	2942	2861	97.2	36,277
2021	2901	2860	98.6	35,194

Source: National Resident Matching Program, Results and Data: 2026 Main Residency Match®

Who is filling pediatric positions? (2015-2025)



Source: https://www.nrmp.org/wp-content/uploads/2026/03/Advance-Data-Tables-2026_Public.pdf.

Total = 2,950 because 1 is listed as 'Others' in Table 2.

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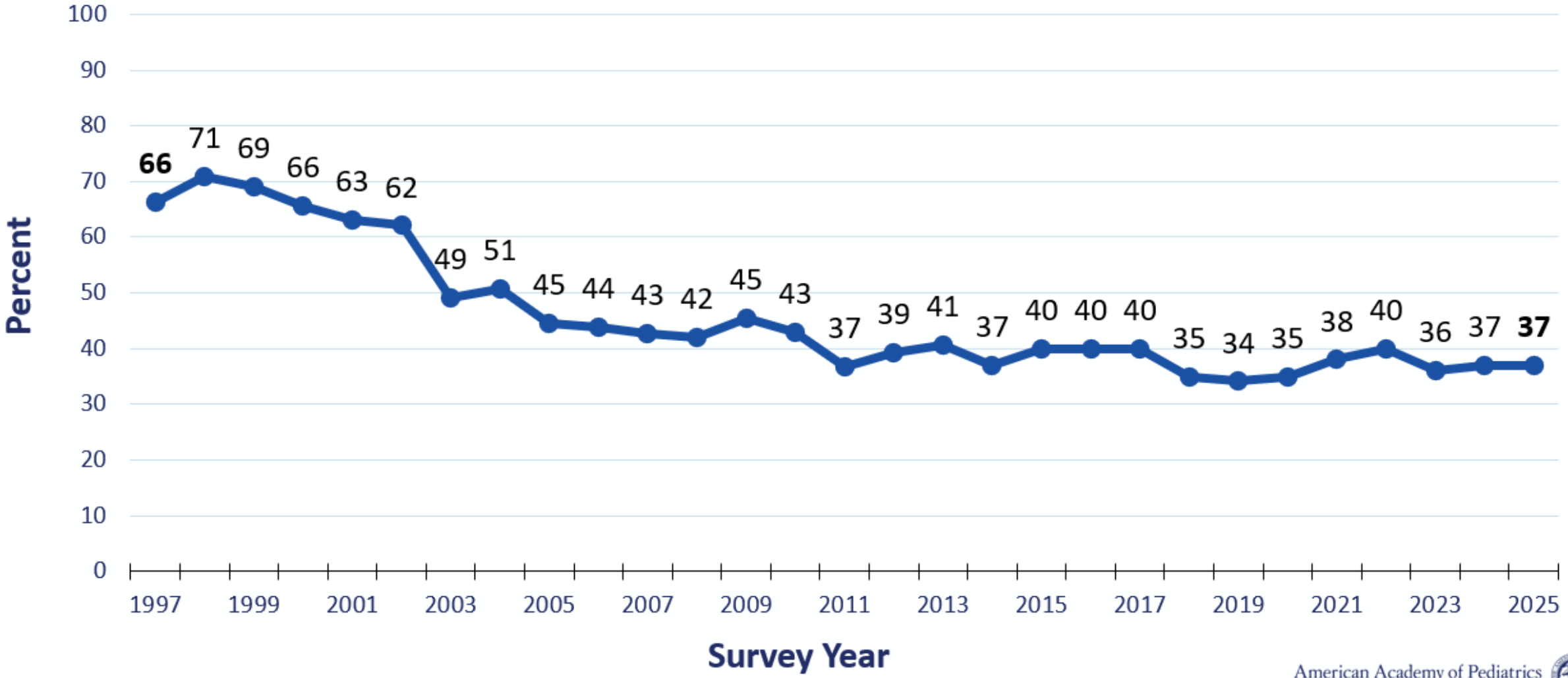
Percent of graduating pediatric residents whose future clinical practice goal is primary care



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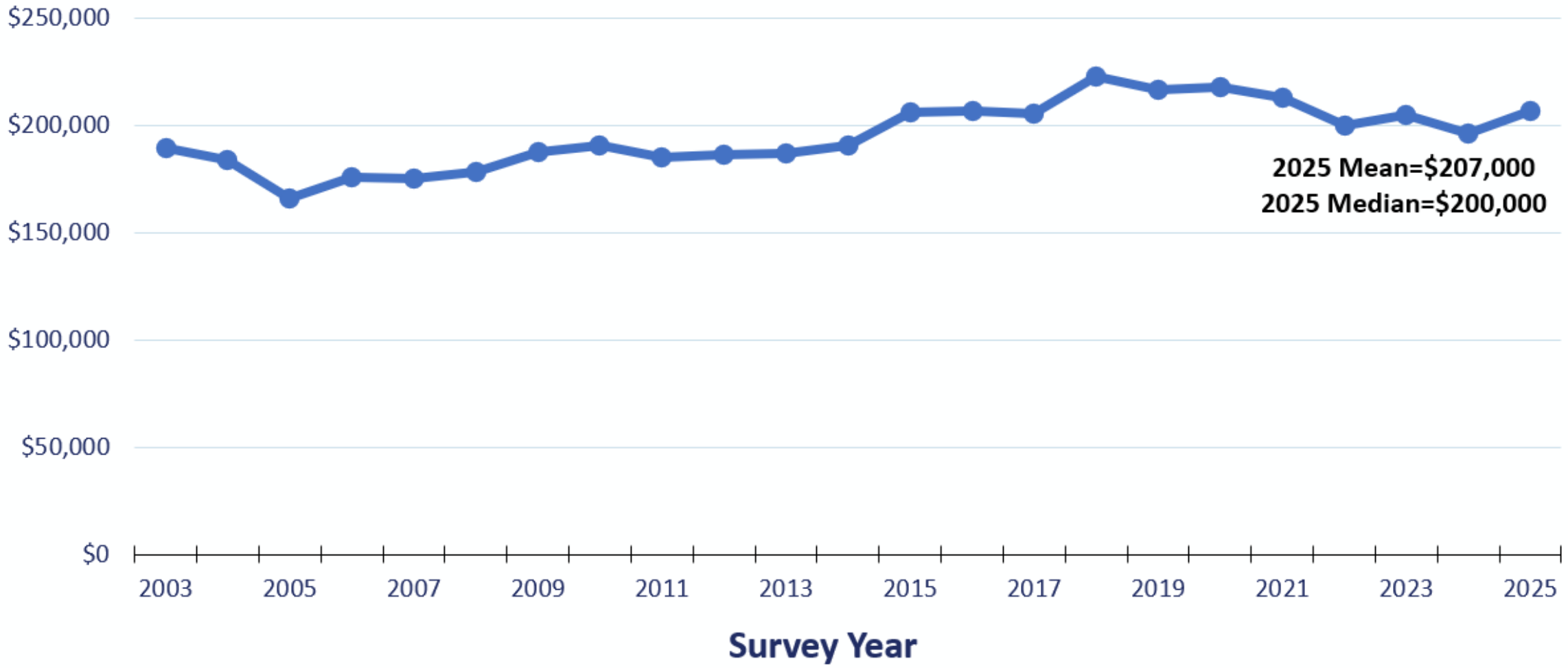
Source: AAP Annual Survey of Graduating Residents, 1997-2025

Average starting salary* among graduating pediatric residents starting full-time general pediatrics positions (adjusted for inflation, in 2025 dollars)



Source: AAP Annual Survey of Graduating Residents, 2003-2025

*Salary excludes bonuses and benefits; excludes residents starting part-time positions

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Average Primary Care Physician Compensation 2024

Note: Average across ALL PHYSICIANS: $429,000

Specialty	2024 Total Compensation	Change from 2023
Internal Medicine	$326,000	4.3%
Med/Peds	$297,000	8.5%
Family Medicine	$319,000	6.0%
Geriatrics	$292,000	1.0%
Pediatrics	**$265,000**	**2.2%**

Adapted from Doximity (www.doximity.com/articles/04b73c2d-d9ea-4629-8c02-4a533b2859db) and Medscape (www.medscape.com/slideshow/2025-compensation-overview-6018103#3)

Adult vs. Pediatric Subspecialty Total Compensation 2024

Subspecialty	Adult Medicine	Pediatrics	Ped/Adult (%)
Gastroenterology	$538,000	$298,000	55%
Cardiology	$587,000	$352,000	60%
Pulmonology	$462,000	$282,000	61%
Infectious Disease	$321,000	$248,000	77%
Endocrinology	$291,000	$230,000	79%

Adapted from Doximity (www.doximity.com/articles/04b73c2d-d9ea-4629-8c02-4a533b2859db) and Medscape (www.medscape.com/slideshow/2025-compensation-overview-6018103#3)

The Other End of the Career Path

- Most physicians enter the workforce around age 30
- Primary care average retirement age ~67 years
- 65,000 PCPs and 37 years of practice yields 1750 leaving/year (vs. 1500 new entrants)
- But the trend, especially in primary care fields, is toward reduced work hours, earlier retirement or transition to other non-clinical medical roles

Source: AMA Insurance Agency

Factors Driving Early Exit from Clinical Workforce

- Burnout—highest among pediatricians (and OBGYN, family med, EM and hospitalists) and worst mid-career (6-15 years)
- Changes in physician-patient relationships
  - Addressing incorrect information
  - Loss of autonomy
- Higher for women than men (and the pediatric workforce is increasingly female!)
  - Fewer resources—mentoring, sponsorship
  - Compensation disparities
  - Fewer career advancement opportunities
  - Family and life demands

Source: https://www.medscape.com/slideshow/2024-lifestyle-burnout-6016865

Facing the “Perfect Storm”

- HRSA projections are worrisome, even with some variation
- Current trends do not suggest a positive modification soon
- US already has suboptimal access to primary care for large numbers of children
- If adequacy of pediatric workforce continues to worsen, the pressures on both recruitment of new pediatricians and sustaining existing ones will worsen

Changing the Trajectory

- Immediate and long-term issues
- Factors within the House of Pediatrics as well as outside
  - What we can control
  - What we can only hope to influence
- Requires attention and action at all career stages
  - Increase recruitment of new grads into pediatrics
  - Better support for current active workforce
  - Counter factors driving early exit from clinical practice

Practical Changes

- What we can change
  - Length of training programs
  - Content and focus of training
  - Workload and hours
  - Clinical and non-clinical support
  - Team-based care
  - Equity
- What we can advocate for
  - Better payment especially for Medicaid
  - Revamped regulations—ones that actually improve outcome
  - Reliable support for pediatric GME

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

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Guiding Principles for Team-Based Pediatric Care

Julie P. Katkin, MD, FAAP,[a] Susan J. Kressly, MD, FAAP,[b] Anne R. Edwards, MD, FAAP,[c] James M. Perrin, MD, FAAP,[d,e] Colleen A. Kraft, MD, FAAP,[f,g] Julia E. Richerson, MD, FAAP,[h] Joel S. Tieder, MD, MPH, FAAP,[i,j,k] Liz Wall,[l] TASK FORCE ON PEDIATRIC PRACTICE CHANGE

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

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Medicaid and the Children's Health Insurance Program: Optimization to Promote Equity in Child and Young Adult Health

Jennifer D. Kusma, MD, MS, FAAP,[a] Jean L. Raphael, MD, MPH, FAAP,[b] James M. Perrin, MD, FAAP,[c] Mark L. Hudak, MD, FAAP,[d] COMMITTEE ON CHILD HEALTH FINANCING

TECHNICAL REPORT

American Academy of Pediatrics

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Medicaid and the Children's Health Insurance Program: Technical Report

Mark L. Hudak, MD, FAAP,[1] James M. Perrin, MD, FAAP,[2] Jennifer D. Kusma, MD, MS, FAAP,[3] Jean L. Raphael, MD, MPH, FAAP,[4] and the Committee on Child Health Financing

Still to come….

JAMA Pediatrics

Viewpoint

The Value Proposition for Pediatric Care

Patricia Flanagan, MD[1]; Patrick M. Tigue, MPP[2]; James Perrin, MD[3]

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Health care financing has increasingly focused on value as a driving force for payment. The triple aim (better health, less cost, and better care),[1] which has driven payment reform within adult health care, can also help de fine value in pediatrics, although critical differences distinguish the pediatric value proposition from that for adults. We believe the current health care financing debates require a fundamental reframing of the value of p diatric care. This framework requires a time course that is longer than typical adult value calculations. It also re quires a cross-sectoral lens for a return on investment, one that includes the association of child health with ed cation, child welfare, juvenile justice, and the health of the community.

Gender Pay Equity (in press)

Principles to Support the Pediatric Workforce

Gender Equity

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