

Variation in Part-Time Work among Pediatric Subspecialties

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Objective To assess the part-time workforce and average hours worked per week among pediatric subspecialists in the 15 medical subspecialties certified by the American Board of Pediatrics.

Study design We examined data from pediatric subspecialists who enrolled in Maintenance of Certification with the American Board of Pediatrics from 2009 to 2015. Data were collected via an online survey. Providers indicated whether they worked full time or part time and estimated the average number of hours worked per week in clinical, research, education, and administrative tasks, excluding time on call. We calculated and compared the range of hours worked by those in full- and part-time positions overall, by demographic characteristics, and by subspecialty.

Results Overall, 9.6% of subspecialists worked part time. There was significant variation in part-time employment rates between subspecialties, ranging from 3.8% among critical care pediatricians to 22.9% among developmental-behavioral pediatricians. Women, American medical graduates, and physicians older than 70 years of age reported higher rates of part-time employment than men, international medical graduates, and younger physicians. There was marked variation in the number of hours worked across subspecialties. Most, but not all, full-time subspecialists reported working at least 40 hours per week. More than one-half of physicians working part time in hematology and oncology, pulmonology, and transplant hepatology reported working at least 40 hours per week.

Conclusions There are unique patterns of part-time employment and hours worked per week among pediatric medical subspecialists that make simple head counts inadequate to determine the effective workforce. Our findings are limited to the 15 American Board of Pediatrics-certified medical subspecialties. (*J Pediatr* 2017;■■■:■■■-■■■).

Determining the current physician workforce is a complex and nuanced exercise. At the most basic level, simple head counts of physicians in aggregate are used to make national statements regarding the supply of these health care providers.¹⁻³ Despite the limitations of such a strategy, head counts are used by a variety of stakeholders, including institutions, training programs, the federal government, and some state governments, to determine areas of physician shortage and the potential need to increase specific training programs.⁴

Simple head counts operate under the assumption that each physician works the same number of hours and, therefore, that part-time practice does not affect the available physician workforce. In reality, the proportion of physicians who report working part time varies significantly by sex, age, and specialty,⁵⁻⁷ which may have a differential impact on the workforce. The definition of part-time work has been difficult to establish and may differ by institution, employer, or specialty. Recent research has shown that some part-time physicians work more hours than some full-time physicians within the same specialty.⁸

In pediatrics, the issue of part-time positions within the workforce is especially important because of the sex composition of the field⁹ and the fact that women more often work part time than men.^{6,8,10,11} At present, approximately 75% of pediatricians completing residency each year are women.^{9,12} In contrast, women make up 54% of internal medicine physicians, 41% of surgeons, and 27% of radiologists.¹³ Concurrently, the greatest contemporary concern with regard to the availability of the pediatric workforce is among subspecialists, with some individual subspecialties perceived as having significant shortages. Although the proportion of general pediatricians working part time seems to have plateaued at approximately 25%, the proportion of subspecialists working part time seems to be growing.^{6,8,10,11} Variation in reported part-time work among pediatric subspecialists may reflect differences in their unique professional cultures, potentially in combination with their sex and generational demography.

Understanding the magnitude of the part-time component of the workforce will provide a greater appreciation of their current capacities and need for trainees. However, there are no reliable data available regarding the potential variation in the rates of part-time employment, nor the numbers of hours worked by part-time or full-time physicians among the different pediatric subspecialties. Thus,

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ABP American Board of Pediatrics
MOC Maintenance of Certification

understanding the nature of part-time practice among pediatricians is essential for accurate workforce assessments.

To address these limitations, we sought to determine the rates of part-time employment among pediatric subspecialists and to better define the range of hours worked by those in full-time and part-time positions overall and by subspecialty. We hypothesized that there is significant variation in the proportion of part-time and full-time employment among pediatric subspecialists by sex, age, and subspecialty; that there is variation in the hours that part-time physicians work among pediatric subspecialists by sex, age, and subspecialty; and that some part-time pediatric subspecialists work more hours than full-time pediatric subspecialists in the same subspecialty.

Methods

In collaboration with the American Board of Pediatrics (ABP) Research Advisory Committee, the research team developed a structured questionnaire designed to be completed in 10 minutes or less and administered at the time of enrollment in the ABP's Maintenance of Certification (MOC) program. The survey included questions regarding the current practice characteristics of general pediatricians and subspecialists including full-time or part-time employment and average hours worked per week. Many previous studies of part-time work have been limited by the lack of a definition of part-time status with regard to hours actually worked. To address this issue, we did not seek to impose a definition of part-time status, but rather allowed respondents to simply designate whether they were employed in a full-time or part-time position. We then asked respondents to select the category that best fit the total hours they worked on average each week (including clinical care, administration, educational efforts or research and excluding time on call). Categories ranged from less than 20 hours per week to more than 60 hours per week in 20-hour increments. This approach allowed us to identify variation in both the designation of part-time status and the reported hours worked each week for both full-time and part-time subspecialists.

The ABP MOC online application process started in October 2009 and incorporated the structured questionnaire. Each year, a unique cohort of pediatricians must enroll in MOC based on the timing in their individual MOC cycle. Survey data from all pediatric subspecialists who enrolled in the MOC program from 2009 through 2015 and completed the survey were included in these analyses. The survey used branching logic so that different respondents may have completed different numbers of items depending on their responses to specific questions, including whether they were general pediatricians or subspecialists.

Statistical Analyses

De-identified data from the surveys as well as demographic data from the ABP's Certification Management System were transmitted from the ABP to the research team at the Child Health Evaluation and Research Center in Microsoft Excel (Microsoft, Inc, Redmond, Washington) format for analysis.

The Excel files were reviewed for accuracy in terms of survey branching and imported into the SAS system for statistical analysis (SAS, version 9.4; Research Triangle Park, North Carolina). Because the MOC enrollment process occurs in 5-year cycles, it was possible that a small number of individual subspecialists would have completed more than 1 survey during the study period. In any such cases, only the most recent survey response was used in the analyses. This was accomplished using a "dummy variable" provided by the ABP that is used to track pediatricians across surveys.

Analyses were performed for all self-identified pediatric subspecialists, excluding those who identified as a subspecialist in a non-ABP subspecialty (eg, neurology). If respondents declared themselves to be generalists, they completed a different pathway of the survey. We did not provide the opportunity for respondents to assign a fractional component of their work to general vs subspecialty care. Data were pooled from 6 consecutive years because of the small number of pediatricians in some subspecialties. The very few respondents who identified themselves as practicing in more than 3 subspecialties were excluded from the sample. For those respondents who reported they practiced in 2 or 3 different subspecialties, we created duplicate records (one for each subspecialty) to ensure we captured an inclusive count for each subspecialty. Frequency distributions by full-time or part-time status and categorical average number of hours worked each week were calculated for demographic variables and subspecialty.

We generated χ^2 statistics on the basis of cross-tabulation frequencies to examine the relationship of specific demographic items (sex, age category, medical education [International vs American], holds an academic appointment, and conducts research) to part-time and full-time work status (self-defined by the respondent for each subspecialty). A *P* value of less than .05 was considered to be statistically significant. This project was approved by the Institutional Review Board for the Protection of Human Subjects at the University of Michigan.

Results

Of the 43 358 deduplicated enrollees in MOC who completed the surveys from 2009 to 2015, 14 631 (33.7%) self-identified as practicing in at least 1 of the 15 recognized pediatric subspecialties and are the focus of analysis. Of these, 522 (3.6%) reported practicing in more than one subspecialty. The overall response rate for the MOC surveys was 82.4%.

Overall, women made up 46.5% of the respondents (*n* = 6808). Most of the respondents were 40-49 (38%; *n* = 5554) or 50-59 (34.1%; *n* = 4996) years of age. Very few were aged 70 years or older (0.7%; *n* = 98). American medical graduates were 71.6% (*n* = 10 469). Academic appointments were held by 75.5% (*n* = 11 047) of respondents and research was conducted by 18.1% (*n* = 2646) (**Table 1**).

Overall, 9.6% of subspecialists (*n* = 1401) reported they worked part time with similar proportions reporting part-time work each year of the study overall and within each subspecialty. Female subspecialists were much more likely to work

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