HSCT in 2020
System Capacity Initiative

Physician Workforce Working Group

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Physician Workforce: Key Goals

- Estimate current and projected workforce shortages.
- Identify barriers to careers in HSCT.
- Explore strategies leading medical students, medical residents and hem/onc fellows to careers in HSCT.
- Foster diversity in the HSCT workforce.
- Assess training requirements for HSCT, and explore options for funding HSCT training.
- Identify factors that adversely affect HSCT physician satisfaction.
- Explore strategies to improve retention.

Physician Workforce Survey Demographics (n = 130)

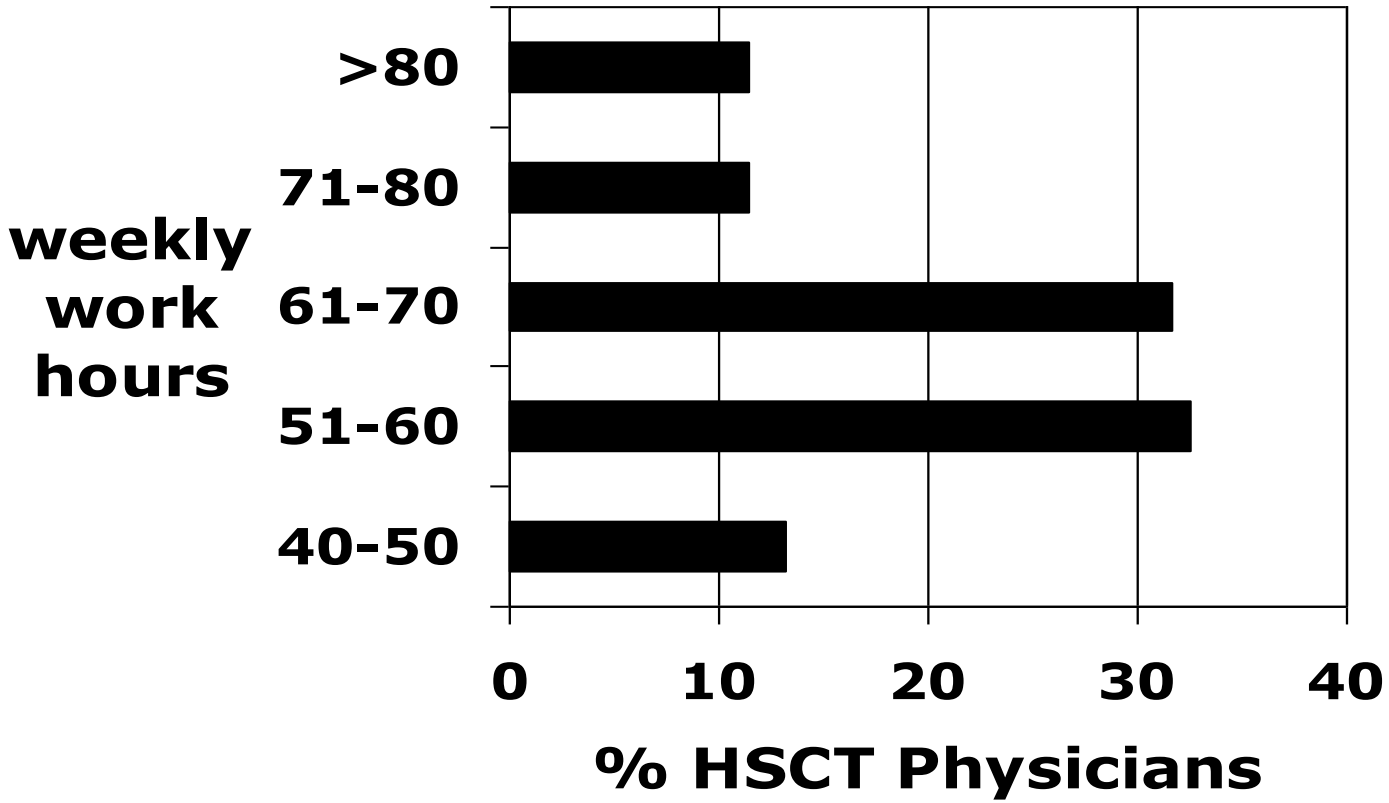
- 75% male
- 92% non-Hispanic or Latino
- 45% >50 years old
- 80% received both hematology and oncology subspecialty training
- 80% have educational debt paid off
- Equal representation from Northeast, Midwest, South, West

Physician Workforce Survey Key Findings

- 67% are Internists
- 31% are Pediatricians
- 50% of time spent in patient care
- 60% have practiced HSCT > 10 years
- 80% practice in academic/university setting
- 66% feel advanced practice professional partnerships are advantageous to their work

Physician Workforce Survey Key Findings

- 53% feel more physicians are needed



Physician Workforce Survey Key Findings

- 56% desire more time for clinical research
- 64% want more time to teach and mentor
- 50% received "neutral to ineffective" mentoring
- 8% plan to leave HSCT for non-HSCT career in next 1-3 years

Physician Workforce Survey Key Findings

80% are satisfied or very satisfied

- **Top 3 most satisfying aspects of HSCT career:**

1. Intellectual stimulation of patient care
2. Intellectual stimulation of research
3. Emotional gratification of patient care

Physician Workforce Survey Key Findings

10% are dissatisfied or very dissatisfied

- **3 least satisfying aspects of HSCT career:**

1. Excessive hours
2. Insufficient salary
3. Emotional drain

Physician Workforce Issues and Recommendations (High Priority/High Impact)

1. Current shortage of HSCT physicians

a. Validate benchmarking proposed by J. Schriber et al. from ASBMT:

1 HSCT physician : 25 transplants x year
(Low Resources)

Physician Workforce Issues and Recommendations (High Priority/High Impact)

2. Worsening of HSCT physician shortage by 2020

a. Establish complete directory of HSCT centers (Low Resources)

b. Conduct HSCT physician census to determine turnover (Medium Resources)

Physician Workforce Issues and Recommendations (High Priority/High Impact)

3. HSCT physician recruitment

a. Establish complete directory of HSCT training programs (Low Resources)
b. Tandem 2011 focus group meeting on HSCT recruitment and training (Low Resources)
c. Develop detailed HSCT training curriculum (Low Resources)

Physician Workforce Issues and Recommendations (High Priority/High Impact)

3. HSCT physician recruitment (cont.)

d. Assess need for external funding of HSCT fellowship training (High Resources)
e. Increase exposure of HSCT physicians to trainees in medical schools and residency programs (High Resources)
f. Sponsor internships of medical students, residents, and fellows in comprehensive HSCT training programs (High Resources)

Physician Workforce Issues and Recommendations (Low priority, Low impact)

4. HSCT physician retention

a. Sensitize stakeholders about physician shortage, excessive workload, and inadequate compensation (Low Resources)

b. Enhance HSCT physician job satisfaction (High Resources):
   - Establish benchmarks and increase compensation
   - Decrease workload by increasing advanced practice professional partnerships, adopt alternate practice models, increase use of multidisciplinary teams
   - Formalize mentoring of HSCT physicians and promote career development

Questions or Comments

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