HSCT in 2020
System Capacity Initiative

Physician Workforce Working Group

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Learning Objectives

- At the conclusion of this session, attendees will be able to:
  - Describe physician workforce challenges to current and future HSCT therapy utilization.
  - Identify initiatives that will contribute to future concepts, methods, technology, treatment, and services that drive the field of HSCT.

Physician Workforce: Key Goals

- Quantify the problem:
  - Estimate current and projected workforce shortages
- Retention:
  - Identify factors that adversely affect HSCT physician satisfaction
  - Explore strategies to improve retention
- Recruitment:
  - Identify barriers to careers in HSCT
  - Explore strategies to encourage careers in HSCT
  - Improve ability of potential trainees to locate training programs
  - Improve the training curriculum
  - Foster diversity in the HSCT workforce

Year II Activities

- CIBMTR Workforce and Pediatric BMT Surveys: *in progress*
- Directory of HSCT training programs: *completed; to be posted*
- New fellowship curriculum - partnered with ASBMT Committee on Education: *completed and posted; companion manuscript in progress*
- Program Directors' and Fellows' focus groups: *completed*

Workforce Surveys

- Transplant Provider and Center Factors and Outcomes of Allo HSCT (Majhail N, et al)
  - Number of transplant physicians recruited in the preceding 12 months; number within 3 years of completing fellowship training
  - Number of transplants performed annually
  - Number of physician FTEs

- Pediatric BMT Workforce Shortage Survey (Shereck and Shalini, et al)
  - Demographics
  - Timing of exposure to BMT
  - Factors influencing career choice

Focus Groups—Methodology

- Each group: in-person meeting at Tandem
  - 1 hr discussion, facilitated by Chair/Co-Chair
  - Attendance
    - Program Directors: 7
    - Fellows: 2
- Inadequate fellow representation, so …
  - Webinar plan created: 3 separate 1 hr calls
    - $50 compensation for fellows
    - Dial-in with WebEx slides for questions
    - Huge response; needed to limit to 12-20 invitees
    - Actual participation excellent: 9-15 per call
- Fellow response so strong that Web-based survey also created: 21 respondents despite lack of $

Findings— Program Directors' Focus Group

- Key Take-Away Messages
  - Recruitment:
    - Applications to BMT fellowships have dwindled
  - Retention:
    - Difficult to change visas to allow FMG HSCT-trained fellows to remain as faculty
    - Competition from private practice
  - Funding:
    - Research fellowships - NIH
    - Clinical fellowships - hospitals
  - Training/Curriculum – need to improve and standardize:
    - Inpt and outpt experience; auto and allo; decision making; continuity of care; late effects; stress mentoring

Findings— Fellows' Focus Groups

- Key Take-Away Messages
  - Earlier exposure is important
    - End of med school/beginning of residency
    - Some learners get little or no exposure to HSCT
  - Work/life balance: bigger issue than reimbursement
  - Fellows on visas have difficulty remaining in U.S.
  - HSCT can appear brutal: need more than inpt view
    - Exposure to science
    - Outpt experience; decision making; success stories
    - Mentoring
  - Some lack of awareness of physician shortage

High Priority Initiatives

- Develop elective course for 4th year med students (MS) and 1st/2nd year residents
- Create HSCT Program Director track at Tandem BMT Meeting
- Publish white paper on fellows' survey

Initiative 1: MS/Resident Elective

- Summary
  - One month HSCT elective at home institution or elsewhere
  - Directly addresses recruitment/pipeline
  - Timing and need supported by findings of both focus groups
- Benefits
  - Earlier exposure: influence decisions determining path
  - Demonstrate intellectual stimulation of HSCT
  - Initiate mentorship in HSCT

Initiative 1: MS/Resident Elective

- Resources Needed
  - Funding: learners' travel to/lodging at teaching centers
  - Teaching centers:
    - Organizational: learner integration into HSCT program
    - Mentorship/teaching: faculty time
  - Defined, consistent curriculum with Webinars
  - Steering committee for development and implementation

Initiative 1: MS/Resident Elective

- Potential Challenges
  - Resources
    - Funding for travel/lodging - NMDP
    - Need for committed teachers/mentors to volunteer time/effort
  - Obtaining permission from learners' 1° institutions
  - Outreach to enhance diversity
  - Assessing success
- Metrics
  - Number and diversity of participants
  - Number who become HSCT-related physicians
  - Number who develop sustained mentoring relationship

Initiative 2: HSCT Program Directors' Track

- Summary
  - One hour annual meeting during Tandem
  - Defined agenda
  - Invitations issued per program directory
  - Need demonstrated by success of first focus group
- Benefits
  - Promote MS/resident elective
  - Promote dissemination of curriculum
  - Unified approach could mitigate some issues challenging the physician workforce
  - Forum to address key issues: NIH and hospital funding, visas, work/life balance, etc.

Initiative 2: HSCT Program Directors' Track

- Resources Needed
  - Room, AV equipment & associated costs; advertising
- Potential Challenges
  - Attendance competing against multiple priorities
  - Not sustainable unless action items exist
- Metrics
  - Attendance, products/actions from the meeting

Working Group Membership

- Chair
  - Linda Burns, MD
- Vice Chair
  - Claudio Anasetti, MD
- Members
  - Nancy Bunin, MD
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  - Edgar Milford, MD
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Questions or Comments

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