

QUICK FACTS TABLE 1

Specialty Choice

According to data from the American Medical Association, primary care specialists and subspecialists in the United States are distributed as follows:

Internal medicine: 42.1%
 Family practice: 22.1%
 Pediatrics: 19.6%
 Obstetrics and gynecology: 12.1%
 General practice: 4.2%

Source: American Medical Association. *Physician Characteristics and Distribution in the US, 2003–2004 Edition*. Chicago, IL: American Medical Association; 2003:283

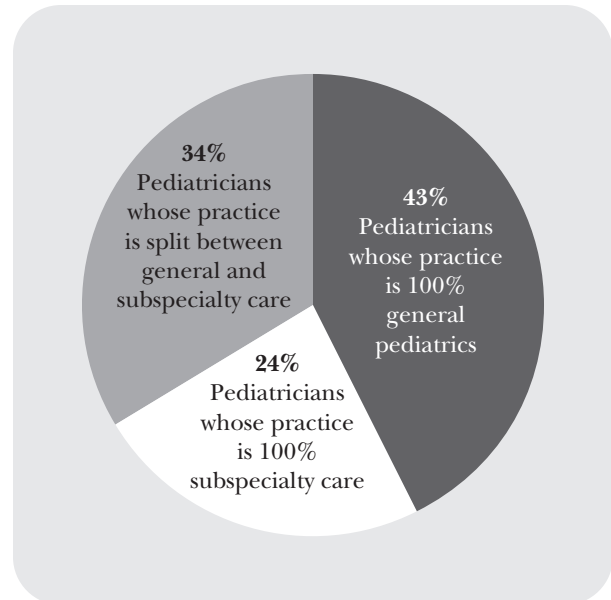
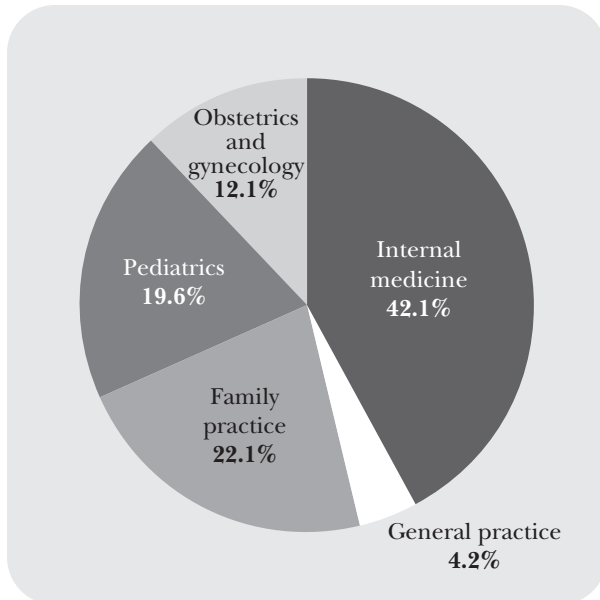
Weekly General/Subspecialty Time Estimates

Pediatricians whose practice is 100% general pediatrics: 43%

Pediatricians whose practice is 100% subspecialty care: 24%

Pediatricians whose practice time is split between general and subspecialty care: 34%

Source: American Academy of Pediatrics. Socioeconomic survey of pediatricians: part 1. Pediatricians' practice and personal characteristics. Comparison findings from periodic surveys 43, 33, and 21. AAP Web site. Available at: <http://www.aap.org/research/ps43soci.htm>. Accessed March 18, 2003



QUICK FACTS TABLE 2

Duty Hours and Compensation for Pediatric Residents and Fellows

Average hours per week in 2000, pediatric residents: 75*

Average hours per week in 2000, pediatric post-residency training fellows: 64*

Average first-year pediatric resident compensation, academic year 2001: \$36,699†

Sources

* American Academy of Pediatrics. Socioeconomic survey of pediatricians: part 1. Pediatricians' practice and personal characteristics. Comparison of findings from periodic surveys 43, 33, and 21. AAP Web site. Available at: <http://www.aap.org/research/ps43soci.htm>. Accessed March 18, 2003

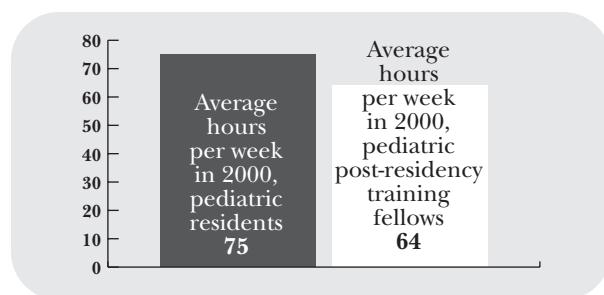
† American Medical Association. FREIDA online specialty training statistics information. Pediatrics. AMA Web site. Available at: <http://www.ama-assn.org/vapp/freida/spcstsc/0,2654,320,00.html>. Accessed March 18, 2003

Duty Hours

The following changes in resident duty hours will take effect July 1, 2003:

- Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of in-house call activities and in-house moonlighting.
- Residents must be provided with 1 (continuous 24-hour) day in 7 free from all educational, clinical, and administrative responsibilities, averaged over a 4-week period, inclusive of in-house call.
- Residents must have 10 hours for rest and personal activities between all daily duty periods and after in-house call.
- In-house call must occur no more often than every third night, averaged over a 4-week period.
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours, although residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics. No new patients may be accepted after 24 hours of continuous duty. Additional language about at-home call (pager call) can be obtained from the source below.

Source: Accreditation Council for Graduate Medical Education. Proposed resident duty hours language memorandum. ACGME Web site. Available at: <http://www.acgme.org>. Accessed March 18, 2003



QUICK FACTS TABLE 3

Training Programs in Categorical Pediatrics and Med-Peds, Academic Year 2002–2003

Number of accredited training programs in general pediatrics: 207

Number of participating residents: 7,696

Length of training: 3 years

Number of accredited training programs in internal medicine/pediatrics: 108

Number of participating residents: 1,534

Length of training: 4 years

Source: Accreditation Council for Graduate Medical Education. Number of all programs for a specific academic year (including combined programs). (Ending 6/30/2003). ACGME Web site. Available at: http://www.acgme.org/adspublic/reports/accredited_programs_all.asp. Accessed March 18, 2003

Curriculum Guidelines for 36-Month Residency in General Pediatrics

- 50% of clinical training should be devoted to ambulatory experiences
- 5 months general inpatient pediatrics
- 4 months emergency and acute illness
- 1 half-day per week in continuity experience
- Equivalent of at least 1 month in care of normal/term newborns
- Community experiences in child advocacy
- 4 months (maximum 6 months) intensive care experience
- 1 month block rotation in adolescent medicine
- 1 month block rotation in developmental/behavioral pediatrics

- 6 months (but no single rotation longer than 3 months) in 1-month block rotations in at least 4 of the following:

- ~ Allergy/immunology
- ~ Gastroenterology
- ~ Infectious disease
- ~ Genetics
- ~ Cardiology
- ~ Hematology/oncology
- ~ Nephrology
- ~ Pulmonology
- ~ Endocrinology/metabolism
- ~ Rheumatology
- ~ Neurology

- Additional subspecialty experiences in the following:

- ~ Child psychiatry
- ~ Otolaryngology
- ~ Dermatology
- ~ Pediatric radiology
- ~ Ophthalmology
- ~ Pediatric surgery
- ~ Orthopedics
- ~ Sports medicine

For additional curricular requirements, see source below.

Source: Accreditation Council for Graduate Medical Education. Program requirements for residency education in pediatrics. ACGME Web site. Available at: <http://www.acgme.org/req/320pr701.asp>. Accessed March 18, 2003

QUICK FACTS TABLE 4

Board Certification

Board certification is accomplished through the American Board of Pediatrics (ABP) after completion of 3 years of training in an accredited residency program and successful completion of a comprehensive written examination. Evidence of maintenance of certification is required every 7 years.

New applicant registration to take the certifying examination in general pediatrics in 2003 is \$1,220.*

* American Board of Pediatrics. Application, registration and fees. ABP Web site. Available at: <http://www.abp.org/certinfo/genpedsgpproc.htm>. Accessed March 18, 2003

Increases in Number of Board-Certified General Pediatricians

Number certified in 1970: 788*

Number certified in 1988: 2,121*

Number certified in 1997: 2,754†

Number certified in 1998: 2,760†

Number certified in 1999: 2,877†

Number certified in 2000: 2,586†

Sources

* DeAngelis C, Feigin R, DeWitt T, et al. Final report of the FOPE II pediatric workforce workgroup. *Pediatrics*. 2000;106(suppl):1245–1255

† American Board of Medical Specialties. ABMS member boards: general certificates issues 1991–2000. ABMS Web site. Available at: <http://www.abms.org/downloads/statistics/table2.pdf>. Accessed March 18, 2003

Subspecialty Board Certification

Subspecialty certification by the ABP

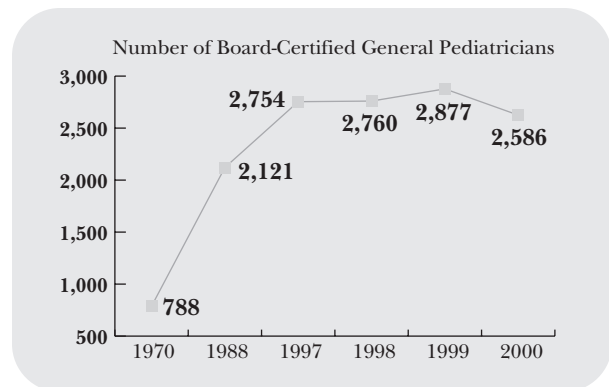
Certificates of special qualifications require 3 more years of training after completion of a general pediatric residency. These subspecialty certificates are available in

- Adolescent medicine
- Developmental/behavioral pediatrics
- Pediatric cardiology
- Pediatric critical care medicine
- Pediatric emergency medicine
- Pediatric endocrinology
- Pediatric gastroenterology
- Pediatric hematology/oncology
- Pediatric infectious diseases
- Neonatal/perinatal medicine
- Pediatric nephrology
- Pediatric pulmonology
- Pediatric rheumatology

Certificates of added qualifications are issued by the ABP in conjunction with another certifying board. These subspecialty certificates are available in

- Clinical and laboratory immunology
- Medical toxicology
- Neurodevelopmental disabilities
- Sports medicine

Source: American Board of Pediatrics. Certification in the pediatric subspecialties. ABP Web site. Available at: <http://www.abp.org/frsubpol.htm>. Accessed March 18, 2003



QUICK FACTS TABLE 5

Employment Settings

Those responding to the 2000 Periodic Survey of Fellows spent the following average percentages of time in these employment settings:

Pediatric group practice: 25.8%

Medical school or parent university: 15.4%

Multispecialty group: 11.7%

Other (freestanding ambulatory care, surgical, or emergency care center, nonprofit community health center, other patient care and non-patient care settings): 11%

Nongovernment hospital: 10.7%

Self-employed solo practice: 9.8%

Two-physician practice: 5.5%

City/county or state government hospital or clinic: 4.5%

Staff-model health maintenance organization: 2.7%

US government hospital or clinic: 2.6%

Source: American Academy of Pediatrics.

Socioeconomic survey of pediatricians: part 1.

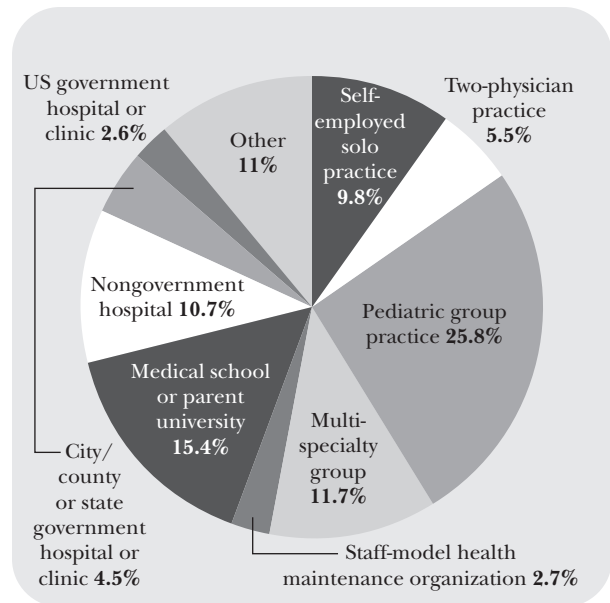
Pediatricians' practice and personal characteristics.

Comparison of findings from periodic surveys

43, 33, and 21. AAP Web site. Available at:

<http://www.aap.org/research/ps43soci.htm>.

Accessed March 18, 2003



QUICK FACTS TABLE 6

Practice Settings: Pediatricians Who Are Employees

A total of 47% of pediatricians were self-employed in 1999, while 51% were employees and 2% were independent contractors. Those who were employees practiced in a variety of settings

Health maintenance organization: 8.1%

Group practice freestanding center: 18.6%

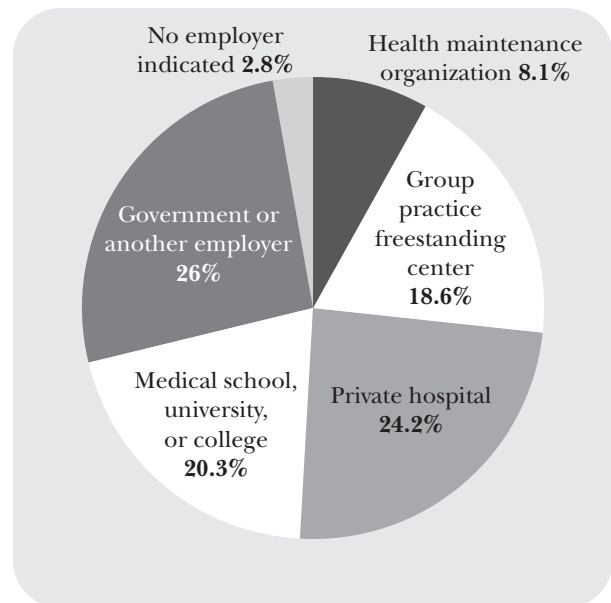
Private hospital: 24.2%

Medical school, university, or college: 20.3%

Government or another employer: 26%

No employer indicated: 2.8%

Source: American Medical Association. *Physician Socioeconomic Statistics 2000–2002 Edition*. Center for Health Policy Research, American Medical Association; 2002

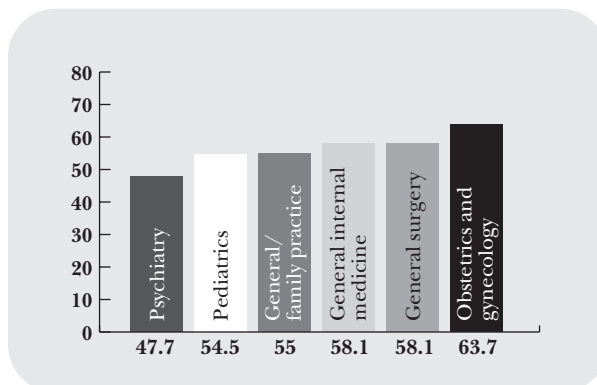


QUICK FACTS TABLE 7

Primary Care Physicians' Average Work Week, 1999

Psychiatry: 47.7 hours
 Pediatrics: 54.5 hours
 General/family practice: 55 hours
 General internal medicine: 58.1 hours
 General surgery: 58.1 hours
 Obstetrics and gynecology: 63.7 hours

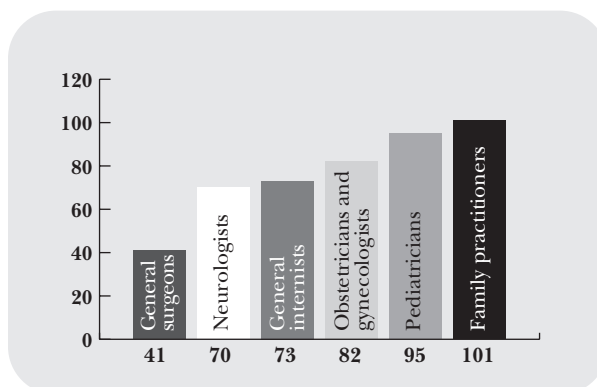
Source: American Medical Association. *Physician Socioeconomic Statistics 2000–2002 Edition*. Center for Health Policy Research, American Medical Association; 2002. Table 182. Covers nonfederal patient care physicians only



Average Office Visits Per Week, 1999

General surgeons: 41
 Neurologists: 70
 General internists: 73
 Obstetricians and gynecologists: 82
 Pediatricians: 95
 Family practitioners: 101

Source: American Medical Association. *Physician Socioeconomic Statistics 2000–2002 Edition*. Center for Health Policy Research, American Medical Association; 2002

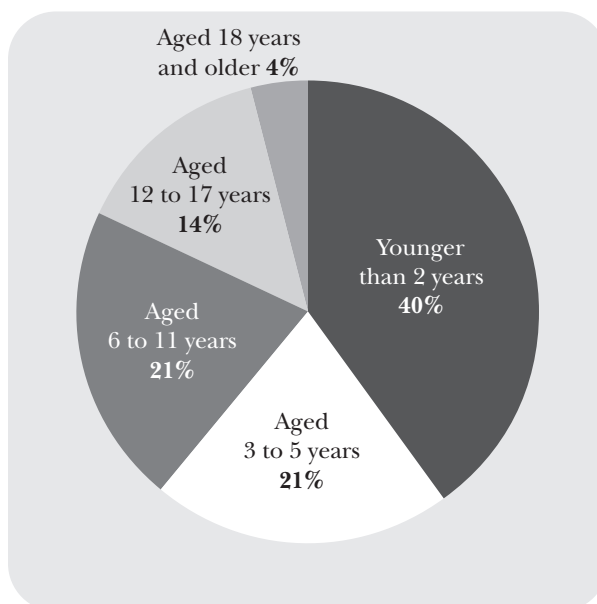


Patient Time By Age Group

Office- and clinic-based pediatricians with an average of 94 patient visits per week divided those visits as follows:

Younger than 2 years: 40%
 Aged 3 to 5 years: 21%
 Aged 6 to 11 years: 21%
 Aged 12 to 17 years: 14%
 Aged 18 years and older: 4%

Source: American Academy of Pediatrics. Socioeconomic survey of pediatricians: part 1. Pediatricians' practice and personal characteristics. Comparison of findings from periodic surveys 43, 33, and 21. AAP Web site. Available at: <http://www.aap.org/research/ps43soci.htm>. Accessed March 18, 2003



QUICK FACTS TABLE 8

Physician Demographics: Age

Pediatrics has a higher proportion of physicians younger than 35 years than any other specialty.

Proportion of US physicians younger than 35 years: 17%

Proportion of US pediatricians younger than 35 years: 25%

Proportion of US pediatricians younger than 45 years: 54%

Source: American Medical Association. *Physician Characteristics and Distribution in the US, 2003–2004 Edition*. Chicago, IL: American Medical Association; 2003:vi, 9

Pediatrician Demographics: Gender

Number of female pediatricians, 2001: 32,698*

Proportion of pediatricians who are female, 2001: 49%*

Proportion of categorical pediatric residents who are female, 2001: 66%†

Sources

* American Medical Association. *Physician Characteristics and Distribution in the US, 2003–2004 Edition*. Chicago, IL: American Medical Association; 2003:9, 11

† American Board of Pediatrics. 2001 general pediatrics resident tracking: categorical pediatrics by gender and medical school. ABP Web site. Available at: <http://www.abp.org/stats/wrkfrc/cpgms.htm>. Accessed March 18, 2003

QUICK FACTS TABLE 9

How Pediatricians Divide Their Time

Practicing pediatricians responding to the year 2000 periodic survey of fellows reported that they worked an average of 52 hours per week.

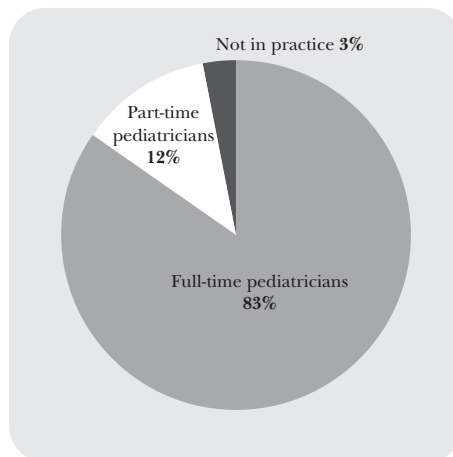
Direct patient care: 41 hours
 Nonpractice administrative time: 3.5 hours
 Teaching: 3.5 hours
 Research: 1.5 hours
 Volunteer community service: 2.5 hours

Source: American Academy of Pediatrics. Socioeconomic survey of pediatricians: part 1. Pediatricians' practice and personal characteristics. Comparison of findings from periodic surveys 43, 33, and 21. AAP Web site. Available at: <http://www.aap.org/research/ps43soci.htm>. Accessed March 18, 2003

Full-time/Part-time Pediatricians, 2000

Full-time pediatricians: 83%
 Part-time pediatricians: 12%
 Not in practice: 3%
 Proportion of male pediatricians who work part time: 4%
 Proportion of female pediatricians who work part time: 28%

Source: American Academy of Pediatrics. Socioeconomic survey of pediatricians: part 1. Pediatricians' practice and personal characteristics. Comparison of findings from periodic surveys 43, 33, and 21. AAP Web site. Available at: <http://www.aap.org/research/ps43soci.htm>. Accessed March 18, 2003

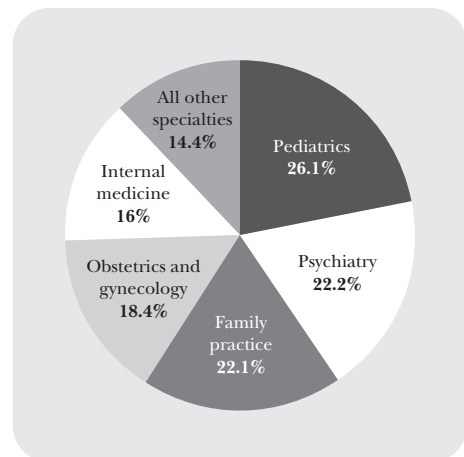
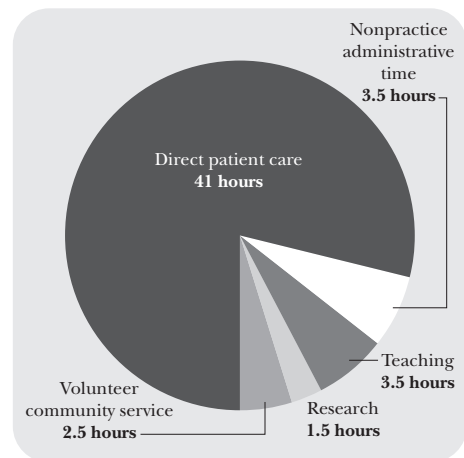


Physicians With Part-time Experience by Specialty

Proportion of physicians in a specialty who report having practiced part-time at some point in their careers

Pediatrics: 26.1%
 Psychiatry: 22.2%
 Family practice: 22.1%
 Obstetrics and gynecology: 18.4%
 Internal medicine: 16%
 All other specialties: 14.4%

Source: American Academy of Pediatrics Department of Health Policy Research. Pediatrics leads specialties in number of part-time physicians. *AAP News*. 2002;21(3)126



QUICK FACTS TABLE 10

Practice Location, 2000

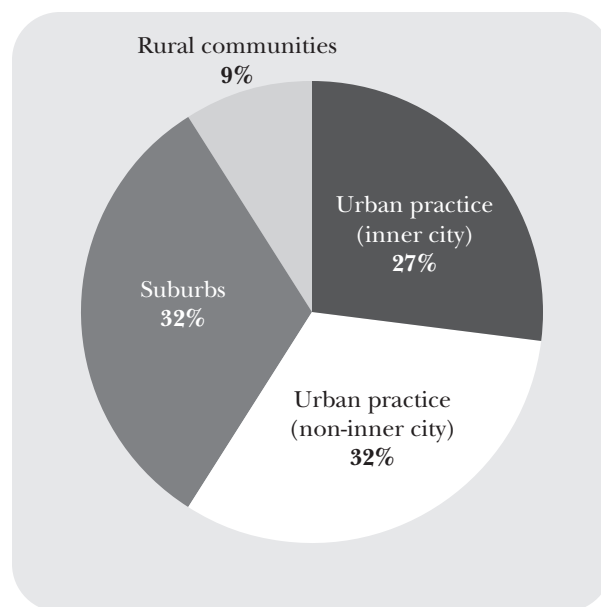
Urban practice (inner city): 27%

Urban practice (non-inner city): 32%

Suburbs: 32%

Rural communities: 9%

Source: American Academy of Pediatrics.
Socioeconomic survey of pediatricians: part I.
Pediatricians' practice and personal characteristics.
Comparison of findings from periodic surveys
43, 33, and 21. AAP Web site. Available at:
<http://www.aap.org/research/ps43soci.htm>.
Accessed March 18, 2003



QUICK FACTS TABLE 11

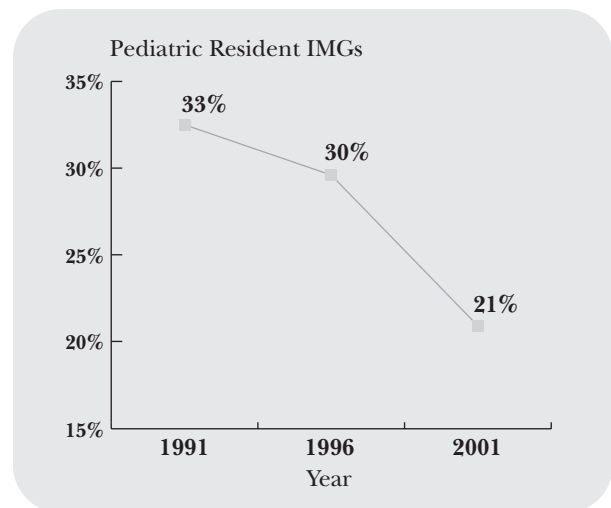
International Medical Graduates (IMGs)

Proportion of first-year categorical pediatrics residents who were IMGs, 1991: 33%

Proportion of first-year categorical pediatrics residents who were IMGs, 1996: 30%

Proportion of first-year categorical pediatrics residents who were IMGs, 2001: 21%

Source: American Board of Pediatrics. 2001 general pediatrics resident tracking: categorical pediatrics by gender and medical school. ABP Web site. Available at: <http://www.abp.org/stats/wrkfr/cpgms.htm>. Accessed March 18, 2003



QUICK FACTS TABLE 12

Compensation

Mean Net Income

Nonfederal Primary Care Physicians in Patient Care (after expenses and before taxes), 1998

Pediatricians: \$139,600

General/family physicians: \$142,500

General internists: \$157,900

All physicians: \$194,400

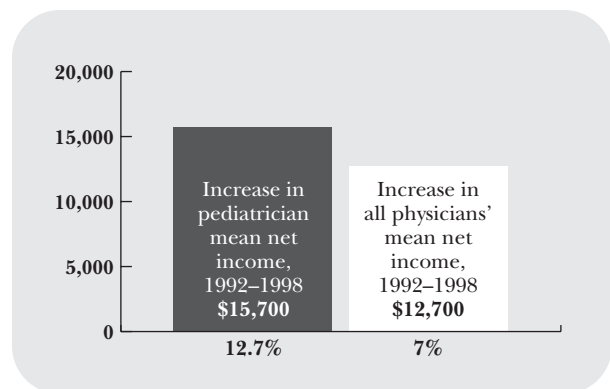
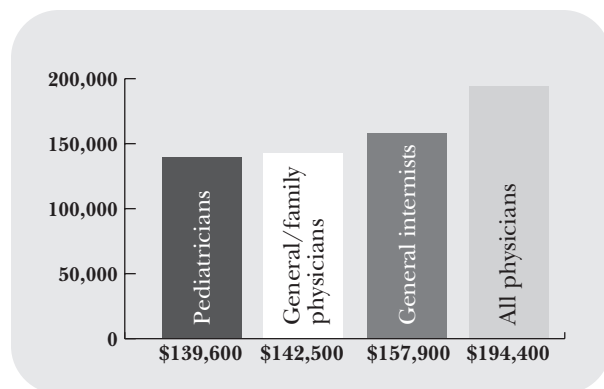
Source: American Medical Association. *Physician Socioeconomic Statistics 2000–2002 Edition*. Center for Health Policy Research, American Medical Association; 2002:231

Relative Increase in Mean Net Income

Increase in pediatrician mean net income, 1992–1998: \$15,700 (12.7%)

Increase in all physicians' mean net income, 1992–1998: \$12,700 (7%)

Source: American Medical Association. *Physician Socioeconomic Statistics 2000–2002 Edition*. Center for Health Policy Research, American Medical Association; 2002:231



QUICK FACTS TABLE 13

2000 Birthrate Statistics: Birthrate Trends Upward

Fertility increased for all age groups except teens for the second year in a row.

Average number of children born to an American woman over a lifetime: 2.1

Approximate number of babies born each year in the United States: 4 million

Increase in birth rate in 2000: 3%

Population aged 19 years and younger in the year 2000: 80.5 million*

The good news is that teen births have dropped dramatically.†

Record high natality rate for females aged 15–19 years, recorded in 1991: 62.1 per 1,000 females

Decline in natality rate for females aged 15–19 years, 1991–2000: 22%

Sources

* US Census Bureau. Profile of general demographic characteristics: 2000.

US Census Bureau Web site. Available at: <http://factfinder.census.gov>

† National Center for Health Statistics. Women are having more children, new report shows teen births continue to decline. NCHS Web site. Available at: <http://www.cdc.gov/nchs/releases/02news/womenbirths.htm>. Accessed March 18, 2003