Message From the Chair

Michael Gewitz
MD, FAHA

This message is written as spring tries to emerge across the country, just as your Council also is working hard to break through on many fronts. I am very pleased to announce a new milestone for CVDY, thanks to the strong efforts of Bill Mahle, Shelley Miyamoto and others who have led our Early Career and Mentoring Committee. In 2011 CVDY will offer its first Early Career Investigator Awards based upon the abstracts submitted by early career scientists to Sessions. We all eagerly look forward to this great addition to the fall program. Council leadership, and in particular Craig Sable, have worked hard to win approval for CVDY to hold a Maintenance of Certification (MOC) session as part of Scientific Sessions. While details are still to be worked out with the American Board of Pediatrics (ABP), this session will have educational value of its own and simultaneously assist attendees in fulfilling ABP MOC credits. The program is shaping up to be one of the great ones, and we are fortunate that Wolfgang Radtke has taken on the job as Program Chair with zeal. Plans are under way for a meaningful Council dinner and special commemoration of the pioneering work of Bill Rashkind on the 25th anniversary of his passing. We hope to have stellar CVDY participation in all Scientific Sessions events. CVDY is also pleased that our longtime guiding spirit, Kathryn Taubert, Ph.D., has been recognized by the AHA with its 2011 Meritorious Achievement Award. No one is more deserving of this than Kathryn, who continues to participate in CVDY activities even from her exalted international vantage point. Participation in the national discussion on issues concerning cardiovascular screening of neonates and of childhood athletes has also drawn Council focus this winter and spring. CVDY helped formulate the AHA position recognizing potential value of a national guideline for oximetric screening of neonates for critical congenital heart disease and will be working on an “advisory” regarding the cardiac screening of young people as well. As this latter effort begins, input from Council membership will be critical. All of our science subcommittees (ACHD, AOHY, CCD, and RFEKD) continue to be very energetic and a number of important manuscripts have recently been commissioned as a result of hard work by our writing groups and their leadership. 2011-12 should be another very productive year for scientific statements from CVDY. Finally, thanks to the members of our Nominating Committee, who have selected new members to join each of our committees to add to the wide-ranging talent for which CVDY has been known for decades.

As our work in all of these areas heated after a long winter, the CVDY Leadership Committee extends its thanks to all the Council membership for continued enthusiasm for the science of our profession as well as for ongoing dedication to the lives of our patients and their families.

The Pediatric Cardiology Workforce

Arthur Pickoff, MD, Membership and Communications Committee

In this issue of Connections, I will provide a “snapshot” of workforce trends in the largest subspecialty within CVDY, pediatric cardiology. In 1999, a comprehensive analysis of the pediatric workforce was conducted by the leadership of academic pediatrics, and published as The Future of Pediatric Education II (FOPE II). Surveys indicated that more than 80 percent of pediatric cardiologists were male, with an average age of 48. Most planned to retire at age 65. Over half (56.8 percent) practiced within a medical school setting; 26 percent indicated a specialty group or multispecialty group as their main site of practice. Direct patient care activities comprised 66 percent of the typical pediatric cardiologist’s work week, with 11 percent devoted to teaching, 10 percent to administrative duties and 8.6 percent to clinical or basic research. Over two-thirds reported a substantial increase in the volume of referrals, with 26 pediatric cardiology patients and three adult cardiology patients being evaluated in a typical work week. More than 80 percent reported facing increased competition from other pediatric subspecialists and from adult cardiologists. In spite of increasing referrals (and increasing complexity) only 25 percent believed that their communities needed additional pediatric subspecialists within a three-to-five-year time frame. FOPE II noted a substantial reduction of interest in subspecialty training that occurred in the mid to late 1990s. This reduction was not accounted for by shifts
in gender representation in pediatric training programs, or nationality. Between 1994 and 1998 the number of men entering subspecialty training had decreased by 22 percent, and 34 percent fewer women entered subspecialty training than would have been anticipated from the numbers of women entering pediatric residency. Various explanations were offered, including an increased national focus on primary care, increased indebtedness, academic faculty dissatisfaction and increased demand for academic faculty to increase clinical services. The increasing percentage of women entering general pediatric residency training programs was regarded by some as a possible contributing factor, with women (perhaps) being more likely to seek career paths with less on-call responsibilities.

Tracking data by the American Board of Pediatrics have since documented a significant and steady increase in interest in subspecialty training in most (but not all) subspecialties. A 2006 report in the Journal of Pediatrics reported that the number of pediatric cardiology fellows in training had increased by more than 40 percent from 1997 forward.1 The percentage of women entering training in pediatric cardiology had also increased from 32.9 percent to 39.0 percent, with a corresponding decrease in the percentage of men (67.1 percent to 61.0 percent).

More recent tracking data by the board documented a continued increase in the number of fellows in training in pediatric cardiology. In 1998 there were a total of 203 fellows in training (70 first year), while according to the 2010 tracking data there were 407 fellows in training (151 first year), representing a doubling of fellows in pediatric cardiology over a 12-year period. Of these trainees, 58.7 percent were men and 41.3 percent women, continuing the trend of increasing numbers of women entering the field. This, and the fact that there is no indication that average indebtedness of medical school graduates has substantially decreased, are interesting, as these were two reasons suggested by some for the decline of subspecialty interest in the mid 1990s.

Additional information regarding the current pediatric cardiology workforce has been obtained from a survey conducted of maintenance of certification enrollees (n=500) from October 2009 to December 2010.2 The proportion of time spent in direct patient care now occupies 71.4 percent of professional time (compared to 66 percent in the FOPE II report) with 9.7 percent devoted to administration, 8.7 percent to medical education and 9.2 percent to research. More than 56 percent of respondents reported working more than 60 hours per week, with 13 percent reporting working 80 hours or more (!). The majority (70 percent) reported planning to retire at or after age 65, with 20 percent planning to retire after age 70. 56.6 percent indicated they held a full-time academic faculty appointment, with 27 percent holding a part-time or voluntary faculty appointment. 52.4 percent reported that their practice was university/medical school-based, an apparent decrease from the 56.8 percent reported in FOPE II. 45.4 percent identified themselves as general pediatric cardiologists, 8.8 percent electrophysiologists, 12.6 percent interventional cardiologists, 15.8 percent noninvasive imaging cardiologists, and only 1.4 percent as specialists in congenital heart disease in adults.

Recognizing differences in survey design, methodology and the inherent limitations of survey instruments, it is clear that the pipeline of pediatric cardiologists has grown substantially over the past decade. More women are entering the field and increasing time is being expended in direct patient care. The number of pediatric cardiologists practicing within a university/medical school setting may have decreased some (about 6 percent) over the past decade, while the percent of time devoted to research has remained unchanged (about 9 percent).

While these data do not answer questions such as the adequacy of the numbers of pediatric cardiologists providing care, nor the adequacy of access to the services provided, the information serves as a basis for discussion regarding the future direction of our specialty.

References
3. Data graciously provided by Linda Althouse and James Stockman III, the American Board of Pediatrics.

IN THE KNOW
Save the Date for Scientific Sessions 2011 in Orlando.
Nov. 12-16
scientificsessions.org

Message From the Editor
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The CVDY Membership & Communications Committee invites your input! Please contact me with requests for future content, and consider becoming an author.
The CVDY Program Committee has again worked hard to develop a comprehensive program covering all aspects of congenital heart disease in children and adults.

In the spirit of the new Core structure for Sessions that aims to foster crosstalk between subspecialties, we have incorporated invited sessions that look – beyond the heart – at the impact of repaired congenital heart disease on different organ systems.

Sessions will include a wide range of topics:
- aortic disease in the young and old
- new NHLBI guidelines
- tools to assess functional outcome after open-heart surgery
- frontiers of congenital transcatheter intervention
- extracardiac manifestations of the Fontan physiology
- impact of lung pathology on the outcome in congenital heart disease
- inflammation and reperfusion injury after cardiopulmonary bypass
- cardiac fibrosis in pediatric heart disease
- what to do with asymptomatic coronary artery abnormalities
- critically assess the current tools for quantification in pediatric echocardiography
- how to manage ventricular tachycardia in repaired congenital heart disease
- how to deal with heart failure in the adult patient with congenital heart disease
- new preventive guidelines
- genetic testing in cardiac dysrhythmias and cardiomyopathy
- contribution of engineering approaches in the repair of congenital heart disease

We expect many excellent oral and poster abstract presentations. And, for the first time, we will present a CVDY Early Career Investigator Award and offer a Maintenance of Certification session with the opportunity to earn MOC Part 2 credits. I encourage everybody to join us at the 2011 AHA Sessions in Orlando.

Plan to Attend
Programming this year includes seven cardiovascular cores and 13 clinical tracks that reflect the evolution of scientific investigation and practice.

Scientific Sessions is the world’s premier cardiovascular conference, with unmatched scientific scope, authority and prestige.

CVDY at the 2011 AHA Sessions in Orlando
Wolfgang Radtke, MD, Chair, CVDY Program Committee

Exhibits: November 13–15
Sessions: November 12–16
Resuscitation Science Symposium: November 12–13
Orlando, Florida
scientificsessions.org

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12-121