‘Children’s healthcare has an incredible mission.’ The Shortage Everyone Saw Coming





Portrait by **ROB DOBI**

Eighteen years ago, at my son’s one-month checkup, our pediatrician looked up and told us to take him to the emergency department. Not later—now. It was a staph infection, and he was admitted on the spot. Just a few years later, our second son needed surgery at six months old. As I wheeled him down a hallway and handed his life to people I had just met, I felt the most vulnerable I have ever felt.

The people who cared for my sons were there when we needed them, but for a growing number of families, they are not.

The pediatric-specialist workforce shortage follows a pattern familiar to any leader facing a shortage of highly trained employees: Demand for roles is high, but training and infrastructure aren’t keeping pace. The shortage spans pediatric-physician subspecialties, as well as pediatric clinicians like nurses and pharmacists. For your employees and neighbors, that means longer waits, difficulty accessing basic care, and hours spent driving to appointments or procedures.

Much of this traces back to the training pipeline. During last year’s US medical-fellowship matching program, more than 400 training positions across 17 pediatric subspecialties went unfilled. Eleven pediatric subspecialties currently have fewer than one specialist per 100,000 children in some regions, according to a 2024 study published in *Pediatrics*.

Shortages like these are notoriously hard to see coming, even when the early signals are there. Leaders in any industry will recognize the reasons, beginning with training time: Becoming a pediatric subspecialist takes a decade, including medical school, a residency, and a subspecialty fellowship. Today’s staffing picture reflects choices made by twenty-five-year-olds a dozen years ago. Changing course later is difficult: Physicians who want to switch specialties in mid-career generally have to repeat much of the training path.

Pay plays a role, too. Pediatric physicians earn approximately 25 percent less than their counterparts in adult medicine do. In most labor markets, scarcity pushes up pay, and higher pay attracts workers. In medicine, though, the decision point comes early, in medical school, when students weigh future earnings. In economic terms, the market signal that should correct the shortage never reaches the doctors-in-training.

So, what can leaders do now? Other health systems offer useful models. Both the US military and the UK’s National Health Service manage their physician and nurse pipelines years in advance. In Germany, employers collaborate to train the whole sector. Other industries, like aviation, commonly own training institutions or partner with them. Right now, four measures can help:

GROW YOUR OWN WORKFORCE. For health systems, this means building the infrastructure to train pediatric clinicians, starting with residency programs, especially in underserved communities. Physicians are more likely to stay where they train.

BUILD A REGIONAL HUB-AND-SPOKE MODEL. Anchor specialists at a main urban campus, then extend their reach through regional access centers, with telehealth for the most rural areas. Families get to connect with high-end subspecialists, online or in person, without a four-hour drive.

REDESIGN THE WORK BEFORE ADDING PEOPLE. Instead of having a subspecialist handle every follow-up visit, every medication adjustment, and every one of a family’s routine questions, build tiered care. Physicians oversee the team and work at the top of their license. This is essential as cases grow more complex.

BE DELIBERATE ABOUT WORKFORCE STRATEGY. Map where your workforce is stable and where it is thin. Then get specific about what you will do to attract and develop people in the highest-need areas and assign real effort and budget to those priorities rather than spreading them evenly.

As challenges go, this is a surmountable problem. Children’s healthcare is a field with an incredible mission and incredible clinicians. Just think: With the right planning, ten years down the line, the shortage could be over for good.

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