

Controversy Lingers Regarding Pediatric Hospital Medicine Subspecialty

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The American Board of Medical Specialties' November 2016 recognition of pediatric hospital medicine as an official subspecialty formally capped years of debate within the pediatric community. On the surface, the question of whether or not pediatric hospital medicine should be a board-certified specialty now seems moot. Clinicians are currently creating the board certification exam—which will first be offered in October 2019—and pediatric hospital medicine fellowships are proliferating in anticipation of increased demand. Yet questions regarding the necessity and impact of subspecialty certification linger.

"If you build it, will they come?" asks Weijen W. Chang, MD, chief of the Division of Pediatric Hospital Medicine at Baystate Children's Hospital and associate professor of pediatrics at the University of Massachusetts Medical School.

How Pediatric Hospital Medicine Became a Subspecialty

The idea of subspecialty certification for pediatric hospital medicine "has probably been floating around for almost 20 years," says Shawn Ralston, MD, section chief of Pediatric Hospital Medicine at Dartmouth-Hitchcock Medical Center and a member of the ad hoc committee that wrote the proposal for subspecialty recognition.

"Shortly after people figured out what a hospitalist was, people started saying, 'we should be our own subspecialty,'" Dr Ralston says. Adult hospital medicine did not pursue subspecialty certification, however; instead, hospitalists who focus on adults can earn a Recognition of Focused Practice in Hospital Medicine.

The American Board of Pediatrics rejected the idea of a certificate of focused practice for pediatric hospital medicine, so a group of pediatric hospitalists began exploring subspecialty recognition. They found inspiration in the example of pediatric emergency medicine, which was officially recognized as a subspecialty in 1991.

In the 25+ years since, "the quality of care in pediatric [emergency departments] exploded in terms of high quality, and whole research societies became ramped towards the need to research pediatric care," says Brian Alverson, MD, chair of the American Academy of Pediatrics Section on Hospital Medicine and division director for Pediatric Hospital Medicine at Hasbro Children's Hospital.

"There's no doubt that the existence of pediatric emergency medicine, as a field, has actually saved children's lives in the United States." The hope is that the pediatric hospital medicine subspecialty will do the same, he says.

"All across the country, there are children in inpatient wards who are being harmed. Children are getting unnecessary care that is resulting in morbidity and, in some cases, mortality," Dr Alverson says. "We have glaring, horrid gaps in knowledge regarding inpatient pediatric care because, historically speaking, over 90% of pediatric research was based in the outpatient setting."

As a result, many pediatricians and pediatric hospitalists simply don't know the best way to care for hospitalized children. "It constantly amazes me how much we don't know, how much we do just because it's always been done that way," says Daniel Rauch, MD, chief of Pediatric Hospital Medicine at The Floating Hospital for Children at Tufts Medical Center.

Some pediatric hospitalists, though, are skeptical of the claim that subspecialty creation will lead to additional research. "Where's the evidence that that's going to happen, particularly at a time when the National Institutes of Health is getting squeezed?" says Leonard Samuel Feldman, MD, director of the Medicine-Pediatrics Urban Health Residency Program at Johns Hopkins. "I'm not sure where this money is going to magically appear from now that there's a subspecialty."

The Impact of Subspecialty Certification

Supporters of subspecialty recognition say that board certification is simply a natural evolution. In many academic medical centers, Dr Ralston says, pediatric hospital medicine is already a separate division within the Department of Pediatrics.

No one knows exactly how many pediatric hospitalists are currently practicing in the United States, say Drs Alverson and Rauch, but they believe about two thirds are likely practicing in community hospital settings.

Exactly how the existence of a pediatric hospital medicine subspecialty will affect these community providers is currently a matter of speculation, as no one yet knows if certification will become a de facto requirement for employment. "Some hospitals might not say that you need to be board-certified in hospital medicine to see inpatients; but, practically speaking, in order to be hired, they pretty much expect board certification," says Dr Chang, noting precedence within the field of pediatric emergency medicine.

Other physicians find reassurance from the example of pediatric medicine. "There are plenty of people practicing in pediatric emergency rooms who are not boarded as pediatric emergency medicine physicians," Dr Ralston says.

Unfortunately, the creation of pediatric hospital medicine as a subspecialty creates difficulties for med-peds doctors and family physicians who work as pediatric hospitalists. "One group of physicians that is totally left out in the cold is family medicine physicians," Dr Chang says. "In order to do a subspecialty of pediatrics, you have to have done a residency in pediatrics."

Similarly, med-peds physicians, many of whom practice both pediatric hospital medicine and adult hospital medicine, are already double-boarded. To get and maintain pediatric hospital medicine certification, they'll have to sit for a third board exam.

Is a Pediatric Hospital Medicine Fellowship Necessary?

When the first pediatric hospital medicine board exam is offered in [October 2019, and in 2021 and 2023](#), practicing pediatric hospitalists can qualify to sit for the exam by providing evidence of professional practice. But in 2025 and beyond, physicians who wish to earn board certification will have to complete a pediatric hospital medicine fellowship.

That requirement has stirred a lot of controversy. "It always irks me when we create programs that we expect other people to do but grandfather ourselves in," Dr Feldman says. "Somehow, we're well-trained enough, but the folks in the future aren't?"

Dr Feldman notes that pediatric hospital medicine fellowships are already available around the country. "If you want to do one, you can," he says, noting that many pediatricians feel well-prepared to care for hospitalized children. In fact, evidence suggests that young pediatricians are hesitant to commit to still more training. In 2016, 20% of pediatric hospital medicine fellowships did not fill, and the majority of graduating pediatric residents transitioning to hospital medicine did not pursue pediatric hospital medicine fellowships.^[1] Requiring a pediatric hospital medicine fellowship for subspecialty certification carries "huge opportunity costs," says Dr Feldman, including low wages during the 2 years of fellowship.

Some worry that those opportunity costs may inadvertently keep young physicians out of pediatric hospital medicine. "If I'm a resident finishing up in pediatrics and thinking that I will likely be a hospitalist, but I'm not 100% sure, the question is, do I do a fellowship or not?" Dr Chang says.

At this point, Dr Chang is recommending that residents who are considering pediatric hospital medicine "go ahead and do a pediatric medicine fellowship. Sacrifice 2 years now to make sure that you keep your options open for the future."

For the Children?

Supporters of subspecialty certification say that the benefits far outweigh the potential negative effects. "All of my reservations regarding this subspecialty have to do with the doctors," Dr Alverson says, "But I think if we prioritize what we should focus on—the quality of life of a physician or the quality of life of a sick child—we're all going to choose the sick child."

Opponents fear that subspecialty certification will ultimately hurt, rather than help, children. "We may lose providers going into hospital medicine, and children who don't have hospital medicine providers will suffer," Dr Feldman says. "All we can hope is that we're wrong and that this is the best thing for children and for pediatric hospital medicine."

References

1. Results and Data: Specialties Matching Service 2016 Appointment Year. National Resident Matching Program. February 2016. http://www.nrmp.org/wp-content/uploads/2016/03/Results-and-Data-SMS-2016_Final.pdf Accessed September 27, 2017.

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