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LETTER TO THE EDITOR

Comment to the scientific letter 'Trends in the selection of pediatrics residency positions by medical residents during the 2010–2025 period'

Comentario a la carta científica 'Evolución de la elección de plazas de pediatría por los médicos internos residentes durante el periodo 2010—2025'

Dear Editor:

The declining appeal of the field of pediatrics in recent years is a reality and a problem that should prompt reflection on our part as a scientific association.[1]

This is a problem in the field that is not limited to Spain, and it goes beyond the current situation in primary care, the grueling 24-h on-call shifts, or the lack of recognition of pediatric subspecialties.[2] In the United States, in 2024, pediatrics had its worst results in the national resident matching program in the past 30 years, and in some subspecialities, such as pediatric endocrinology, only 50% of open positions were filled.[3]

The problem has its roots in medical schools, where pediatrics may not have been as successful as other specialties in keeping pace with the major technological changes that characterize medicine today. The training curriculum for medical interns/residents (MIR program), the latest version of which dates from 2006, also does not help, as it is far removed from the needs of 21st-century pediatric care. The incidence of acute infectious diseases has decreased substantially, while the prevalence of chronic diseases and complex conditions has increased. As a result, the pediatric workforce has split into two functional areas: primary care pediatricians, who focus on health promotion, prevention, and long-term follow-up, and hospital-based pediatricians, who are dedicated to caring for patients with acute or complex conditions or those requiring specialized care in a hospital setting. The definition of the scope and the relationship between these two levels is generally far from ideal.

One of the aspects requiring consideration is whether the training model for general pediatricians should differ from that of pediatric specialists, and which areas should be reinforced in the training of primary care providers (public health, mental health, relationships with the education sector, etc), among other issues. The Association of Medical School Pediatric Department Chairs Pediatrics Workforce Initiative could serve as a helpful model,[4] and it highlights some of the reasons for investing in child health and in particular in the training of pediatric specialists. The challenge in recruiting good pediatric residents today is not limited to attracting talent, but it also encompasses training them in an environment that has changed radically. Today's pediatric care requires clinical, communication, and emotional skills that are not always developed in training programs in a balanced way.

It is time to gather the administration (National Council of Specialties), medical schools (National Conference of deans of Spanish medical schools), and the main pediatrics societies in Spain to develop a joint action plan, starting with a realistic analysis of pediatrics training and what society demands of pediatricians today, and a clear timeline for action. If we fail to take measures, like Andina et al. remarked, ''there is a risk that spots in this specialty will be left unfilled in future application cycles.''[1]

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Declaration of competing interest

The authors have no conflicts of interest to declare.

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