

ASPO Position Statement on Universal Pediatric Otolaryngology – Head and Neck Surgery Day and Night Call Compensation

Specialized Expertise and Critical Care Needs

Pediatric Otolaryngology - Head and Neck Surgery (Oto-HNS) emergencies are time-sensitive and require subspecialty training that may not be adequately addressed by other Oto-HNS specialists. Conditions such as critical airway obstruction, deep space neck infections, and foreign body ingestion or aspiration can demand immediate intervention by Oto-HNS with specific pediatric expertise. Of the more than 11,000 practicing otolaryngologists in the United States, there are fewer than 800 who completed pediatric otolaryngology fellowships and fewer than 500 who hold board certification in complex pediatric otolaryngology. The relative paucity of these specialists makes them extremely valuable to healthcare systems. In fact, several certification and hospital credentialing organizations, including ACS Level 1 Pediatric Trauma Center Verification, AAP Level 4 NICU Verification, and ACS Children's Surgery Verification Program certification encourage or require the ready availability of pediatric otolaryngologists.

Pediatric Otolaryngology faces significant workforce challenges, including high rates of burnout and turnover among practicing surgeons. A record number of unfilled fellowship spots and a severe mismatch of available candidates for practice job positions is further worsening this situation. Otolaryngology residents are choosing other specialties that provide higher compensation and less burdensome call.

Compensation Across Employment Models

Currently, compensation for call coverage varies dramatically across employment structures, creating situations where the same level of expertise and responsibility may receive vastly different compensation based solely on location and employment arrangements.

Economic Impact and Value Proposition

Healthcare systems benefit significantly from having pediatric otolaryngology call coverage through reduced liability exposure, improved patient outcomes, enhanced reputation, and ability to market comprehensive pediatric care. The economic value generated by preventing complications, reduced length of stay, and maintaining accreditation standards far exceeds the cost of appropriate call compensation.

Implementation Considerations

Quality Metrics and Accountability

Compensation can be tied to measurable outcomes including response times and clinical quality metrics. This ensures that call compensation correlates with high-quality care delivery and system performance.

Regional and Market Adjustments

Call compensation rates may be adjusted for regional cost of living and local market conditions while maintaining the principle that subspecialty expertise commands additional compensation regardless of geographic location.

Employment Model Neutrality

2025 ASPO survey data demonstrates that physicians in a private practice are more likely to receive compensation for call coverage from hospitals than their employed counterparts. Compensation structures should be standardized across employment models to prevent market distortions and ensure that patient care needs, rather than administrative relationships, drive physician deployment decisions.

Benefits of Standardized Compensation

For Healthcare Systems:

- Improved recruitment and retention of subspecialists
- Enhanced patient safety and outcomes
- Reduced liability exposure
- Competitive advantage in pediatric service offerings
- Compliance with hospital certification requirements (ACS CSV, ACS Level I Trauma, AAP Level IV NICU)

For Physicians:

- Recognition of specialized training and expertise
- Compensation commensurate with subspecialty responsibilities
- Fair compensation for disrupted personal time

For Patients and Families:

- Assured access to subspecialty expertise during emergencies
- Improved quality and continuity of care
- Enhanced safety and outcomes

Conclusion

If the current trend is not reversed, the nationwide shortage of pediatric otolaryngologists will worsen, with development of additional barriers to timely access and optimal patient care. A standardized, tiered compensation structure that recognizes the unique value of subspecialty expertise while accounting for system volume and complexity will benefit all stakeholders.

Healthcare systems that implement fair call compensation demonstrate their commitment to patient safety, physician well-being, and the delivery of high-quality pediatric care.

The investment in appropriate call compensation is not merely a cost but a strategic decision that enhances patient outcomes, reduces liability, and strengthens the healthcare system's competitive position in the pediatric market. The time has come to establish fair, consistent, and adequate compensation for Pediatric Otolaryngology call coverage across all employment models.

Respectfully,
ASPO Ad Hoc Pay for Call Committee

Soham Roy, MD, Committee Chair

Michael Cunningham, MD

Mark Gerber, MD

Kristina Rosbe, MD

Scott Rickert, MD

Lee Smith, MD

Dana Thompson, MD

ASPO Executive Committee

Sanjay Parikh, MD, President

Margo McKenna, MD, President-Elect

David Chi, MD, Immediate Past President

Bob Chun, MD, ASPO Secretary

James Schroeder, MD, ASPO Treasurer