A recent publication on the future pediatric workforce suggests that by the year 2020 there will be an oversupply of general pediatricians. Using a theoretical model based on supply metrics, Shipman et al speculate that by the year 2020, there will be 58% more general pediatricians than there were in the year 2000, but there will only be 9% more children. In the year 2000, there was one general pediatrician for every 2040 children and, after adjusting for a variety of factors, the authors project that there will be one general pediatrician for every 1438 children in 2020. The authors take many issues into consideration as they build their case: age, sex, international medical graduates, some subspecialty training issues, retirement trends, and death. The article is thoughtful and thought-provoking. But what do the projections mean in terms of children’s health care?

The study is based on two fundamental suppositions: (1) the number of general pediatricians in the year 2000 is appropriate, based on an American Academy of Pediatrics workforce report in 1998; and (2) pediatric practice in 2020 will be similar to pediatric practice in 2000. In fact, the authors suggest that to maintain a standard of living comparable to current figures, pediatricians will have to find other ways to attract children to their practices. Clearly, the article is written from a “supply” point of view.

What if we looked at this topic from a “needs” point of view? Are the health care needs of children being met now with the current number of general pediatricians? There are many indications that the health care needs of children are not being met:

- It is estimated that 25% of children do not have access to health care and are not receiving minimal care, let alone adequate care. This is particularly true of minority, poor, and rural populations. The relative paucity of pediatricians in rural and medically underserved areas limits the equitable access of children living in these areas to high quality, comprehensive health care.
- The number of children with special health care needs is increasing as we save smaller premature babies and technology enables us to save more children in our pediatric intensive care units. These children with chronic health conditions will require the care of general pediatricians trained to provide appropriate services to this special population.
- Other children who need subspecialty care are waiting for months for appointments with pediatric neurologists, pediatric endocrinologists, pediatric gastroenterologists, child psychiatrists and others as the numbers of pediatric subspecialty fellows going into some subspecialties decreased during the mid- to late 1990s. In many parts of the country, general pediatricians are finding it necessary to provide these services themselves because of the shortage of pediatric subspecialists.
- Children’s health care needs are becoming more complex and more time-consuming. The emerging epidemics of childhood obesity, type II diabetes, attention deficit disorders, HIV/AIDS, and sexually transmitted infections among adolescents are examples of health care problems that general pediatricians are facing in increasing numbers.
- Finally, there is a great need to increase the racial/ethnic diversity of the pediatric workforce to meet the demands of an increasingly diverse child population that is projected to increase in the future.

What about the future of pediatric practice? There is every reason to believe that the pediatric practice of the future will be quite different from the pediatric practice of today. If pediatricians have to assume more responsibility...
for children with complicated needs, perhaps having one pediatrician for 1438 children will not be sufficient. Perhaps the health care industry will have changed and reimbursement will be based on much different parameters than those of the year 2000.

There is no way to predict what other forces will shape the health care needs of the children of tomorrow and the response of the pediatric work force that will care for them. What effect will the 80-hour work week have on training? Will pediatric residents stay in training longer and, therefore, the number of pediatricians trained will be less than the model projects? Will future pediatricians be nearly all women and not the proportion used in the model by Shipman et al? If so, how will those ratios affect the 2020 projections? What future infections, catastrophes, or vaccines will we see in the next 10 to 15 years? None of us knows these answers because the units of the numerator (the work force) and the units of the denominator (the numbers of children) are influenced by so many different variables.

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As chairs of pediatric departments, we are concerned that an article that projects an oversupply of pediatricians, even if that does not come to pass, could have a chilling effect on medical student career choices as has happened in other fields such as anesthesiology. Shipman et al have written a thought provoking article that deserves discussion. However, an unintended consequence of this article could be to jeopardize the future workforce by alarming future pediatricians that there will be insufficient work for them in 10 to 20 years. Because general pediatrics is the gateway to pediatric subspecialty training, we could see the numbers of general pediatricians and pediatric subspecialists decrease drastically. If this should happen, we could have too few physicians to provide care to our most valuable asset: our children.

As Berkowitz so elegantly states at the conclusion of her commentary, “Although Shipman et al. are concerned about an oversupply of pediatricians, Cooper et al. have predicted a physician shortfall. We are left wondering whether we need to upsize or downsize and hope that, with our efforts, we do not capsize the entire system.”

REFERENCES