

Department of Research Abstracts

TOO MANY, TOO FEW, OR JUST RIGHT? A NATIONAL SURVEY OF PRACTICING PEDIATRICIANS ASSESSING THE PEDIATRIC SUBSPECIALTY SUPPLY Richard Shugerman, Scott Shipman, William Cull, Mary Rimsza, Karen O'Connor, Beth Pletcher.. Pediatrics, University of Washington/Seattle Children's Hospital, Seattle, WA; Pediatrics, Dartmouth Medical School, Lebanon, NH; Research, American Academy of Pediatrics, Elk Grove Village, IL; Pediatrics, University of Arizona, Tucson, AZ; Pediatrics, New Jersey Medical School, Newark, NJ. **Presented at the 2008 Pediatric Academic Societies Annual Meeting.**

Background: While many believe there is a shortage of providers in several pediatric subspecialties, such assertions have been based largely on recruitment data from hospitals, training programs or surveys of specialists. Primary care pediatricians' (PCPs) perspectives on the adequacy of the pediatric subspecialty workforce provide an important complement to these other sources and reflect the experiences of those seeking out subspecialists in everyday practice.

Objective: To examine PCPs impressions concerning the adequacy of the supply of pediatric medical subspecialists and surgical specialists in their practice area.

Design/Methods: A national random sample of AAP members was surveyed via mail through the Periodic Survey of Fellows in 2007 (N=1605; 56% response rate). Analyses were limited to the 607 pediatricians who provide primary care. For 25 specialty areas, respondents were asked if there were too few, too many, or just the right number of providers to meet the needs of their patients. A 2-factor mixed design Analysis of Variance was used to test the number of pediatric medical, surgical, and critical care specialties that were reported as having too few providers in rural and non-rural settings.

Results: The fields identified by PCPs as having the greatest shortage (% of PCPs choosing "too few") included: child/adolescent psychiatry (96%), developmental-behavioral pediatrics (87%), pediatric dermatology (81%), pediatric rheumatology (68%), pediatric neurology (67%), and adolescent health (64%). The fields identified as being adequately supplied (% of PCPs choosing "just right" or "too many") included: neonatology (95%), pediatric cardiology (83%), pediatric hematology/oncology (79%) and pediatric intensive care (76%). Overall, PCPs in rural areas were more likely than those in non-rural areas to report a shortage of subspecialists of all types ($p < .001$) and PCPs were more likely to report a shortage of medical and surgical subspecialists rather than critical care subspecialists ($p < .001$; see Table).

Shortages by location			
	Medical	Surgical	Critical Care
Rural	61%	58%	40%
Non-rural	53%	41%	24%

Conclusions: PCPs perceive a shortage of medical and surgical pediatric specialists especially in psychiatry, behavioral developmental pediatrics, and dermatology. PCPs practicing in rural areas are more likely to perceive a shortage than PCPs practicing in non-rural communities.

