The Future of Pediatric Education II

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A recent supplement to *Pediatrics* is dedicated to reviewing pediatric education as it prepares to meet the needs of children in the 21st century [1]. This is a collaborative project of the pediatric community with a number of sponsoring organizations. The concern for the health of children drove this reassessment of a previous assessment done in the 1970s. I recommend the entire report to you; but would like to emphasize a few areas which are particularly relevant to pediatric subspecialists and therefore to pediatric neurosurgeons.

Demographics will continue to change. By 2020, half of the US population will be African, Latin, Asian or native Americans. Single-parent or dual-parent 2-wage-earner families will continue to increase and are likely to function more in isolation without extended family support. Managed care will continue to dominate the financial scene. The emphasis on preventive care will accelerate, and the numbers of children with chronic illness that need care will continue to increase.

The pediatrician-scientist numbers are already critically low. Rapid incentives must be implemented to restore and maintain adequate numbers to ensure children access to new knowledge and care.

Some of the most interesting concepts concern the delivery of care services. It is recommended that all children should receive primary care service through a consistent 'medical home'. A medical home is not a building,

house or hospital; rather, an approach to continuous and comprehensive pediatric care throughout childhood, with availability 24 h a day, 7 days a week, from a physician whom the families trust.

Education of specialists should be based in high-resource centers of educational excellence with core scientific teaching and an adequate patient volume for fellows to develop a full range of cognitive and technical proficiencies.

Pediatric practitioners (I would include pediatric neurosurgeons) should have a 'CME home' that provides the individual learning needs, access to CME resources, and guidance to professional education. The management of pediatric problems should be founded upon and taught based on the context of evidence-based medicine. Practitioners should have rapid access to new developments.

These are all laudable endeavors and likely things that we pediatric neurosurgeons should consider. Certainly a retreat which includes the fellowship directors, either as a part of one of our national meetings or a separate gathering, to consider these issues and plan for the 21st century is necessary.

Reference

- 1 The future of pediatric education II. A collaborative project of the pediatric community. *Pediatrics* 2000;105(suppl):161–212.