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Resident Accountability

To the Editor:—The article by Reves *et al.*[1] on the future of the Anesthesia resident workforce was both timely and refreshing. As Chairman of the Anesthesiology Department at Duke University, Reves has shown the foresight to adjust his program, to the future benefit of the specialty as a whole. Although forecasting, as a tool, is fraught with errors, he and his colleagues thoughtfully evaluated a variety of models and recommended a middle-of-the-road approach to downsizing. Interestingly, one of the forecasting models presented was conducted by Abt Associates, a consulting firm also contracted for by the American Academy of Pediatrics in the late 1980s to forecast pediatric needs of the 1990s.* Abt Associates forecasted an oversupply of pediatricians that never materialized.[2] We should be cautiously skeptical about their current forecasts for future anesthesia needs. With that, Reves is correct in calling for intermittent future reevaluations of the forecasting models.

One issue not addressed by Reves *et al.* was the topic of board certification. Most managed care organizations and integrated delivery systems require that all physicians be either board certified or board eligible to apply for inclusion on their physician panels. Rightly or wrongly, these organizations can and will use board certification as a filtering tool to select and deselect physicians in oversupplied specialties. Excluding nonboard-certified anesthesiologists from the aggregate population data would make the statistics presented in the article less threatening. Board certification consideration would also be consistent with Longnecker's comments regarding the added value of board-certified anesthesiologists to an institution's anesthesia staff.[3]

Kudos to Reves and his staff. They created a model that other academicians will hopefully emulate.

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* National Technical Information Service. Reexamination of the Adequacy of Physician Supply Made in 1980 by the Graduate Medical Education National Advisory Committee for Selected Specialties. Springfield, VA: National Technical Information Service, Abt Associates, Inc; 1991.

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Why Train Physician Assistants or Technicians to Do the Job of an Anesthesiologist?

To the Editor:—Reves *et al.*[1] presented a picture of the oversupply of providers in anesthesiology. In the same article, they recommended extending the duties of anesthesiologists to yet another group of nonphysician personnel (*i.e.*, physician assistants and technicians). Is this a solution to an *oversupply* problem? With such ingenious solutions, we do not need managed care to lower the value of our services.

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