Paediatric Education and Training: Are We Ready for a Change?

With the dream of establishing the first comprehensive Children’s Hospital in Hong Kong gradually becoming a reality, it is time for us to revisit our strategy in paediatric education and training. The Children’s Hospital, also known as the Centre of Excellence in Paediatrics (CEP), is aimed to be a model for future paediatric care. While the design of the CEP hardware is currently ongoing, we also have to prepare ourselves on an even more important element, the development of the software. That means we should have appropriate strategy in training respective expertises to match the future demands. Such strategy requires a thorough planning in paediatric education and training, and it should include the training of medical, nursing and paramedical staff.

It seems that many of us are still debating about the necessity of paediatric subspecialty training accreditation, mainly based on the fact that local paediatric patients’ population are shrinking and many subspecialties may not thrive with such a limited critical mass. With the establishment of the CEP and centralisation of subspecialties referral, we no longer have the same excuse for most paediatric subspecialties will have adequate patients’ load to sustain their service and training purposes. Due to the rapid advances in medical technology related to diagnosis and treatment, competent paediatric subspecialists are definitely required. Preparation in training the new generation of paediatric subspecialists is therefore urgently needed to meet the future demands.

However, these paediatric subspecialists only account for a limited proportion of paediatricians. We also need to train our future “general” paediatricians to handle a wide spectrum of child health related problems. That includes adolescent paediatric and community paediatric problems which were largely ignored in the past 2 decades locally. In this issue, interesting data shows the bimodal age distribution, common poisonous substances and the cause of poisoning among local children. It is just surprising that such important data were not captured, analysed and published in the past. Another locally relevant article addressed the prevalence and issues of memory and motor impairment among young substance abusers. They all help us to understand a diverse and probably newly emerged spectrum of paediatric problems that our young paediatricians might have to encounter in their daily practice.

As of how to reshape our paediatric education and training, we may be able to get some insight from a recent report of Lancet. Some of the generic concerns mentioned in this report are both relevant and also applicable to paediatrics. The report identifies some of the critical failure in the current health-professional education and training system are: 1) the gaps between actual health needs of the population and the provision of specialists to meet those needs; 2) a chronic lack of community oriented health care workers; 3) too little attention to disease prevention; 4) isolation from the social sector and insufficient concern with the social determinants of health.
All these suggest that while we move towards the subspecialisation training in paediatrics, we should also strike the balance by strengthening our general paediatric training in the area of community paediatrics. By encouraging our young paediatricians to actively engage in exploring the actual needs of the society and find a solution. The concept of subspecialty training and a more community oriented general paediatric training are not mutually exclusive and both should be developed with equal emphasis and adequately funded. The working committee of the CEP, the existing paediatric units in the public hospitals and the Hong Kong College of Paediatricians should start to coordinate and transform their training orientation to meet the current and future paediatric needs of our society.

Reference


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