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Editorial

Professional and Academic Standard in Paediatrics

The day after June 4, 1989 was a special and memorable day for paediatrics in Hong Kong. All the "Heads of Paediatric Units of Public Hospitals" met in a function room of a hotel and stood in solemn respect for those who died in Tiananmen Square the night before. Then we sat down and agreed on the final version of the "Objectives of Paediatric Training for Paediatricians in Hong Kong", the "Blue Book" which was subsequently adopted by the newly formed College of Paediatricians. It was the result of a series of long drawn meetings over 3 years to discuss a proposal on a structured and more uniform program for training paediatricians in Hong Kong.

Prior to that, individual physician could claim to have expertise in any specialty including of course, paediatrics. He could prominently express himself as a paediatrician for having obtained an MRCP or a DCH, even if his actual exposure to child health services was as short as only 6 months! He could claim to be a sub-specialty expert for having spent a couple of months as an observer or an attachment in a U.K. hospital, the typical "BTU (Been to U.K.) syndrome", even though his hands-on experience in U.K. was dismal. This was a British-Diploma-worship phenomenon highly prevalent in those colonial days.

The formation of the chapter of paediatricians of the Hong Kong College of Physicians in 1988 and the subsequent branching out to become the College of Paediatricians in 1991, with its incorporation into the Academy of Medicine in 1993 as statutory medical institutions have strengthened and reassured that the standard of paediatricians trained within the new system should enable them to deliver quality child care to the public. The College has continued the joint Membership Examination with the U.K. Royal Colleges, which was first started in 1985 through the effort of Professor Sir David Todd. This examination helps to sustain a uniform international standard upon completion of the first three years of basic training in Hong Kong. An exit examination is also held upon the completion of a further 3 years of post basic training to certify the individual physician as a paediatric specialist.

While the professional standard has become adequately assured, a confusing issue emerged after 1997 when the College decided to host the DCH examination in Hong Kong for U.K. for interested candidates in the region who were not even required to have some paediatric experience before writing the examination. This was, in my judgement, a most regrettable move. Since the DCH is only a U.K. exportable diploma; it is neither a professional nor an academic

qualification! As a statutory college, our conscience may be cleaner to stay off from promoting such a diploma which is not even recognised as a qualification of some standing in U.K. nowadays.

Since early 1980s, professional and academic exchanges in paediatrics have widened extensively to include many countries rather than predominantly U.K. Besides inviting distinguished scientists to come to lecture and to teach on recent advances; many scholars from neighbouring countries have also been invited to come to Hong Kong to train in various professional and academic skills. However, local hospital-based paediatricians who used to be provided with chances to learn from more developed institutions, are becoming reluctant to go overseas for quality and adequate duration of training in recent years. This intriguing attitude appears to be related to the Government's dominant policy in promoting local economic prosperity by various means including enhancing the prices of Crown land. Through the Hospital Authority, high salaries and extremely handsome low-interest loans for home-purchase are offered to their employees including even trainee-doctors, in return much less resource is made available for supporting training overseas. The results are that many paediatricians have large mortgage payments for their expensive homes at the expense of having little desire for advanced overseas training. All these are certainly not conducive to the growth and development of paediatrics in Hong Kong.

The Government in its wisdom accepted their invited consultant's advice to separate the hospital services (to form the Hospital Authority) from the public health service in 1990. A large chunk of child health and preventive services had suddenly become totally inaccessible to hospital-based paediatricians and trainee-paediatricians suffered also from the denial of exposure to child health clinical services. Training has become more hospital-based and even less health-oriented. Recently, the Hospital authority had suddenly found itself in trouble with not respecting the "44-hour-work-week" contract stipulated with their doctors. Under the disguise of respecting individuals' personal needs, they are now patching up their initial "wrong contracts" by making a new proposal of "shift work" and "maximum 13-16 hours' work-day" for junior doctors. Little do the administrators realise that most medical disciplines require

progressive time periods to work out the difficult diagnoses, and most sick children's conditions change quickly by the hours if not by the minutes. To allow shift-work and to limit working day to only 13 hours at the trainee level are tantamount to fragmenting their apprenticeship-training experience. It is not compatible with real-live paediatrician-patient-cum-parents relationship; neither would this arrangement enhance the attainment of maturity in the trainees.

These phenomena would be detrimental to the Hong Kong's future professional and academic development of paediatrics; and health care services in general would also suffer. The College and the Academy of Medicine should be alerted to assume the responsibility to petition to the Government or to the Hospital Authority to correct these anomalies.

Our Journal has been lucky to attract quality contributions to produce not only un-interrupted publications, we have also been able to increase our production from a bi-annual to a quarterly journal since 2002. I am indebted to the Hong Kong College of Paediatricians and the Hong Kong Society of Paediatrics for entrusting me with the Chief Editorship. I wish to express my gratitude to all the authors and readers who have given me their support and guidance all through the past 11 years. I also wish to thank particularly Ms Dora Lai and Ms Christine Leung for providing many off-hours of administrative/secretarial support, my colleague-members and international advisors of the editorial board for their invaluable advice, our Publisher Medcom for their beautiful production and their understanding in accepting repeatedly delay in settling payments, and the Johnson & Johnson Ltd. in providing us with a special grant to commence an e-version for the Journal. As I step down after this issue, I am sure that the new editors and board-members will take the journal to new heights, besides continuing to partake in upholding the professional and academic standard of our profession.

CY YEUNG
Chief Editor