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**Enough or Not Enough,
The Manpower Issue of Paediatricians**

In recent weeks, shortage of manpower in public hospitals was noted to be intensified which led to the introduction of a series of interim measures by the Hospital Authority. According to the analysis of the Public Doctor Association, the roots of the problem are multi-folds including the never ending heavy workload, poor promotion prospects and the discrepancy in the financial reward between the public institutions and the private sector. These led to the excessive efflux of doctors towards the private practice. If we look at these factors in finer details, they do not affect all specialties equally. For example, the promotion prospect of doctors engaged in surgical specialties is in general quite reasonable but there is a big gap in income between those working in the public and private sector. However, in paediatrics, the current promotion opportunity in the public hospitals is agonizingly limited. A significant numbers of paediatric specialists are still working as medical officer even after more than 15 years of service in different public hospitals. Most of these paediatricians are devoted to their job and do not put financial outcome as their primary consideration. On the other hand, paediatric colleagues in private practice claim that except for some outliners, they do not earn really that much when comparing to those senior paediatricians working in the public hospitals. Such variations in career prospect and financial outcome are inevitably dictated by the supply and demand of the society. One also has to understand that such trend is not a constant and will be subjected to changes with time.

Whether these analysis exactly reflecting the actual scenario is not the main focus of this editorial. What I would like to elaborate here is how we, the local paediatricians, should position ourselves with this new development. Paediatricians who choose paediatrics and child health as career are those who love children and understand the importance of children as our future. This should be the core value no matter what opinions that we have in mind.

One of the controversial issues is whether we have enough paediatricians in our community. For those who consider paediatricians are in excess have several reasons to support their claims. One is the shrinking local paediatric population and increasing supply of paediatric specialists. Paediatric population only accounts for approximately 1/7 of the overall local population (1.1 millions <15 years). The birth rate of Hong Kong is among one of the lowest in the world, which has been estimated to be less than 1 per couple. Despite the recent influx of mainlanders to come to Hong Kong for delivery, the paediatric population does not increase for most of these children are brought back to China after birth. Due to this trend, schools with low enrolment have to be closed down or merged. In contrary, we have a regular increment of paediatric specialists annually. Furthermore, we also have an increasing number of family medicine specialists who handle a significant amount of paediatric problems. Many private

paediatricians noticed a declining trend of patient numbers in recent years. To some, it may sound as a mundane statistics, but we cannot ignore the implication of this observation.

On the other side, there are paediatricians considered that we don't have enough paediatric specialists. Many of those working in the public hospital have been experiencing markedly increase in workload over the last decade. Many senior paediatricians have already been stepping back to the frontline role nowadays. Part of this increase in workload is due to the surging of disease complexity and parental expectation. For example, most of the high risk neonates or children are traditionally transferred to public hospitals for further management. Now the in-patients are mainly composed of patients requiring sophisticated management and care. The attrition of middle rank work force caused by mounting frustration makes the situation worse.

Therefore, while some may say that we should train less paediatricians and the others are asking for more paediatric trainees. There is obviously a discordance in opinion within our specialty. From a personal view, we have to look forward for the future development of our profession. On one hand, we have to increase the scope of our general paediatric training to cover areas that we have been overlooked. I have already elaborated on this aspect in my previous editorial. That is the only way that we can capture more patients in need of our service. Unless we continue to improve our quality in looking after child health, the competition from

the other specialties will gradually erode our patients' pool. By decreasing the number of paediatricians is unlikely to solve the problem.

On the other hand, we should also simultaneously move forward in the direction of subspecialty development and accreditation. Again some may argue that we do not have enough critical mass to train or to support paediatric subspecialties locally. With the upcoming establishment of the Centre of Excellence for Paediatrics, the lack of clinical materials issue is no longer a problem for most of the paediatric subspecialties. I think that our future generation deserve to have top quality paediatric subspecialists to look after complicated and difficult paediatric problems. This is the trend of the whole world and we simply cannot stagnate ourselves in the present status. With the rapid economic growth of the mainland, the demand will undoubtedly increase if we can continue our clinical excellence. In contrary, if we stop to progress, our patients will likely leave us and seek for better care elsewhere.

Therefore, whether the manpower of paediatricians is enough or not enough, I will leave it to my colleagues to judge by themselves. But one thing for sure, in an ever changing world, simply staying in the same position will lead us to nowhere.

GCF CHAN
Chief Editor