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'Clinical' Paediatric Research

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In the past decade, there has been a change in the pattern of paediatric research both at local institutions and medical schools around the world. Some academic paediatricians describe 'clinical' research as being under serious threat because these 'clinical' studies might not consider to be 'scientific' enough.¹ The research steering committees and funding authorities appear to have favoured research towards basic science and laboratory based projects.^{1,2} Laboratory research can be conducted in a more controlled environment, and in general, requires less time to obtain results compared with clinical trials involving human subjects. Further, the impact factors of 'clinical' paediatric journals have trailed significantly behind those of clinical medical journals and basic science journals. For example, the current impact factors for Pediatrics (the number 1 ranking journal in Paediatrics), New England Journal of Medicine and Science are 3.903, 38.570 and 31.853, respectively. Naturally, there has been a tendency for paediatric clinical academic staff to diversify into molecular research and to submit their 'clinical' studies to adult medical journals. The perception is that it is probably easier and more prestigious to perform and to obtain funding in basic science research than in 'clinical' research. Being a scientist in a molecular biology research team is probably more useful for future academic career development. In addition, some formerly regarded to be highly prestigious academic activities such as writing book chapters in medical textbooks, editorials and review articles for medical journals are no longer counted as valid research outputs. As a consequence, the effects of the recent trend can potentially influence the quality and nature of materials submitted to 'clinical' paediatric journals. There is also a danger that young aspiring paediatric trainees are reluctant to join the academic department as 'clinical' researchers, as they are not supposed to be trained as scientist and most junior lecturers have more or less the same clinical commitments as their non-academic counterparts. Also, aging of the senior paediatric academic staff together with the reduction in junior academic posts in paediatric departments are worrying trends in the immediate future.

Although I can well understand the argument and frustration felt by many 'clinical' paediatric researchers, in my opinion, the current restructuring in paediatric research poses new challenges to all academics. It is anticipated that this environment will breed a new generation of paediatric research clinicians/scientists who are capable of guiding basic science research which has relevance for future clinical applications. Looking at the brighter side, the current situation may facilitate closer ties between clinical and basic science departments within the university, and more importantly, collaborations among institutions worldwide. Personally, I welcome this new trend of co-operation and I do not think the 'clinical' academic staff will lose their true identity in paediatric research, as eventually the scientific findings have to be successfully applied to human subjects. Ultimately, randomised control studies for therapeutic interventions or investigations for diagnostic tests will have to be performed. I also

believe that future paediatric studies will be of higher quality and likely to be multidisciplinary in approach. Hence, the overall result should be a fine balance between paediatric basic science research and well conducted 'clinical' studies. Unfortunately, the submission to local journals will remain a difficult problem to tackle. Only by expanding our readership, for example to the mainland, will our journal attract good materials for publication.

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