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## Editorial

# Manpower Crisis in Paediatrics

In this issue, our journal covers a diverse aspect of paediatric problems from the common disorders such as attention deficit hyperactivity disorders (ADHD) and childhood epilepsy to rare diseases such as juvenile myelomonocytic leukaemia, inflammatory myofibroblastic tumours and phenylketouria. In fact, it is hard to draw a line of distinction between "common" and "rare". But if we use 6 years paediatric training as our reference, "rare" diseases may be classified by those diseases that one can hardly encounter, even within the whole training period. However, such definition may only be partly true and is depending on which clinical setting one is practicing. If one is working in a tertiary hospital, the "rare" diseases may not be that uncommon.

In fact, the wide spectrum of paediatric illness and the relatively low incidence of many of such "rare" illnesses lead to a real challenge in paediatric training and education. It is difficult to design a comprehensive teaching curriculum for the medical undergraduates, especially within a tertiary hospital setting. Students may have a wrong perception of what "common" or "core" paediatric problems are. In real life, common paediatric problems are mostly handled by either private family doctors or paediatricians in the community. Comparing to the skill based or organ based specialties, the scope of paediatrics is perceived by many undergraduates to be too large to cover within a relatively short rotation. To make the training further complicated, it may take a while for some undergraduates just to acquire basic skills in handling young children.

Recently, there is a manpower shortage for paediatric trainee in the local public hospitals, some suggests that the high complexity of paediatric problems is one of the reasons that we are driving our medical graduates away from choosing paediatrics as their future career. But arguably, such phenomenon has been there for quite sometimes and therefore should not be the major deterring factor for recruitment. In contrary, some are attracted to this field because of this challenge.

Other suggests that the frequent and busy on-call pattern in paediatric training is another obstacle in attracting young graduates to consider paediatrics as their career choice. The slow and low promotion prospect makes the situation even worse. The paediatricians and trainees in the public hospitals are frustrated and negative sentiments are spreading like infectious diseases. Obviously, it soon becomes a viscous cycle and the situation is turning from bad to worse. There is a domino effect in resignation. One may put the blame on the administration for the inflexibility in handling the current crisis, such as the complicated requirements in releasing cash allowance and compensation package. However, this can only partly solve the problems for many claims that financial rewards are not the primary factor for the recent crisis.

Some proposed to use administrative rule and regulation to limit the flow of trainees or specialists to transfer to other unit or undergo overseas training, this may help in short term but will not be a good solution eventually. In a democratic society, people have the freedom of choice on one's future career. Such bureaucratic policy may force some of these trainees or specialists to other specialties or private sector. In reality, the law of supply and demand applies. Without question, the adverse effect caused by the drastic reduction in the medical students previously starts to manifest. Medical education requires long term planning and vision. If the policy maker made a wrong diagnosis, we then will suffer from the consequence. The current status reflects the impact of previous policy changes several years ago and it will take a while before the pendulum swing back to normal position.

However, even in this crisis, there is something that we can cherish. Similar to the selfless sacrifice of the medical

professionals that we witness during the severe acute respiratory syndrome (SARS), there are a significant number of paediatricians and trainees continue to stick to their respective posts and attend to children in need. Despite the depressing atmosphere, many still upholds the core value of medical profession which is to serve and help the sick children. The spirit of altruism overrides egoism. That's something that we can proud of and this professionalism may inspire our future generation who has genuine love for paediatrics. We can serve as role model and show them that we care not only because it is our duty or responsibility, but it is our belief to our core value. I believe that promotion of positive sentiments among us will help to attract brilliant younger generation to join us in the future.

**GCF CHAN**  
**Chief Editor**