Appendix 1

Manpower planning

Manpower planning and estimation was carried out based on the objective of providing a comprehensive and seamless care for local patients who require Paediatric Endocrinology and Metabolism services as mentioned in the proposal. With this objective in mind,

I) we reviewed the existing manpower situation in all Hospital Authority hospitals with Endocrinology and Metabolism services. Information was obtained from a voluntary reporting survey by paediatric colleagues with current involvement in Endocrinology and Metabolism and also from personal communication with the in charge Endocrine and Metabolism specialists within the respective HA hospitals. The result of this 'stock take' is summarized in Table 1.

Table 1. Current manpower situation in HA hospitals with Endocrinology & Metabolism service

HA# Hospital	Specialists* in Endocrinology	Specialists* in		Trainees in either Endocrinology or Metabolism	
AHNH	1				1
CMC	1	1^		1	2 + 1^
KWH			1	1	2
PMH		1 + 1^		1	2 + 1^
PWH	2	2		2	6
PYNEH	3				3
QEH			3	1	4
QMH		1^	4.5	1	5.5 + 1^
TKOH			1	1	2
TMH	2	2 + 1^		1	5 + 1^
UCH	5			1	6
Total	14	5 + 4^	9.5	10	38.5 + 4^

[#]Alice Ho Miu Ling Nethersole Hospital (AHNH), Caritas Medical Centre (CMC), Kwong Wah Hospital (KWH), Princess Margaret Hospital (PMH), Prince of Wales Hospital (PMH), Pamela Youde Nethersole Eastern Hospital (PYNEH), Queen Elizabeth Hospital (QEH), Queen Mary Hospital (QMH), Tseung Kwan O Hospital (TKOH), Tuen Mun Hospital (TMH), United Christian Hospital (UCH)

On head count, there are 42.5 colleagues currently involved in Endocrinology and or Metabolism. Yet almost all of them are involved on a part time basis with variable degree of involvement as they also have clinical duties in other areas like General Paediatircs or another paediatric subspecialty. At the same time, the less complex endocrine and metabolic workload may have been shared out by other general paediatric colleagues within the different hospitals.

^{*} Specialists are paediatricians who have fulfilled the criteria for admission as fellows of the Hong Kong College of Paediatricians and have involvement in Endocrinology and or Metabolism at their individual hospital

[^] Collegues (Neurologists) provding neurometabolic services

In the absence of a comprehensive patient data registry and non-uniform coding system for diagnosis and procedures among the different HA hospitals, estimating existing workload via the Clinical Data Analysis Reporting Systems (CDARS) was considered incomplete and thus inaccurate on reflecting existing workload.

II) We also conducted an internet search on Endocrinology and Metabolism staffing in a number of established overseas centres in Australia, Singapore, England, Canada and USA. The results of this internet search are summarised in Table 2.

Table 2. Medical staffing in Endocrinology and Metabolism at different overseas centres

Country	Hospital#	Endocrine	Metabolic	Website
population*		No.	No.	
Australia				
NSW	The Children's Hospital at	11	5	http://www.chw.
(7.3 million)	Westmead	11	3	edu.au/
	John Hunter Children's	3	?	http://www.kalei
	Hospital	3	•	doscope.org.au
	Sydney Children's Hospital	8	1	http://www.sch.e
	Sydney Children's Hospital		1	du.au/
Victoria/	Royal Children's Hospital			http://www.rch.o
Tasmania	Melbourne	7	3	rg.au/rch/home.c
(5.5 + 0.5 million)	Wichounic			<u>fm</u>
				http://www.mon
	Monash Children's Hospital	3	?	ashchildrens.org.
				<u>au/</u>
Queensland	Royal Children's Hospital	3	2	http://www.healt
(4.5 million)	Brisbane			h.qld.gov.au/
South	Women's and Children's			http://www.wch.
Australia	Hospital, Adel	?	4	sa.gov.au/
(1.6 million)	Troopius, ruoi			<u> </u>
	Flinders Women & Children	5	?	http://www.flind
	Hospital			ers.sa.gov.au/
Singapore	KK Women's & Children			http://www.kkh.
(5 million)	Hospital	4	?	com.sg/Pages/Ho
	Тоориш			me.aspx
	University Children's Medical	4	2 (genetics)	http://www.nuh.
	Institute	7	2 (genetics)	com.sg/
England	Birmingham Children's	?	4	http://www.bch.

	Hospital			org.uk/
	Great Ormond Street Hospital	8	6	http://www.gosh.
	Royal Manchester Children's Hospital	6	3	http://www.cmft.
Canada				
Toronto (2.6 million)	The Hospital for Sick Children	6	14^	http://www.sickk ids.ca/
Vancouver (0.6 million)	BC Children's Hospital	9 (+5 fellows)	?	http://www.bcchi ldrens.ca/default. httm
Montreal (1.6 million)	Montreal Children's Hospital	9	3	http://www.thech ildren.com/en/
Hamilton (0.5 million)	McMaster Children's Hospital	5	3 (genetics)	http://www.mcm asterchildrenshos pital.ca/
USA	Children's Hospital Boston	35	8 + ?	http://specialists. childrenshospital .org/
	The Children's Hospital of Philadelphia	19	5	http://www.chop.

^{*} Population data from Wikipedia

We understand that there are a lot of limitations with information obtained this way as direct head to head comparison with any other institution is impossible. There could be great variation in case-mix and complexity owing to ethnic differences, especially for metabolic diseases. This exercise enabled us to gauge and compare the staffing situation of the institutions whose services are more familiar to local colleagues.

III) Existing well established overseas service models with published guidelines in United Kingdom and Australia were reviewed in further details.

Endocrinology service (ES)

From the United Kingdom model with reference to recommendation by the British Society for Paediatric Endocrinology and Diabetes, one full time paediatric endocrinologist per one million of the population was advocated. This individual provided services in both tertiary and regional settings. Where research was a key

[#] These hospitals may not be the only paediatric units that provide specialty services in the regions

[^] Both clinical and metabolic geneticists

[?] Data not available via internet

component of the appointment, the maximum clinical service commitment was adjusted to be 0.6 Full Time Equivalents (FTE). Thus the final figure after taking all these into consideration was one endocrinologist per 600,000 population headcount. The UK model also recommended one endocrinologist to serve 100- 150 diabetes mellitus and 20 – 30 congenital hypothyroidism patients in regional hospitals settings. (http://www.bsped.org.uk/training/syllabus/requirements/training eurosyllabus accreditation.html). Applying these figures to the Hong Kong setting, 12 FTE Paediatric endocrinologists at CEP and 4-5 part time endocrinologists at regional centres would be recommended.

From the Australian model, information was based on a manpower survey by the Australasian Paediatric Endocrine Group (APEG) that was undertaken in 2011 and personal communication with Professor George Werther, Director of the Department of Endocrinology and Diabetes and Centre for Hormone Research at the Royal Children's Hospital and Murdoch Children's Research Institute Victoria Australia (letter attached). The survey revealed that there were 35 endocrinologists (FTE) serving a population of 22 million people. Hence, for a population of ~7.3 million in HK, it would be ~12 FTE endocrinologists.

Another way to estimate manpower is to compare just to Melbourne (population~4 million) and Sydney (population ~4.5 million). Data showed that there were 8-12 effective full-time endocrinologists working in each city. These endocrinologists also provided an outreach service covering an additional one million population outside the city. Taking 12 as a more ideal staffing number, for the current HK population of 7.3 million, an estimate of 16 FTE endocrinologists will be needed.

Metabolic service (MS)

As metabolic service in a number of overseas centres is included under genetic services, information on manpower for metabolic services alone is less easy to access. Taking reference from the metabolic service at The Children's Hospital at Westmead which is serving a similar population of ~7 million in New South Wales Australia, their number of full time metabolic paediatricians is ~4-5. The number of FTE metabolic paediatricians in Melbourne serving a population of ~5.5 million is ~3.

Summarising the above I, II and III sources of information and taking into account the relative lower prevalence of Type 1 diabetes mellitus in HK when compared to UK and Australia, we would like to propose 10 FTE endocrinologists and 4-5 FTE metabolic paediatricians serving in the future CEP. An additional 4-5 part-time endocrinologists will provide mainly endocrine services and to a lesser extent metabolic services in the regional hospitals. Part time appointments at CEP and vice versa at regional hospitals will facilitate close collaboration and continuous professional development between

staff working at the CEP and regional hospitals. Under HA system, the employment rank of a full-time endocrinologist / metabolic paediatrician is equivalent to Associate Consultant or above.

Letter from Professor George Werther

Sent: Thursday, March 01, 2012 8:07 AM

To: Kiran Belaramani; Betty BUT, QEH CON(PAED)

Subject: RE: Kiran from Hong Kong

Dear Kiran and Betty,

Good to hear from both of you.

We undertook a manpower survey through APEG last year, which will give you some indication.

The results are attached. There may be some discrepancy in the full-time versus part-time components, but I would assume that the numbers in Question 4 (which is the critical bit for you, notwithstanding the projected numbers in Question 6 - some being ambit claims).

In Question 4, each centre indicated current staffing and then tried to project future requirements in Question 6.

Of course, Australia's geography is very different to HK, with 22 million people spread over a land mass similar to the US. On the other hand, most of our population is in the large cities (2009 and 2010), and the remaining 3 million not shown in small towns:

1	Sydney	New South Wales	4,504,469	4,575,532
2	<u>Melbourne</u>	Victoria	3,995,537	4,077,036
3	Brisbane	Queensland	2,004,262	2,043,185
4	Perth	Western Australia	1,658,992	1,696,065
5	<u>Adelaide</u>	South Australia	1,187,466	1,203,186
6	Gold Coast-Tweed	Queensland/New South Wales	577,977	591,473
7	Newcastle	New South Wales	540,796	546,788
8	Canberra-Queanbeyan	Australian Capital Territory/New South Wales	403,118	410,419
*	<u>Canberra</u>	Australian Capital Territory ^[4]	351,868	358,600
9	Wollongong	New South Wales	288,984	292,190
10	Sunshine Coast	Queensland	245,309	251,081
11	Greater Hobart	<u>Tasmania</u>	212,019	214,705
12	Geelong	Victoria	175,803	178,650
13	<u>Townsville</u>	Queensland	168,402	172,316
14	<u>Cairns</u>	Queensland	147,118	150,920
15	<u>Toowoomba</u>	Queensland	128,600	131,258
16	Darwin	Northern Territory	124,760	127,532
17	<u>Launceston</u>	Tasmania	105,445	106,153
18	Albury-Wodonga	New South Wales/Victoria	104,609	106,052
19	<u>Ballarat</u>	Victoria	94,088	96,097
20	<u>Bendigo</u>	Victoria	89,995	91,713

The first eight on the list (covering about 15 million people) have dedicated paediatric endocrine units (except for #6, covered by Brisbane), and the smaller towns in the large states, especially WA, SA, NSW, QLD and Vic all have outreach services from the capitals.

I would guess that HK requirements would theefore be about 40% of our total requirements (of 35 EFT), based on your population and compressed geography. This would be about 14 EFT (about 50-70% full time)

Another way to look at it is to compare just to Melbourne or Sydney, with populations each just over half of Hong Kong. We have 8-12 effective full time positions in each city (in both cases about two thirds are full time and one third part-time). Remember that in both states we also do outreach, so we cover more than the populations of the cities, so add another 1 million to each city - say 5.5 million covered. If we consider 12 ideal for 5.5 million people, then for Hong Kong I would imagine about 16-18 EFT would be about right for Hong Kong.

Obviously this needs much more detailed analysis on the specific conditions, needs, esearch and admin and teaching time etc. I hope this is helpful.

Regards

George

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