

Document 1a

Justification of manpower need in the next 10 years

Although presently the PRM subspecialist : children population is at best to be around 2/100,000 children (Israel), none of the countries say they have enough and all are crying out for more PRM training. (Ferkol T et al. *Ped Pulmonol* 2010; 45:25-33. (USA); Gappa M et al. *Ped Pulmonol* 2010; 45:14-24. (world); Keens T. *Ped Respir Rev* 2010; 11:66-7. (USA)). There is as yet no universally agreed manpower : population ratio.

Of the 60 names in the potential fellows list, 31 now work in the public sector as of date. For those working in the private sector, not many can work mainly in PRM. Among the 31 in the public sector, at least 2 actually work in other subspecialties, and 4 others work exclusively in paediatric intensive care. The rest, 25, can be considered to be working in PRM. Most of them are not exclusively doing PRM as their clinical duties. If we consider them working at 51% FTE as a PRM subspecialist, we have 12.5 PRM FTE subspecialists.

At least 8 will be retiring in the next 10 years. Another 8 may be lost to the private sector, leaving 9 PRM subspecialists in the public sector. Together with the establishment of the Centre of Excellence in Paediatrics in 2015, there will be an expansion of work in PRM and hence an increase in manpower. A total of 40 trainees will be needed to make up for the loss of manpower due to retirement and other wastages. This will boost the manpower in PRM to 49, or 24.5 FTE PRM subspecialists. We think this will be a desirable manpower ratio of 2.7 PRM subspecialists/100,000 children in Hong Kong.