



EDITORIALS

The poor health of paediatrics in China

A specialty in crisis because of worsening conditions and poor pay

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Physician wellbeing is paramount for the health of a nation.¹ Doctors who experience professional satisfaction and fulfilment promote clinical efficiency, improve patient experience and outcomes, and potentially reduce medical costs.¹ In many countries, physician burnout has greatly threatened patient care. In the United States, more than 50% of doctors have experienced symptoms of burnout.¹ In response, the US National Academy of Medicine has launched collaborative action to identify solutions for improving physician wellbeing.¹

The ongoing crisis in the paediatric workforce in China is an excellent demonstration of the damage to doctors, patients, and public health that can ensue from poor attention to physician wellbeing. In China, paediatrics is a shrinking specialty that has faced an increasingly harsh working environment since the two child policy was introduced in early 2016.²

With a baby boom that will result in an estimated 290 million children by 2020,³ delays in paediatric care have become common and are worsening. Shortage of paediatricians is the major cause of this healthcare crisis.⁴ In China's national plan, the desired ratio of paediatricians to children is 0.69 per 1000 children by 2020.⁵ However, 14 310 paediatricians left the specialty between 2011 to 2014, and 55% of those who left were under 35 years of age.⁴ The total number of paediatricians nationwide in 2014 was 135 524, or 0.60 per 1000 children, indicating a projected shortage of nearly 90 000 paediatricians by 2020.⁴ In a regional survey in 2014, 57.2% of paediatricians who responded had considered quitting the specialty.⁶

Hospitals in China are seriously affected by the shortage of paediatricians—many regional hospitals have had to temporarily shut down paediatric clinics.⁷ Such events have caused widespread public anxiety.

Many systemic factors have contributed to the situation. Firstly, high workload and low salaries have diminished the appeal of paediatrics and caused a low sense of accomplishment among practitioners. Paediatric outpatient visits and inpatient admissions accounted for 9.5% and 9.7%, respectively, of all

health service use nationwide in 2016; however, only 4% of licensed doctors were paediatricians that year. The average workload has increased 2.5 times more for paediatricians than for other specialties.⁸ Data from 2014 showed paediatricians' income was 46% of the average income of all other specialties,⁷ partly because healthcare charges are lower for children than they are for adults.⁹ This disparity has led to feelings of inequity and poor job satisfaction among paediatricians, who feel undervalued and underpaid.

Secondly, paediatricians live under the shadow of workplace violence, being even more vulnerable to attacks than other specialists. Reports of violence against paediatricians have increased 20% annually since 2006.^{7,9} In a regional survey of Chinese children's hospitals in 2016, 68.6% of paediatricians who responded had experienced at least one episode of workplace violence in the past year.¹⁰ Increasing parental expectations of high quality care with minimal waiting times have increased the risk of conflict.

Thirdly, policy instability has exacerbated shortages, increasing workload among those who remain. In 1998, the Chinese government removed paediatric training from the undergraduate curriculum of medical schools.¹¹ The status of paediatric specialisation was only restored in 2016, leaving a large gap in paediatric training. The government also responded by setting up temporary fast track training in paediatrics for senior physicians from other specialties. Uptake has been slower than expected because of the time and expense of another two to four years of specialist training.¹²

Government health reforms detailed in Healthy China 2030 and China's 13th Five Year Plan include action (with targets) to strengthen paediatric care in China.^{13,14} To prevent further deterioration of the specialty, the government must now prioritise the professional satisfaction and fulfilment of paediatricians. Both financial support and workplace safety should be strengthened.

China should also remedy the disproportionate national allocation of paediatric medical resources. Specifically, there is a disproportionate loss of paediatricians from certain regions and an unbalanced concentration of paediatricians in urban tertiary hospitals that leaves rural populations critically underserved.^{4,6,15} Paediatricians working in primary healthcare institutions, rural areas, and the more western regions, and those practising without paediatric backgrounds, have a greater turnover than their peers.^{4,6} To correct these systematic imbalances, the relevant governmental departments must collaborate to reform public hospitals, strengthen primary care paediatrics, improve the referral system, and strengthen paediatric training. Some progress has already been made, but many challenges remain.

The ongoing workforce crisis in Chinese paediatrics demonstrates the consequences of poor support for physician wellbeing. Global agencies, including the World Health Organization and the National Academy of Medicine in the US, and other countries should coordinate to ensure sustained attention to physician wellbeing across all specialties—to protect patient care and secure good outcomes for both patients and doctors.

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