

Workforce Considerations, Training, and Diseases of the Asia-Pacific Region

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KEYWORDS

• Asia • Otolaryngology • Workforce • Residency training • Diseases

KEY POINTS

- The Asia-Pacific region is the largest and most diverse region in the world and contains 60% of the world's population.
- The otolaryngology workforce varies depending on the number of doctors in the country, the scope of practice, and availability of posttraining employment.
- Otolaryngology training has been influenced by the British, Russian, and US training systems.
- A common weakness of otolaryngology is the lack of hands-on surgical training.
- Otolaryngologic diseases in the Asia-Pacific region are similar to those seen in the United States but with many ethnic and regional differences.

INTRODUCTION

The Asia-Pacific region is the largest and most diverse region discussed in this issue. It includes most of Russia, most of the countries of the former Soviet Union, China, Japan, North and South Korea, India, 10 Association of Southeast Asian Nations countries, Australia, and New Zealand, as well as several other smaller countries. These countries contain 60% of the world's population, a total of 4.6 billion people. Health care resources vary from high-income countries (eg, Japan, Australia, New Zealand, Hong Kong, and Singapore) to low-income countries (eg, Nepal and North Korea) and, in between, middle-income countries (eg, Russia, China, and India). It is not possible to cover global health specifics in any detail for such a diverse population;

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however, this article discusses general concepts about otolaryngology health care in the region.

POPULATIONS

The Asia-Pacific region includes the 2 most populous countries in the world: China with 1.5 billion and India with 1.3 billion, as well as many other countries and ethnic groups. With such a huge geographic area and different ethnic groups, the health problems are equally diverse. As an example, until recently, most global drug studies had been carried out in Western Europe and North America. Although there can be a difference in the metabolism or effectiveness of certain drugs in different ethnic populations, there are relatively few studies looking at the efficacy of drugs in varying ethnic groups.¹

WORKFORCE CONSIDERATIONS

In Asia, as elsewhere, low-income countries and, to a lesser extent, middle-income countries have a relatively small health care workforce available per population compared with high-income countries. It may be assumed that the otolaryngology workforce would mirror that of all physicians; however, numbers are difficult to find in the literature. The International Federation of Oto-Rhino-Laryngological Societies (IFOS) has a listing of the number of otolaryngologists for many countries; however, it may not accurately represent the total for some countries because it may only include otolaryngology society members in the country instead of all practicing otolaryngologists (Table 1).² There are many potential reasons for the discrepancy in the number of otolaryngologists per country. Too few medical graduates, poor salaries, or lack of interest in otolaryngology. Also, historically, many medical graduates, including otolaryngologists, have emigrated from Asia to Europe and North America.

When comparing workforce needs for otolaryngology, the scope of practice must also be considered. The United States arguably has the broadest scope of otolaryngology practice anywhere in the world. The scope of otolaryngology practice in Asia

Country	Population in Millions	Otolaryngologists	Otolaryngologist per Population
China	1500	20,000	1:40,600 ^a
India	1324	5768	1:229,542 ¹⁷
Indonesia	261.1	1374	1:190,000 ²
Pakistan	193.2	90	1:2.146 million ²
Bangladesh	163	90	1:1.811 million ²
Russia	144.3	Unknown	Unknown ²
Japan	127	4080	1:31,000 ²
Philippines	103.3	865	1:119,421 ¹⁸
Vietnam	92.7	70	1:1.322 million ²
Thailand	68.7	1300	1:53,000 ²
Malaysia	31.2	400	1:78,000 ²
Taiwan	23.55	2600	1:9057 ²

^a Estimated because statistics combine otolaryngology with ophthalmology because there are still doctors who practice both specialties in more rural areas. The number used here for otolaryngology was 50% of the total.

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