

# Paediatric Oncology Service

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# General Principles for the Manpower Arrangement

- Initial **estimation of manpower** was based on **benchmarking** with **international centers** (with some adjustment)
- Then **stock taking exercise** had been conducted (in March 2015)
- A **list of existing senior and junior doctors** (also nurses) from the 5 involved units was obtained
  - Number of retired doctors were estimated
  - Projection of short and intermediate term staff turnover assessed
  - Potential trainee were identified
- **Training plans** for these **trainee** were discussed within the oncology working group and then we provided feedback to the HKCH commissioning team
- **Meetings with potential oversea training centers** have been conducted

# Haem/Onc Team Arrangement upon opening of HKCH in mid 2018

## **3 Core Teams:**

1. Leukaemia / Lymphoma
2. Stem Cell Transplant
3. Solid Tumours, including CNS tumours

## **Current services to be incorporated into the three core teams:**

1. Special Haematology
2. Long term survivorship program
3. Palliative care

## **Future Development with enough manpower:**

1. Split Solid Tumour to ST team and neuro-oncology team
2. Separate Special Haematology
3. Separate Long Term Survivorship

# General Principles for the Scope of Service

- All **newly diagnosed local** pediatric **oncology** patients will be managed in HKCH
  - **Non-local** patients (including Macao) will be managed there if **capacity** allowed
  - During the **transition** period, those **patients under treatment** will also be transferred there
- Existing **long term follow-up clinic** for the **previous cancer survivors** will remain in the **original units**
- All **newly diagnosed local** pediatric **hematology** patients will be managed in HKCH except for those common one (i.e. acute ITP)
- **Existing hematology** patients (i.e. hemophilia & thalassemia) will have regular follow up at HKCH but will stay in the regional hospitals for routine care (ie. blood transfusion)
  - Adult age patients should be transferred to adult hematology service

# General Principle for the Scope of Service

- All local pediatric hematopoietic stem cells transplantation cases will be managed in HKCH
  - That includes patients with oncology, hematology, metabolic or immunodeficiency diseases
  - **Non-local** patients (including Macao) will be managed there if **capacity** allowed
- The **on-call team** will take care of the **referral or consultation** from the regional hospitals
- Pediatric palliative service will be managed by an independent team covering patients with palliative needs from different specialties

# Identified Service Gaps

- Some **essential services** will **not be available** during the first few years (or even longer)
  - Radiation oncology & nuclear medicine scan
    - Can one single regional centre support all the referrals from HKCH?
  - Some surgical subspecialties may not have on-site call service
- **Mismatch in skill mix** (doctors and nurses)
  - Complexity of cases handled by the 2 major referral centers requires strong support from nurses and pediatric subspecialists with experience in handling those cases (i.e. PICU, endocrine, neurology, etc.)
  - Allowing nurses and doctors from the other units to rotate to the 2 major centers ?
- **Differences in general practice among units**
  - i.e. Chemo-reconstitution forms
  - Started to **unify the forms and practice guideline** (i.e. Chemo form for ALL, central line care guideline, etc.)

# Identified Training Issues

- With the existing pediatric college requirement, we may **not** be **able to allow all future pediatric trainee to have a complete rotation** to various pediatric subspecialties in the HKCH
  - RS/RT = 9 (if allow 4 RT posts to be opening for rotation at 3 monthly period, then total RS slots available each year =  $4 \times 4 = 16$ )
- Selection of future general pediatric trainee for rotation
  - What will be the criteria?
  - Whose responsibility?
- Working relationships with the 2 Universities
  - Follows the existing model as QMH/PWH?