

Hong Kong College of Paediatricians

Forum on the Impact of Hong Kong Children's Hospital on the Future Paediatric Training and Service

Background

The Hong Kong Children's Hospital (HKCH) will be opened in 2018 and it is going to have an impact on future paediatric training and service in Hong Kong. As the Hong Kong College of Paediatricians (College) is responsible for maintaining the standard of paediatric training, the College Council held a forum in order to provide a platform for colleagues to give suggestions on the desirable training model after the opening of the HKCH, which in turn depends on the optimal arrangement of service delivery.

Date: 24th September 2016

Time: 1400 – 1800

Venue: Function Room 1, 2/F, HKAM Jockey Club Building

Chairman: Dr. CW Chan, Director of Subspecialty Boards

Number of participants:

College Fellows: 83

College Pre-fellows: 2

HKCH Members: 11

1. Welcoming remarks

Prof. YL Lau, President of the College, gave a welcoming speech to mark the opening of the forum. He stated that the HKCH would play a role in the training of general paediatricians and paediatric subspecialists. He emphasized the importance of collaboration across all subspecialties, all Hospital Authority (HA) clusters and hospitals in order to make the HKCH a success.

2. Setting the scene

Dr. CW Chan, Chairman of the forum, stated that participants of the forum included paediatricians from different subspecialties and generations. A consensus of the

forum would represent the paediatric specialty in Hong Kong and shall be sent to service providers including the HA, Department of Health (DH) and the Food and Health Bureau.

3. Progress of the HKCH

Dr. TL Lee, Hospital Chief Executive of the HKCH gave a talk on the progress of the HKCH.

- Dr. TL Lee expressed gratitude to Dr. Lily Chiu and Dr. Libby Lee on their contribution to the planning and development of the HKCH.
- The infrastructure of the HKCH would be completed in the third quarter of 2017 and clinical service would commence in 2018.
- Green building designs and child-friendly way-finding designs would be adopted in the HKCH. Children-centred and family-centred facilities would be available in the HKCH.
- The governance, line function and capital works of the HKCH were introduced by Dr. TL Lee.
- The aims of clinical service in the HKCH include (1) quality and safety, (2) affordable and sustainable model, and (3) children-centred and family centred care. The ‘Hub and Spokes’ clinical service model of the HKCH was explained.
- 4 subspecialties including Cardiology, Haematology & Oncology, Paediatric Critical Care Medicine and Nephrology would move into the HKCH in Phase I. Support from other specialties including Anaesthesiology, Pathology, Radiology, Pharmacy and different disciplines of Surgery (Paediatric Surgery, Neurosurgery, Cardiothoracic Surgery, Ophthalmology, Ear Nose & Throat and Orthopedics) would be available.
- Besides clinical service, research and training would be important elements in the HKCH. Different funding and scholarships would be dedicated to overseas training, overseas visits to renowned institutions and local commissioned training.

4. Proposed service models of different subspecialties

Representatives from different subspecialties gave presentations on their proposed

service models in the HKCH. The list of subspecialties was indicative, but was not meant to be exhaustive. Files of the presentation are available in the College website.

Part I of the presentation included 4 subspecialties that would move into the HKCH in Phase I.

- Cardiology – Dr. KT Chau
- Haematology & Oncology – Prof. CF Chan
- Paediatric Critical Care Medicine – Prof. KL Hon
- Nephrology – Dr. KC Tse

Part II of the presentation included 11 subspecialties that would provide support to the HKCH in Phase I and move into the HKCH in Phase II.

- Adolescent Medicine – Dr. PY Loung
- Developmental Behavioral Paediatrics – Dr. CC Lam
- Endocrinology – Dr. WM But
- Genetics and Genomics – Dr. Ivan Lo
- Gastroenterology, Hepatology & Nutrition – Dr. R Wong
- Immunology, Allergy & Infectious Diseases – Prof. YL Lau
- Inborn errors of metabolism – Dr. J Hui
- Neonatology – Dr. NS Kwong
- Neurology – Dr. KT Liu
- Respiriology – Dr. YC Tam
- Rheumatology – Dr. KP Lee

[Note: During the DBP Subspecialty presentation, Dr C Lam indicated that the DBP subspecialty will provide support starting from Phase I and extend to supporting other subspecialties as they move in.]

5. Panel discussion and open forum

Panelists: Dr. CW Chan, Prof. YL Lau, Dr. SN Wong, Dr. YC Tsao, Dr. NS Kwong, Dr. LY So, Dr. E Soo

- Dr. CW Chan stated that the College has the statutory power to monitor specialist

training, as it is one of the constituent Colleges of the Hong Kong Academy of Medicine, which is an independent institution established under the Hong Kong Academy of Medicine Ordinance. In terms of paediatric training, there are 4 levels, including undergraduate education, basic training, higher training and subspecialty training.

- Dr. TL Lee stated that central coordination of training is necessary and clinical workgroups are important for estimation of manpower demand of each subspecialty. Dr. Lee suggested subspecialty like Inborn Errors of Metabolism to establish their own clinical workgroups.
- Dr. Helen Tinsley suggested obtaining more local data in order to project the future paediatric service demand. She also stressed the importance of transition care and both internal and external communication. Besides gathering paediatricians from various subspecialties, we also need to work closely with nurses and other allied health colleagues.

[Post meeting comments:

- *We discuss with HAHO the possibility of an appropriate paediatrician being invited to sit in the relevant adult HA COCs, so that our adult clinical colleagues know our concerns and for some rarer diseases / long term survivors have a chance to develop skills.*
- *When we organise a paediatric clinical conference in HK, as a matter of principle, one session be designated as a forum for parents to be invited so they can provide feedback and also advice on transition of care into community based services.]*

(Ref BMJ 24 Sept 2016 p444-445 Patient partnership in medical conferences)

Dr. CC Lam echoed the importance of healthcare transition. Besides transition from paediatric to adult care, paediatricians should also look into the transition of patients from hospital to community.

- Dr. Ivan Lo responded to Dr. J Hui's presentation and clarified that newborn screening for inborn errors of metabolism at HKCH is not a must yet.
- Prof. CF Chan raised the concern that the current manpower calculation in the HKCH is based on existing number of resident specialists and resident trainees. If all the posts are allocated to designated persons in a respective unit, there will be none left for trainees rotating to that unit from regional hospitals. Prof. Chan

suggested to have extra positions in each unit restricted for the free flow of trainees. Prof. YL Lau stated that overlapping of higher training and subspecialty training with rotation of these trainees between the HKCH and regional hospitals could help improving the above situation. Moreover, central manpower planning by the HKCH together with regional hospitals is vital.

- Dr. Euan Soo expressed that many young fellows are concerned about signing themselves to the HKCH may undermine their promotion prospect. Prof. YL Lau stated he has heard that the Chief of Service (COS) may not promote staff assigned to the HKCH, as ultimately the staff would migrate to the HKCH. Prof. CF Chan and Dr. N Tse responded that this is not the first consideration of staff promotion. Dr. NS Kwong acknowledged the concern and explained that the COS has to identify areas in need and employ or promote suitable staff to serve the local population. Besides seniority, area of expertise is another consideration.

- Dr. YC Tsao expressed that he did not want the Children's Hospital to be just another HA hospital with all the high technology subspecialties, or be like an intensive care unit in a general hospital for all the paediatric units in Hong Kong to refer all complex cases there and then take them back after investigation and treatment.

Dr Tsao stressed that the hub and spokes concept should include two-way communication and involvement.

Dr Tsao further expressed that it would not be a nice arrangement if senior staff rotate to the Children's Hospital at intervals. This would disrupt service continuity.

Dr Tsao suggested a dual appointment system so that senior staff from the Universities and regional hospitals with subspecialty interests would be appointed for their part-time engagement in the Children's Hospital. This sort of appointment could also be extended to subspecialists who had left University of HA service, whose expertise would be beneficial to the Children's Hospital and who would also require the part-time appointment to maintain their subspecialist status. Even though what Dr Tsao said might not be directly concerning training and service, he did feel strongly that success of the Children's Hospital depends on engaging all the stake-holders to play an active role in all its activities.

- Dr. LY So stated that more training opportunities would be available after the establishment of the HKCH. As the disease nature of patients managed in the

HKCH is more complex, rotation into the HKCH is more suitable for higher trainees. On the other hand, trainees are expected to expose to general paediatrics in regional hospitals. Similar to existing exchange rotations among regional hospitals, rotations to HKCH would fit into the College requirement for Higher Trainees to rotate out of parent hospital for 6 months. In order to maintain the standard of clinical service in regional hospitals, extra head counts are needed for sending trainees to the HKCH.

- Dr. SN Wong echoed that rotation into the HKCH is of utmost importance for comprehensive paediatric training as the complex cases will be concentrated there in the future. Dr. Wong stated that it will be good if each trainee is allowed to have 1-4 rotations in the HKCH and each rotation shall last for 3-12 months depending on their subspecialty interests. He also suggested having a central body to coordinate the elective training of trainees.
- Prof. YL Lau stressed the importance of developing a child-centred culture in the Hong Kong paediatric field. Clinical service should base on the need of children instead of subspecialties and the allocation of ward function of the HKCH should reflect this, rather than merely allocating wards according to subspecialties.
- Dr. NS Tsoi stated that the forum is a good platform for paediatricians to exchange ideas about training and service in the HKCH. Dr. Tsoi mentioned that after the establishment of the HKCH, subspecialty service in regional hospitals will be provided by general paediatricians. It is necessary to provide training to this group of general paediatricians to take care of subspecialty patients as well.
- Dr. CL Au Yeung stated that the HKCH should also play a role in leading paediatrics-related social service and this is important to the image of the HKCH as well.
- Dr. TL Lee stressed that non-government organizations and patient support groups are important working partners of the HKCH. Dr. Lee has regular meetings with them to discuss on future cooperation.
- Dr. CW Chan stated that research is also an important element of the HKCH. Apart from the University of Hong Kong and the Chinese University of Hong Kong, other universities like the Hong Kong Polytechnic University or the Hong Kong Baptist University can also share the infrastructure available in the HKCH to perform research. Dr. N Tse raised his concern about amount of protected time

allocated to HA staff in HKCH for research. Dr. TL Lee responded that there is ongoing discussion on how to support some clinical staff to conduct clinical research with protected time.

- Dr. NS Kwong suggested College to define clearly general paediatrics and paediatric subspecialties and to set a suggested number of trainees for each subspecialty. Prof. YL Lau responded that the challenge of manpower allocation is huge and liaison among bodies of a very high level including College, HA Head Office (HAHO) and the HKCH is needed. Prof. Lau also suggested including Comprehensive Child Development Service (CCDS), Maternal & Child Health Centre (MCHC) and Child Assessment Service (CAS) in the whole territory manpower allocation planning in the future. He therefore suggested that HAHO and the HKCH could consider setting up a HKCH Postgraduate Training Committee with the College to enable the continuing discussion and planning on (1) How trainees at different levels would rotate through the HKCH and regional hospitals to fulfill statutory needs of the respective training programs? (2) How the training arrangement could harmonize with the service model to be offered by the HKCH and the regional hospitals? (3) How such harmonization would contribute to a better planning of manpower needs and training?

5. **Concluding remarks**

- Prof. YL Lau concluded that the HKCH is a dream of many paediatricians in Hong Kong. It serves as a catalyst of change to enable the entire paediatric service to be better organized for the benefits of our children. This dream is achievable if all the paediatricians can work together.
- Dr. CW Chan stated that the dream of a local children's hospital started 50 years ago and was revised in 2007. This forum has enhanced the understanding of participants on the HKCH. There are areas that have not been touched in this forum, including public-private interface, funding arrangement, referral system and coordination with allied health colleagues. There will be another meeting organized by the Hong Kong Paediatric Society which will include allied health colleagues and the general public.