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Editorial

Clustering of HA Hospitals

Recently there is some disquiet among the public medical sector as the Hospital Authority is planning to divide the HA hospitals into five clusters. According to this plan, hospitals in the same geographical region will be grouped together and managed as one big conglomerate. This idea of grouping hospitals is not new. In fact the Hospital Authority has been talking about clustering for a number of years, but only this time it seems to be determined to push it forward, and a few cluster chief executives have already been appointed. Things have been moving so fast in the last few months that many hospital staff feel that HA has caught them by surprise. This sentiment has aroused a great deal of worry and anxiety among the front line staff, especially when the decision to implement clustering coincided with HA's announcement of its intention to delete some senior positions in the establishment. It is feared that, like the merging of commercial corporations, this whole clustering exercise is a prelude to a major cut in hospital spending, and massive staff layoff.

While HA should try to quickly clear the mist by explaining to the front line staff its entire plan about clustering, including its implications on employee's job security, paediatricians working in the HA system should perhaps try to view clustering from a more positive perspective. For a long time, our training and service delivery have been hampered by the boundaries between the Paediatric units of different hospitals. Clustering might provide us with a remedy to make up for our existing deficiencies. At present, paediatric units are functioning independently. There is no clear delineation of the role of each unit, and all the units are trying to provide a comprehensive service to their patients. However, owing to historical, geographical, and administrative reasons, the units are very different in their patient volume, case mix, staffing level, facilities, and the availability of expertise. As a result, the quality of training in different units can be very variable. Trainees working in smaller units might feel insecure, worrying that their clinical exposure, especially that to the more complicated cases, is inadequate. Those working in bigger units do not necessarily have a better deal, since their training may be lopsided with too much emphasis on tertiary hospital Paediatrics and inadequate exposure to the more down to earth bread and butter cases. Since its inception, the Hong Kong College of Paediatricians has tried to ensure a uniform training programme for all its trainees. After all these years, however, there is uniformity only at the surface such as the total duration and the number of team rotation, but not in substance. The same heterogeneity is seen also in service delivery, especially in more specialized areas. The Accreditation Committee of the College has appointed a task force to assess the need and the logistics of developing and recognising subspecialty training in Paediatrics. However, a close examination of the present situation makes it clear that many of the subspecialties will have no chance to be developed at all if our Paediatric units continue to function the

way it does. With a few exceptions, the case volume in most paediatric subspecialties is relatively small, and the patients are scattered around the twelve paediatric units of the HA hospitals. Without a critical patient mass, it is impossible for any single unit to develop these subspecialties in a healthy way. Furthermore, since most units are short-staffed, we are seeing a number of one-man subspecialties with only one person struggling all on his own, and we do not need much to convince ourselves that subspecialisation like this never thrives well. If we want to see subspecialisation being developed properly, we must break down our territorial boundaries and pool our patients as well as expertise together. This could be achieved by merging our existing units, which however does not seem to be a welcomed idea, or clustering which should be a more acceptable alternative. The cluster will also function as one common training ground for all the trainees in the same cluster. We will then truly have a uniform training programme for all the trainees, a goal that the Hong Kong College of Paediatricians have always wanted to achieve.

The Chiefs of Service in Paediatrics have discussed the issue of clustering in their recent meetings. It is doubtful that the discussion will lead to any fruitful conclusion if the people involved are haunted by the paranoia about HA's hidden agenda. There is also the fear that by clustering with "big" units, smaller units will suffer due to the inevitable shunting of their resources to the big brothers. If HA can be more transparent and give the reassurance that the purpose of clustering is only to improve service, and if the Chiefs of Service can set aside their territorial interest and only have their patients and trainees in mind, the spirit of cooperation may flourish and both our trainees and patients may benefit.

TF **Fok**

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