Hong Kong Society of
Health Service Executives
Newsletter Issue I 2004/05

Editorial

Who are We?

This is the first issue of the Society's newsletter in 2004 and I hope the New Year will be a very fruitful and challenging one for all our members. Looking back, 2003 was indeed a very memorable year for us, the SARS outbreak leaving many unhappy memories and stressed out bodies! Life for the health care manager in the context of the 21st century is becoming more and more stressful as we take on the challenge of managing somewhat a chaotic world surrounded by myriads of information. It makes me wonder if health service managers can ever make sense of what is happening around them!

I am often bothered by the seemingly outdated description of managers as "people who plan, organize, co-ordinate, command and control". This is a very simplistic view of the work of the health service manager but ask anyone who is in this field and I am sure they will tell you that they definitely don't just plan, organize, co-ordinate, command and control. This view is of course obsolete in some ways and the health services manager is more often described as someone who "Muddles" through the complexities of health services, tries to make some rational decisions based on the best available evidence and often end up having to face up to political pressures. Rightly so, as pointed out by Schon, (1987) health services manager should really be thought of as an intuitive artist: integrating multiple complex data inputs on the basis of what feels right, choosing strategies on the basis of body knowledge (gut feelings); drawing eclectically on different theories and models to rationalize his/her practice and then I presume, leaving the rest to unknown forces of the political world as to how others perceive such actions.

Just want to leave by saying that like all managers, we have to rethink what we do, and perhaps ask ourselves if what we do is really adding value to our organization, the health community of Hong Kong and on a bigger scale, the world at large. If our answer is not in the affirmative, perhaps we should take a real hard look at ourselves and ask this rather frightening question "Is health services management really the right choice for me?" I will leave you to figure that out for yourself.

Margaret Tay
Editor ■

Message from the Chairman

Dr Ma Hok Cheung

By the time I write this article for the second issue of this year's newsletters, the serving Council is approaching the end of its term, and we are busy preparing for the 2004 Annual General Meeting (AGM). The past year has been a spectacular one for the Society. It was bedeviled by the panicking SARS epidemic to start with. Most of our members, as health care managers or executives, were heavily involved in fighting the epidemic. Unlike their frontline clinical colleagues whose performance and courage were highly appraised by the community, our members did not receive the kind of recognition commensurate with the effort paid and risks born by them. Indeed although many Ward Managers or Department Operational Managers were required to carry out their work in patient care areas during the SARS period, they were not regarded as "frontline workers" by the public. Rather they were labeled as "management" and not infrequently blamed for failing to provide the frontline workers with adequate personal protective equipment. I wonder if members would like to share their personal experience and feelings on SARS by contributing articles to the future issues or our newsletters. It would be beneficial for us to depict a more factual account of the situation when SARS was rampant, so that the contributions made by our "management" colleagues would not be left unnoticed or ignored.

Other than the SARS turmoil, last year also saw us building more intimate relationship with overseas peers. In August 2003, we sent a group of delegates to attend the Annual Conference of the Australian College of Health Service Executives and met warm reception from the College. I myself took part in the fellowship examination of the College with little guidance, and was lucky enough to have passed and be conferred fellowship in their AGM. The attendance to the Annual Conference turned out to be a fruitful one, and our delegates found many topics discussed bear significant relevance to the Hong Kong health care scene. We plan to send our delegates to the next Annual Conference to be held in Darwin in July 2004. Interested members can find more information about the Conference from the website of the Australian College. The Council of our Society will call for enrollment for the delegation in due course, so please be watchful on this.

In my article for the last issue of our Newsletter, I mentioned about the holding of a fellowship examination in Hong Kong dually recognized by the Society and the Australian College. After a lot of sweat, we finally managed to make this examination happen in March 2004. In order to help boost up the passing rate, we organized monthly study group cum journal club meetings for candidates enrolled for the examination throughout the year. When the time came, seven members took the examination in a serious manner. We were glad to have Mr David Briggs from the Australian College to be our external examiner. The local examiners included Mr Geoffrey Lieu, Dr Peter Yuen and Dr M Y Cheng. Four of our candidates got straight pass and will be conferred Fellowship of the Society in the evening of our AGM on 19 March 2004. The other three candidates need some supplementary work to satisfy the examiners and hopefully they could join the other four for Australian College Fellowship conferment in August in Darwin. A new cycle of admission of candidates and preparatory course will soon commence. For those keen to take this challenge, please be vigilant on the Society's announcement. I must say that the fellowship examination would be a serious engagement, and candidates are expected to show strong commitment to the preparatory course.

The past year was also memorable for the fact that we succeeded in organizing social functions for our members for the first time. You would hardly believe that it was such a difficult task. There was frequently the paradox of members asking for such events but having very few sign up when the event was announced. Nonetheless the Council members were encouraged by the positive feedback made by the participants. We hope that more members will come and join our social functions so that we can have more interflow of ideas in a relaxed and informal way.

A subgroup of our Council is working very hard to prepare the way for the Society to metamorphose into a College in the future. Obviously we have a lot of work to do and a long way to go, but I have confidence that this will happen. I also hope that this College after its formation will one day earn a status equivalent to that of its Australian counterpart. For this to come true, we depend very much on the support and participation of our members and colleagues in the field. As part of our effort towards this goal, we intend to incorporate more colleagues in the academic arena and private sector into our Council for the coming year, so that the Council can have a broader representation in its membership.

Finally I would like to express my apology to Ms Margaret Tay, our Publication Convener. This issue of our newsletter should have reached you much sooner if not for my procrastination in writing this article. So the fault is mine for the delay in issuing this newsletter, and I beg your pardon for this. ■

Risk Communication

Health care providers work in an environment where communicating risks is part and parcel of our work. How then can we communicate more effectively in emotionally charged, stressful or controversial situations? Risk communication is both an art and a science. It is a process, not an event, of building and maintaining trusting relationships based on effective exchange of technical or scientific information between concerned stakeholders about an actual or a perceived risk.

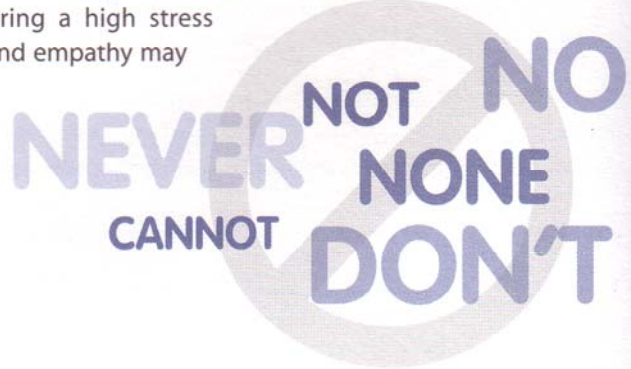
Risk communication means different things to different people. To the lawyer who is all out to win a lawsuit, the preferred strategy is to woo the judge by highlighting the positive information of their clients and ignoring the negative information. To someone in the public relations field who wants to win the generally passive and uninterested public, the communication strategy again is to bombard the audience with positive sound bites. However, to the health service manager who wants to manage outraged patients, the approach is to disseminate both positive and negative information as withholding of negative information will only reduce credibility and provoke public anger and fear leading to distrust and perhaps more lawsuits.

There are several theories that form the foundation stones for risk communication. The central concept of "mental noise" theory is that when people are upset, they tend not to hear, understand or remember information given to them. Frustrated and outraged patients and relatives will have their ability to process information reduced by as much as 80%. One of the solutions to reduce mental noise is to limit the number of messages when communicating with the stakeholder. It is important to keep to clear and concise message with active listening and to repeat the simple message over and over again.

Another theory underpinning risk communication is the theory of risk perception in which the perception of risk to the ordinary person on the street is very different from that of a health care provider. To the patient, it is more about outrage and anger and not about the probability and magnitude of an adverse event. Hence, it is important to remember that risk communication means handling of outraged individuals which may mean responding with empathy, caring and active listening.

Then there is the negative dominance theory. This theory clearly illustrates that people tend to think negatively when they are upset. So when people are upset, they do not hear, and they think negatively. The important strategy is to calm them down and then inject positive messages to counteract their negative imagery. Remember to avoid using negatives such as "NO, NOT, CANNOT, DON'T, NEVER, NONE"

Finally, the theory of trust determination is important. Trust is made up of factors such as competence and expertise, dedication and commitment, honesty and openness and caring and empathy. By weaving such factors into the communication strategy, we can pave the way for building up a trusting relationship that may eventually resolve the conflict at hand. Always remember that during a high stress situation, the willingness to listen, show care and empathy may be more valued by the patient and stakeholder than competency and expertise.



Dr. David Lau ■

Book Review

Managing Health Services: Concepts and Practice

Edited by Mary G Harris and Associates,
Society for Health Administration Programs in Education and
Australian College of Health Service Executives

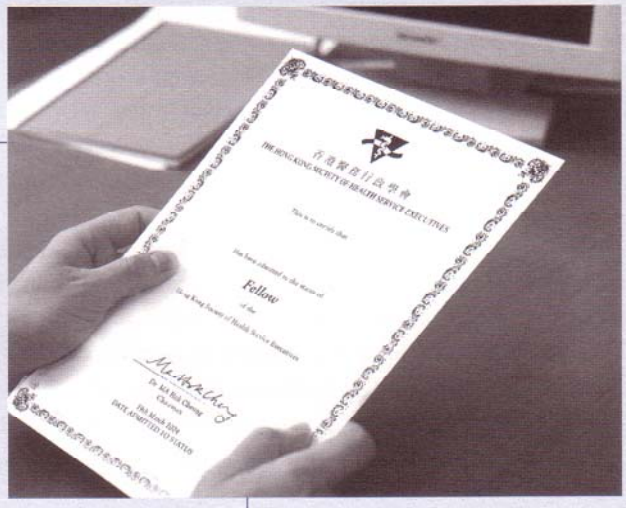
ISBN 0-86433-166-5
456 pages
Soft Cover 2002

This well written book is contributed by a range of authors from members of the Society of Health Administration Programs in Education (SHAPE) and/or members of the Australian College of Health Service Executives (ACHSE). Although the majority of these authors are based in Australia, the topics are highly relevant and applicable in other health services systems in different countries and localities. It is useful for both students and practising managers to understand and apply the different concepts and strategies of health care management and leadership. The eighteen chapters are grouped into five sections starting with the framework of learning management and the health service managers. It then analyses the global policy driver of change from the changing organizational environments. It is followed by the detailed integration of 'people' with respect to consumers, staff, teams and managing change. Another section has focused on the work design of the health service organizations towards the integrated service delivery systems. Furthermore, ways to improve organizational performance are suggested including the popular jargon of clinical governance. A chapter has been dedicated to explain how evaluation can be used as a management tool for managers. The last section presents five health services management case studies which are highly useful for interactive discussion and reflection.

Dr. Fowie Ng ■

A Historical Moment -

The Very First Fellowship Examination of the Hong Kong Society of Health Service Executives



As the Academic Convenor of the Society, I am indeed proud to witness the birth of our Fellowship Examination conceived a few years ago at an Annual General Meeting held at the American Club. Dr Geoffrey LIEU, the then Chairman of the Society, and Mr. David Briggs, the Federal President of the Australian College of Health Service Executives, signed the Memorandum of Understanding for closer relationships between the two organizations at that memorable evening.

Although, I was not a member of the Society at that time and was unaware of the details of the Memorandum, I was confident that the relationship created by Geoffrey had laid an important milestone for the future development of closer relationships between the two organizations. That historical night certainly paved our way to the establishment of Fellowship Examination to be conducted locally by the Hong Kong Society and jointly recognized by the Australian College of Health Service Executives for the award of their Fellow status.

The vision of setting up the Fellowship Examination was clear to the Society and shared by the Australian College of Health Service Executives. There however was not any in-depth discussion between the two organizations until 2001 when Dr CHENG Man-yung, the former Chairman of the Society, decided to lead a team of delegates to participate at the Annual General Meeting and Conference of the Australian College of Health Service Executives in Perth, Australia. The team included Dr CHENG, Ms Manbo MAN and myself. Given the show of our sincerity, enthusiasm and ample time for face-to-face serious talks with David, Mr Bill LAWRENCE, the full-time Federal Director, and the other office bearers of the Federal Council of the Australian College of Health Service Executives, the Society had made a quantum leap in the setting up of Fellowship Examination.

In 2002, the Society signed another Memorandum of Understanding with the Australian College of Health Service Executives to bring the two organizations into a formal basis of reciprocal membership. In 2003, the Fellowship Examination process started by inviting applications for enrolment to a Study Group, which is a pre-requisite for entry to Fellowship Examination. The entire process was completed in March 2004 by setting up the Fellowship Examination on 5 and 6 March 2004. The Society is grateful to the Australian College of Health Service Executives for having Mr David BRIGGS as the Chairman of the Examination Panel. Members of the Panel included Professor Peter YUEN, Dr Geoffrey LIEU and Dr CHENG Man-yung.

Seven out of the nine candidates who enrolled with the Study Group applied to sit for the Fellowship Examination. Four passed and three were given additional tasks for further assessment in the coming few months.

The Society is proud of the candidates and very pleased to see that our fruits of labour have enabled our members to sit for an Examination organized both in the local context with an award of Fellow status internationally recognised.

The recruitment process for members to join the Study Group and Fellowship Examination for the academic year 2004-05 would shortly begin. I hereby solemnly appeal to you to grasp this opportunity for continuous learning and at the same time, gain an award of international professional qualification. If you need more details, please contact me at 24685023.

Benjamin LEE
Academic Convenor ■

Recruitment of Fellowship candidates

*The Hong Kong Society for Health Care Executives is recruiting candidates to a 10 month study programme starting from May 2004. This study programme is a pre-requisite to sit for the Fellowship Examinations either here in Hong Kong or in Australia leading to the conferment of Fellowship status in the Hong Kong Society for Health Service Executives and the Australian College of Health Service Executives (dual Fellowship). The Fellowship Examination is considered to be an exit examination for those who have completed their training in health care management. Eligible candidates should score **30 points or above** in the following areas:*

■ **Continuing Professional Development**		
5 year +		10
4 year +		8
3 year +		6
2 year +		4
1 year +		2
■ **Qualifications (Health Care Management related)**		
Approved Degree		16
Diploma		8
Certificate		5
Student		2
■ **Employment History**		
Senior Health Managers	5 year +	10
	3 year +	6
	1 year +	4
Professor		14
Senior lecturer/Asso. Professor		8
Lecturer/Assistant Professor		6
Senior Health Management Executive		
	5 year +	16
	3 year +	12
	1 year +	8
■ **Number of Publications**		
1		2
> 3		4
> 5		6
> 10		8

If you are interested to apply and would like to know more details, please contact the following persons for more information:

Ms Manbo Man (Vetting Committee) at telephone 2835 8018
Mr Benjamin Lee (Academic Convenor) at telephone 2468 5023
Dr M Y Cheng (Examination Committee) at telephone 2300 6305

You may also visit our website for more information.

Annual General Meeting 2004

Over 50 members/friends attended the Annual General Meeting on 19th March 2004 at the Jockey Club, Happy Valley. We were very fortunate that Mr. Kwong Ki-chi, the Managing Director of Hsin Chong International Holdings Ltd. joined us that evening and with his wealth of experience as the ex- Chief Executive of the Stock Exchange of Hong Kong Limited and the Ex-Secretary for Information Technology and Broadcasting of the Hong Kong Government, Mr Lee was most qualified to speak to us on a very topical issue of "Leadership".

That evening was also especially memorable for four members of the Society who left a mark in the history of the Society for being the first few members to pass the joint Fellowship Examination of the Society and the Australian College of Health Service Executives. Congratulations to Margaret Tay, Mary Wan, Cissy Yu and Jimmy Wu on their excellent achievement!

We also welcome 3 new Council Members to the Society at the AGM. Prof. Peter Yuen is a long-time friend of the Society from the academia, Mr. Stephen Leung joins us from the pharmaceutical field and Dr. Anthony Lee is our new member from the private hospital. It is indeed great to know that the Society is able to tap the expertise of a more diversified group of Council Members. We also take this opportunity to thank the following members who served the Council last year and we are indeed grateful for their time, support and contributions to the Society: Ms. Helen Sit, Dr. Cheung Wai Lun, Dr. Susie Lum and Mr. Raymond Wong. ■

The Future Healthcare Executives

Geoffrey Lieu, DBA, MHA, FACHE, FCHSE, FAAMA

Year 2004 signifies a remarkable accomplishment for the Hong Kong Society of Health Services Executives in advancing the profession of healthcare management in Hong Kong. After nearly 10 years of preparation and hard work, the Hong Kong Society of Health Services Executives is now granted the authority to confer, by examination, fellowship of the Australian College of Health Services Executives to qualified healthcare executives in Hong Kong. This power to award fellowship, recognized by an international organization, to Hong Kong healthcare executives is first for Hong Kong and first for the Australian College of Health Services Executives to do it outside of Australia and New Zealand.

At this joyful juncture and when the Hong Kong healthcare system seems to inevitably glide into more changes and uncertainty, it would be meaningful to reflect on who healthcare executives are, what they do and what it means to be a healthcare executive in the future.

Who are we?

A healthcare executive is someone with a specialized body of knowledge in healthcare management who is appointed to a management position in a healthcare or related organization. Typically, such an organization has been a hospital, a medical center or a medical group practice. A healthcare executive leads people and manages the financial or physical resources of the organization with the aim of contributing to or optimizing health of individuals and the community.

But not everyone in an appointed position with management responsibility in healthcare regards himself or herself as a healthcare executive. In Hong Kong, one frequently finds that those managers with medical or nursing qualifications tend to identify themselves as doctors or nurses. They seldom regard themselves as healthcare executives. They tend to identify themselves with the clinical discipline in which they were trained. The irony is that, while many clinician-turned-executives prefer to retain their identity as clinicians, their clinical peers often regard them as administrators or managers instead.

How has this phenomenon come into being? The short history and the general lack of understanding of healthcare management are perhaps some of the reasons. It was only about fourteen years ago when the formal education for healthcare executives in Hong Kong began to receive wider recognition. But the long held tradition, as eloquently described by Sir Cyril Chantler when he visited Hong Kong as a member of the expert panel for organizational transformation of the Hospital Authority, that "doctors manage doctors, nurses manage nurses, allied health workers manage allied health workers and hospital administrators manage those whom no body wants to manage or those who don't care much about who manages them" may have more to do with the low recognition or status given to healthcare executives.

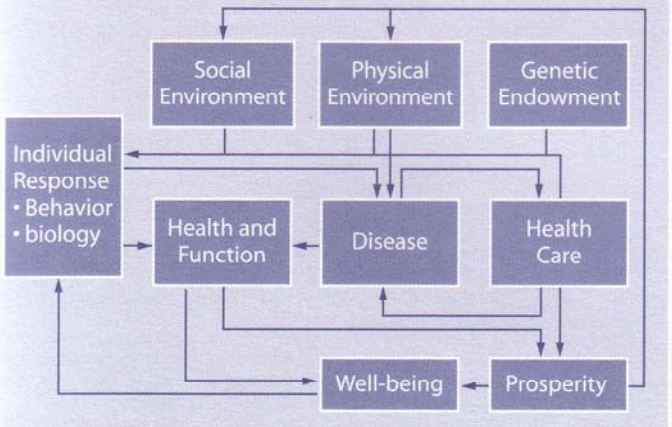
With the public's uninformed view of hospital operations, medical doctors are thought to be natural fit to be top healthcare executives. Medical doctors,

perhaps also out of self interest, tend to appoint their own kind to these influential positions. Medical dominance is rampant. Many of those who are not medical doctors feel suppressed in a system with a glass ceiling for non-doctors. It is a sad situation, reflecting the immaturity of the system. But the role model of what a healthcare executive should be or can be is largely absent in Hong Kong.

In more developed healthcare systems, healthcare executives are professionally trained, with formal education in healthcare management at the post-graduate levels. They comprise individuals with leadership attributes and are knowledgeable of the business of healthcare and healthcare organizations. They are an inclusive group, not dominated by any particular clinical profession. They also hold management positions in the pharmaceutical industry, the medical insurance sector, the medical equipment or supplies industry, or organized healthcare delivery organizations. Educators involved in teaching or research in public health or healthcare management are often included as members of healthcare executive groups as well, for they influence the education, development and work of the healthcare management professions.

Should healthcare executives be such an inclusive group? The determinants of health (see Figure 1 below) suggest that good health and sound physical functioning involve much more than disease intervention through healthcare.

Figure 1: The Determinants of Health



Source: Evans and Stoddart (1990)

Numerous other social, environmental and individual personal factors affect a person's health. It is important, therefore, that executives in organizations other than the traditional hospitals and medical centers, such as medical insurance companies, pharmaceutical companies, bio-medical and life science companies, which can also contribute significantly to enhancing and sustaining people's health, be included as integral members of the healthcare management profession.

What do we do?

The fundamental objectives of the healthcare management profession are to maintain or enhance the overall quality of life, dignity, and well-being of every individual needing healthcare service; and to create a more equitable, accessible, effective, and efficient healthcare system (ACHE 2003). To uphold the mission and objectives of the organization, the role of healthcare executives is multidimensional: to seek and deploy resources to meet the healthcare needs of patients and the community, to enhance quality of care, to safeguard assets, to sustain the organization's survival, and to optimize the productive use of the organization's resources, including staff and employees.

To discharge their responsibilities, healthcare executives have obligations to patients and other consumers of healthcare, the organization, the employees, the community and society. As professionals, they also have obligations to the profession of healthcare management.

The role of healthcare executives is significantly different from that of business executives, although both may need to utilize similar knowledge and skills in managing or developing the organization. Healthcare provides a unique environment and a unique set of challenges for leaders (Ross 1992). Many healthcare executives have chosen a career in healthcare services because they believe that their involvement will make a difference. Many are also drawn to the rewards associated with "service above self". Hence, what sets the healthcare executives apart are their personal and professional motives: the sense of being and what that being aims to achieve. Healthcare executives are about healthcare and health optimization. Business executives are about business performance and profit maximization.

The Future Healthcare Executives

The work of healthcare executives is to ultimately contribute to optimizing health of individuals as well as the community. This is not just about health in the macro sense, but also at the individual level. This requires that healthcare executives address healthcare needs of patients at a personal level while striving to optimize health of the community at large.

To integrate these requirements is not an easy task. But this is precisely what healthcare executives must do and where they can add value while others normally do not: clinicians focus on addressing the healthcare and medical needs of individual patients and public health administrators focus on addressing health of the public in an aggregate sense. Healthcare executives deal with both.

So what competencies are uniquely required of healthcare executives? There are at least three:

- Healthcare executives need to have a clear sense of where healthcare is headed. This requires that they fully understand the epidemiology and the determinants of health of the community and that they have the perceptiveness to discern the underlying patterns of change in people's lifestyle preferences. Tuning into the community, and staying informed of other healthcare systems' development and upholding the alertness to forthcoming changes are critical.

  Healthcare executives must have a proper concept of what quality is in healthcare and a keen commitment to making higher quality possible. This includes an understanding of the complexity of clinical processes as well as people issues and organizational dynamics and how they interrelate and affect each other.

- Healthcare executives must be able to anticipate crisis and make the organization readily capable of anticipating it, weathering it and being ahead of it. This requires a sense of crisis preparedness and a deep understanding of the organization's ability to respond in addition to a high level of political acumen and professional resolve in addressing patient, staff and community issues during and after a crisis.

What is our working environment?

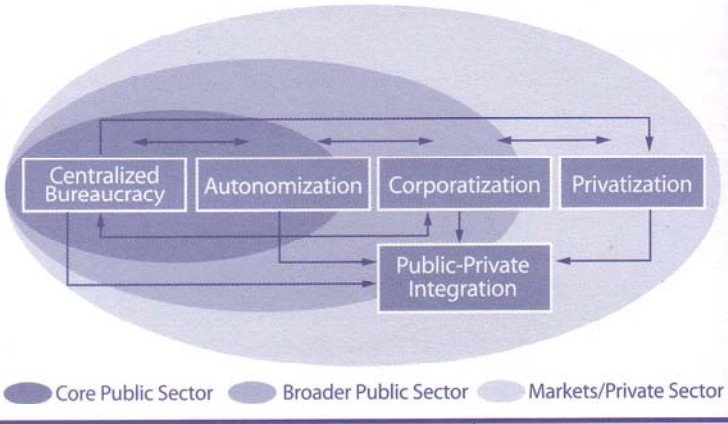
The working environment of healthcare executives has been changing continuously and, in some cases, rapidly. Many Asian healthcare systems have undertaken financing and infrastructure reforms in recent decades (see Figure 2 for selected examples in the Asia Pacific Region). In Hong Kong, the formation of the Hospital Authority in 1990 with an independent governance structure and management system denoted a strategy of corporatization (i.e., introducing more private sector or market economy practices) for reforming the public hospitals (see Figure 3 for strategies of public sector infrastructure or hospital reforms).

Recently, the Hospital Authority's independence is increasingly put to question as its funding continues to be almost totally dependent on government and its management subject to government direction and control. The Hospital Authority is now operating under the autonomization mode (i.e., operating under government control but serving both the government funded and subsidized patients). How it will evolve in the future is uncertain, although public sector services should need to be better integrated with private sector services in order to better serve the community.

Figure 2: Modes of Public Sector Healthcare Financing and Infrastructure Reforms in Selected Asian Economies

	Financing Reform	Infrastructure Reform
Japan	NHI 1961	Under consideration
Taiwan	NHI 1995	Privatization 1998
South Korea	NHI 1989	Under consideration
Thailand	Universal Coverage 2001	Autonomization 1999
Malaysia	Under consideration	Under consideration
Singapore	MSA 1984	Corporatization 1988
Hong Kong	Under consideration	Corporatization 1992

Figure 3: Strategies for Public Sector Infrastructure Reform



Whatever future reform strategy Hong Kong's public hospitals may undertake, there will need to be more involvement of the public and engagement of community leaders in order to be successful. This means healthcare will be more politicized. But no system of healthcare can survive if it does not ultimately respond to or meet the needs of patients and the community.

What do we stand for?

Healthcare executives are expected to bring about improvements in the health of individuals and society. This implies that healthcare executives must exert leadership that embraces a commitment to the ordained mission of protecting and enhancing people's health. The vision, values and beliefs to which healthcare executives adhere are based on this mission. The organizational goals and implementation strategies are also based on this mission. This mission is the foundation of excellence for healthcare executives. This is his mission and focus. This is the reason for his being. Any leader who focuses on himself or anything else is going to mislead (Drucker 1990).

In fulfilling that mission, healthcare executives have fundamental responsibilities to the society, the organization, patients and staff. Apart from conducting personal and professional activities with honesty, integrity, respect, fairness, and good faith in a manner that reflect well upon the healthcare management profession, they have specific obligations in (extracted and modified from ACHE's Code of Ethics, see ACHE 2003):

- working to identify and meet the healthcare needs of the community and to support access to healthcare services for all people
- encouraging and participating in public dialogue on healthcare policy issues and advocating solutions that will improve health status and promote quality healthcare
- seeking to obtain or secure resources to ensure an effective functioning of the organization
- leading the organization in the use and improvement of standards of management and sound business practices
- being truthful in all forms of professional and organizational communication, and avoid disseminating information that is false, misleading or deceptive
- demonstrating zero tolerance for any abuse of power that compromises patients or others served
- fostering a work environment that promotes and values service orientation, innovation and ethical conduct by employees
- ensuring that staff may freely express ethical concerns and providing mechanisms for discussing and addressing such concerns
- providing a safe work environment that also promotes the proper and inclusive use of employees' knowledge and skills

The emphasis on mission, vision, values and beliefs will be the focus of the not only healthcare organizations, but also that of future business corporations. Peter Drucker argues that these components, not the creation of wealth and jobs, will form the basis of social legitimacy of large corporations in the future (Drucker 2002):

In the half-century after the Second World War, the business corporation has brilliantly proved itself as an economic organization, i.e., a creator of wealth and jobs. In the Next Society, the biggest challenge for the large company—especially for the multinational—may be its social legitimacy: its values, its mission, its vision.

Maintaining a health-promoting mission, upholding values that focus on optimizing the health-promoting mission, sustaining a service oriented culture, fostering and protecting an inclusive and performing workforce, and executing strategies in line with ethical, professional and moral obligations are what healthcare executives must stand for.

The future healthcare executives

Healthcare executives will face many changes in the future. Healthcare systems and financing reforms will continue and need to accommodate the community's changing socioeconomic and political development. Individual healthcare organizations will need to anticipate and adapt quickly to changing policies and regulations that affect healthcare funding or revenue generation, quality assurance and patient and employee safety. In the meantime, civil society's expectations on healthcare organizations and its leadership will rise.

The Future Healthcare Executives

Healthcare executives of the future will not have an easy job. This complexity is reflected in the Preamble of the Code of Ethics that the American College of Healthcare Executives prescribes for its affiliates (ACHE 2003):

Healthcare executives have an obligation to act in ways that will merit the trust, confidence, and respect of healthcare professionals and the general public. Therefore, healthcare executives should lead lives that embody an exemplary system of values and ethics.

In fulfilling their commitments and obligations to patients or others served, healthcare executives function as moral advocates and models. Since every management decision affects the health and well-being of both individuals and communities, healthcare executives must carefully evaluate the possible outcomes of their decisions. In organizations that deliver healthcare services, they must work to safeguard and foster the rights, interests, and prerogatives of patients or others served.

The role of moral advocate requires that healthcare executives take actions necessary to promote such rights, interests, and prerogatives.

Being a model means that decisions and actions will reflect personal integrity and ethical leadership that others will seek to emulate.

Future healthcare executives are not only about learning and applying more new technical and operational knowhows, but also about how to be leaders that add value to people's health individually and as a community. This requires effective management of the service organization and its moments of truth (Norman 1984). This requires a deep understanding of how complex organizations like hospital systems work and how to avoid such organizations becoming unmanageable (Mintzberg 1989). This requires a personal intensity to making higher quality possible. This requires a clear sense of understanding of one's own obligations, commitment and responsibility. This requires the integrity to obtain and deploy resources effectively with a clear moral, social and professional conscience. Being a successful future healthcare executive has never been more difficult and challenging, for he is charged and must be committed to balancing the demands and needs of individual patients and staff, the organization and the society far beyond what a business executive would ever have to face.

Yet, the role of management is an exciting one. As a manager or leader, one has the opportunity to gain control over one's own work; not all of it, but some of it. One can change things. One can do things differently. One actually has the authority to make a huge impact upon the way in which staff works. One can shape one's own work environment.

There is more to being a healthcare executive: he can positively affect or influence the life of patients in particularly sensitive, critical or vulnerable moments. In an aggregate sense, this is about protecting and enhancing people's health. There lies the fundamental responsibility and value of a healthcare executive. There lies the basis upon which one can distinguish good performance from poor performance.

Conclusion

The Hong Kong healthcare system still has room for improvement in many areas. Further changes will be inevitable as government funding for public sector healthcare becomes more constrained and the financial burden of healthcare shifts more to the patients. These changes may adversely affect the quality and access to public sector healthcare. The role of Hong Kong's healthcare executives will increasingly be more complicated and challenging.

Those Hong Kong healthcare executives who have been conferred fellowship in the profession have a particularly unique opportunity to showcase what healthcare executives are about and what their contributions can be. They can be drivers of Hong Kong's healthcare system and leaders in enhancing people's health and their social well-being. There is much that they can do and contribute.

REFERENCES

ACHE (American College of Healthcare Executives). 2003. ACHE *Code of Ethics.* Chicago: ACHE.

Drucker, P.F. 1990. *Managing the Nonprofit Organization: Principles and Practices.* New York: HarperCollins Publishers.

Drucker, P.F. 2002. *Managing in the Next Society.* New York: St Martin's Press.

Evans, R.S. and Stoddart, G.L. 1990. Producing health, consuming health care. *Social Sciences and Medicine* 31 (12): 1347-1363

Mintzberg, H. 1989. *Mintzberg on Management: Inside our Strange World of Organizations.* New York: The Free Press.

Norman, R. 1984. *Service Management: Strategy and Leadership in Service Businesses.* Chichester: John Wiley & Sons.

Ross, A. 1992. *Cornerstones of Leadership for Health Services Executives.* Ann Arbor: Health Administration Press. ■

Coming Up

Social Events

Our first attempt in organizing social events for the Society was a **wine tasting** evening in July 2003. This went off rather well with about 25 members and friends attending the event to learn more about wines and the latest in dermatology such as laser treatments to improve one's complexion. However, our second attempt to organize a BBQ met with disaster and we had only 6 members registering for the event. Regrettably, we had to cancel the event! Eventually, Alice made another attempt to organize **hiking** and this time, several Council members turned up and had a great time walking up a steep trail in pursuit of the pot of gold at the end of the rainbow!

We do need members' support for our social events so please come and have a bit of fun!
If you have any good suggestions for social activities, please do not hesitate to contact Alice Tso, our Social Events Co-Ordinator, who will be pleased to hear from you.

An event you should not miss is the coming **"Meet the New Council"** on 17th April 2004. On that day, we will have BBQ cum Karaoke session at the Staff Club, Queen Elizabeth Hospital, G/F, S Block at 4 p.m. You can relax and enjoy some good food and singing and at the same time have the opportunity to meet your new Council members. They will be pleased to share their thoughts and vision of what the Society hopes to achieve in the coming years, so do come and be part of the fun!

National Congress

Australian College of Health Service Executive (ACHSE)

The Society will continue to run short courses on various topics from time to time. For 2004, a major event that you should not miss is the **Australian College of Health Service Executive (ACHSE) National Congress** to be held in Darwin from 20th to 22nd July 2004.

The Australian College of Health Service Executives in association with the Australian Healthcare Association will present the 2004 National Congress with the theme of "At the Leading Edge". This theme symbolizes the rapid developments in health service delivery and organization as well as the geographical location of Darwin in terms of the interface of Australia with its neighbours in the Asia Pacific region.

This will be an excellent opportunity to hear from leading speakers on new developments in a variety of health management contexts and to network, renew acquaintances and make new friends in a friendly and relaxing atmosphere. If you need more details, please refer to the ACHSE's website at www. achse.org.au or email to achse@achse.org.au

The Society will also be organizing an **Health Care Management Course at Zhejiang University, China** in October 2004. This programme aims to update participants on the latest development in the health care scene of China and to have an overview of the major changes and impact of China's ascension to WTO to health services in China. This 4-5 day course will also enable participants to understand the current situations of foreign enterprises involved in China's health services and explore opportunities for service collaboration. ■

Application Form

Hong Kong Society of Health Service Executives

Membership Application / Renewal Form 2004/05

(For renewal, please fill in any changes of personal particulars if necessary or just write down your name, ID number and send in your payment)

Name (Family Name / other name)

Title : Prof / Dr / Mr / Ms / Mrs HKID No.: - Sex : M / F

Position Held : _____

Place of Work : _____ _____
(Department / Division) (Organization / Institution)

Nature of Organization : ☐ HA ☐ Government Department ☐ Private Hospital ☐ Academic Institute
☐ Other Public Organization ☐ Other Commercial Organization

Correspondence Address :

Contact Phone No. : _____ Fax No.: _____

Email : _____

Professional Qualification : _____

Qualification in Health Care Management : _____

I wish to ☐ apply / ☐ renew ---------- ☐ life / ☐ full / ☐ associate membership
I wish to ☐ apply for membership of the Australian College of Health Services Executives as well
Membership fee : $3,000 - life member $300 - full member $200 - associate member
$1,800 - full member (for dual membership of HKSHSE and ACHSE)
$1,500 - life member who wish to join ACHSE as well (annual)

Qualification for full / life membership: holding a degree in management or a full time managerial position

Please send this application with cheque payable to **" The Hong Kong Society of Health Service Executives "** to :

P.O. Box No. 70875
Kowloon Central Post Office
Hong Kong