

Medical Training in Hong Kong

Dr. Po-mui LAM

MBChB, MRCOG, FHKCOG, FHKAM (O&G), MD
Chairlady of the Chinese University of Hong Kong Medical Alumni Association

What we teach our medical students and young doctors is broadly speaking how we will be treated in the future as patients. Medical education and training are the keys to the maintenance and improvement of Hong Kong’s already high standard of care. It is essential that we keep reviewing what and how we teach so that no opportunity to improve is missed. It is my honour and privilege to reflect on the medical education and training of Hong Kong as I am a relatively junior product of this system, or more precisely, the Chinese University of Hong Kong (CUHK), at both undergraduate and postgraduate levels.

Undergraduate Medical Training

In 1981, the Faculty of Medicine in CUHK admitted its first batch of students. It was a traditional curriculum largely based on the Cambridge model with clear delineation between preclinical and clinical years. It was formulated with the requirements of the General Medical Council (United Kingdom) very much in mind. The resulting graduates were, not surprisingly, familiar to the medical establishment and were quickly accepted into the medical community of Hong Kong. However, this curriculum was radically revamped with the new millennium. In the academic year of 2001-02, CUHK replaced the traditional medical undergraduate programme with an integrated, systems-based curriculum. The old curriculum tended to overwhelm students with factual content at virtually every stage of the 5 year programme. The new programme was both vertically and horizontally integrated. Thus, it was easier for students to appreciate the importance of what was being taught. Together with early clinical contact, students could apply what is taught and develop their clinical sense more easily and at an earlier stage of their education. More importantly, communication and lifelong, self-directed learning skills teaching are emphasised, thus enhancing the graduate’s ability to adapt to a rapidly changing world. In this way, it is anticipated that our next generations of graduates will be better prepared to meet the challenges of modern-day health care and serve the community with clinical excellence and compassion. As a graduate of the traditional curriculum and a clinical teacher of the new one, I am gratified to observe the differences and improvements. There have been trade offs but overall, I think it is a development in the right direction.

While we have a formal structure for the core curriculum which encompasses the essential knowledge and skills as well as the appropriate attitudes that the students must acquire before graduation, it is important to give the students the flexibility and opportunities to explore their own interests in depth. Non-core curriculum consists of selected study modules in the first three years and the elective training in the fourth year of the programme. Every student is unique and should be given reasonable choices in the way they learn. These ‘non-core’ programmes are no less important than the core syllabus. Indeed, they are the extension which allows the students to pursue experiential learning in various disciplines that interest them and to develop the skills and attitudes required for critical and analytical thinking.

To prepare for the real world of being a doctor, nothing is better than practical experience through clinical contact and hands-on training. Clinical teaching is emphasised, especially in the later half of the programme. After the successful completion of the 5-year medical curriculum, all graduates undergo a one-year internship in various approved local hospitals before they become registered medical practitioners in Hong Kong. In the past, interns spent an inordinate amount of time doing clerical work and other tasks such as taking blood. Whilst these tasks are not unimportant, employment of more phlebotomists and clerk stewards has allowed interns to participate more in direct patient care and hands-on practical training. It is a better and more sensible use of their training time.

Medical culture is inherently perfectionistic. Furthermore, patients are increasingly intolerant of almost any short coming. I am sure every student wants to be a good doctor, and the educational system should ensure that all graduates are competent professionals. Medical training involves substantial investment in time, money and effort from both the students and society. A robust process of monitoring throughout training is important and, if any students are struggling, this should be recognised early and handled appropriately. More importantly, students should make the right choice to start with. There are considerable societal and family pressures on excellent students to train in medicine, sometimes against their natural interest. To make choosing to study medicine more informed for the students, our alumni have been organising mentorship programmes for both medical and secondary school students so that the students know more about the life of being a medical student or a doctor before commencement of training.

Postgraduate Medical Training
It is now accepted that continuous medical education (CME) and continuous professional development (CPD) are essential in professional development and maintaining high standards of care. However, medical knowledge is rapidly evolving and ensuring that the practising doctors are continually accessing and using the latest information in their daily practice is no easy matter. Whilst CME and CPD activities do not always ensure that this happens, there is thus far no better alternative. Nevertheless, improvements such as greater use of Information Technology and the vast knowledge that is readily available on the internet promise to make the task easier. For example, internet-based CME programmes are becoming more common. It is cheaper and more convenient but not necessarily more effective than traditional programmes. At the end of the day, it is the system's ability to deliver caring, competent and committed professionals to those in need that is of paramount importance.

Although some form of ethics education has been included in the undergraduate training, there is a comparative paucity of such training in the postgraduate area. Appropriate training in ethics not only cultivate virtuous clinicians but also provides a set of skills to address ethical dilemmas we encounter in daily practice in a well-reasoned way. All doctors must demonstrate a commitment to fulfilling professional responsibilities, adherence to ethical principles, and sensitivity to an increasingly diverse patient population. Doctors remain one of the most trusted professions in our society and we should not take this for granted.

Medical graduates may pursue their professional training in a specialty or even a particular sub-speciality subsequently. Our profession needs clinical experts in various fields, but it is at least equally important for some to develop specialised expertise in research. My interest in research developed when I spent a year's elective in research at the Prince of Wales Hospital. I would probably have missed this transformational experience if I was not working in a university teaching hospital. Therefore, it is important to give the students and new graduates the opportunities to explore their own interests. Postgraduate research training and degrees such as Doctoral of Medicine are available in the two medical schools in Hong Kong. However, this remains a difficult career path. In order to practise evidence-based medicine, clinical research is essential and can never be replaced totally by laboratory research. Furthermore, the role of clinician-scientists remains crucial to the continuing success of modern medicine, the power of which will continue to grow if we can preserve and enhance the art and science of our profession. Although only a small minority of each graduating class will become clinician-scientists, it is essential that there are some to carry on this precious tradition.

A good health care system needs competent and safe doctors as well as administrators with a clear commitment to creating patient services that deliver excellence. It is crucial to have clinicians in these leadership and management roles. Therefore, all doctors should have a reasonable grounding in management skills. It is possible to further improve postgraduate clinical and administration training.

Indeed, organisations such as the Hospital Authority and Department of Health are already intimate partners with the universities in this endeavour. It is not the preordained destiny of all doctors to treat patients; some will be called upon to care for organisations.

**The Chinese University of Hong Kong Medical Alumni Association (CUHKMAA)**

Formed in 1992, CUHKMAA now has more than 3000 potential members. It provides a network platform among our medical alumni and organises various social events such as dragon boat races and golf tournaments. Moreover, the Association also serves as a platform for promoting the good name of our medical school and serving the medical profession. The possibility of setting up a section on Medical Education on our web has been discussed. Medical education never ends at any stage though it may be in various forms. It has certainly been my privilege to be involved in it.