

Comments to Dr. Yi-Xiang Wang's on training of young doctors under the current health care system in China

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Submitted Jan 21, 2015. Accepted for publication Feb 02, 2015.

doi: 10.3978/j.issn.2072-1439.2015.02.16

View this article at: <http://dx.doi.org/10.3978/j.issn.2072-1439.2015.02.16>

Dear Editor,

Dr. Wang made wise observations on the current health care system in China and made proposals on the improvement of doctors' training which he is particularly concerned (1,2). With genuine admirations to his comments, I would humbly supplement some relevant viewpoints.

First at all, in spite of the remarkable gross domestic product (GDP) volume in China, which was accumulated in just over 3 decades, the Health Care System was given a good share for just around 15 years. I have the opportunity of maintaining academic links with medical schools in China for over 40 years. My charity program in rural China also allowed me to gain firsthand experience about small hospitals in remote districts. I could therefore claim a good understanding about health care system in China.

During and before the civil war, health care in China was extremely primitive. With the exception of big cities, medical care relied mostly on traditional Chinese medicine. Since the New China days, one political emphasis has been "Integrating modern medicine with Traditional Medicine". In the following years, the world trend of scientific medicine gradually took over and traditional medicine became supplementary. When extreme socialism was replaced with pragmatic national capitalism in 1970's, flourish of private enterprises drastically changed the economic situation in China, resulting in an out-burst of productivity. Unfortunately medical service is only a local service which did not get activated until after more than ten years of massive economic growth. Hospitals were privatized and stopped receiving full subsidy from the government. The

result of privatization was a rapid elevation of medical fees and uncontrolled desire for health benefits. People were facing unacceptable difficulties involved in acquiring and paying for medical treatment, which have become a national threat since 15 years ago. In spite of great governmental efforts to dilute the problem, the difficulties persist up to to-day. The Chinese government is well aware of the seriousness of the problem, so that not only is more national resources put in, but a Central Medical and Health Care System Reform was started in 2008. Contents of the Reform consisted of the following areas, viz., Public Health, Health Insurance, Hospital Reform, Drug Delivery Reform and Primary Health Services. Within ten years, very impressive results are obvious in Public Health, Primary Health and Health Insurance areas.

Hospital Reform which is linked with Drug Delivery, however, is considered to be most difficult and very little advances have been made.

In any major reform project, hard-ware building is always easy, provided that resources are available. In China, we are impressed with the modern hospitals newly built in cities, towns and counties; health clinics and medical equipments everywhere. "Soft-ware" reform, i.e., service management, professional training, medical ethics etc. would need much longer to improve. One crucial problem in China occurs in professional training, from students to graduates, which Dr. Wang listed out one by one and tried offering solutions. I would try to respond to him in the following paragraphs:

(I) Good medical students;

Like all undergraduate student admissions, priority is given to those with highest academic quality. It may be a

good idea to introduce some character testing interview so as to recruit the future ethical practitioner.

(II) Medical curriculum;

Medical curriculum in China follows the old German school which provides 5 years' course with the final year of internship incorporated. Four years teaching is certainly too short compared to the usual 5-6 years in Europe and America today. Internship year is most important for practical skill learning. It should be arranged after the final examination so that the student is off the pressure from graduate examination. The current arrangement in China forces the graduating student to prioritise on book learning for examination need. The explosion of medical knowledge and information is another fact that denies the efficiency of the four plus one year curriculum. Perhaps the deficient time further cuts students' opportunity to enjoy interactive sessions with teachers, fellow-students and patients.

More than ten years ago, joint workshops on medical curriculum were run annually across the strait with Beijing and Shanghai Medical Universities and a few others participating. Hong Kong delegates repeatedly pointed out the deficiency of the four years curriculum. The workshops did not go on while the traditional 5 years medical curriculum in China continues.

(III) Medical school training;

The poor quality training is related to the short duration of the course and conservative preference to class teaching.

(IV) Independent administration for medical School and total segregation from other faculties;

In fact before the current economic boom, most of the medical courses in China were mastered by independent medical schools like the situation in some European countries. Medical schools were subsequently re-united with their parent universities. I believe the current trend worldwide, is to allow more intimate interactions between different faculties and total independence for medical schools (medical universities) is still controversial.

(V) English language;

Indeed, the world language for the medical profession is English. Mastering English language should start in the medical school (2).

(VI) Professional training;

Since specialization has become a global necessity for the medical profession, China has followed. However, a system of specialist training is still lacking. Surgeons, Gynecologists, Pediatrician etc. go through post-graduate courses to become a specialist, through the supervision of professors. The limitations are obvious because professors could not be too many. The training requirement has broadened to special hospital linked 3 years master degree schemes. The academic and professional variations could be wide.

Affluent countries have established professional colleges and academies to be in-charge of professional specialization training in health and medicine for nearly one hundred years. China still insists that only academics should be in charge. Outside China, those training and accreditation centres are formed by a tripartite collaboration between the professionals, academics and civil servants. This is the most effective way to ensure an efficient flow for training and quality control.

Colleges and Academics in Hong Kong have been suggesting the tripartite arrangement which is still pending for consideration in China.

(VII) Monitoring of professional proficiency.

Without a tripartite body to maintain professional requirements, evaluations and continual education, monitoring remains an idealistic dream.

In conclusion, we are living in an era where past experience and current global events should be great references for effective development. China is determined to reform its health care System. There is a lot to be learnt and adopted for an efficient transformation.

Acknowledgements

Disclosure: The author declares no conflict of interest.

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Cite this article as: Leung PC. Comments to Dr. Yi-Xiang Wang's on training of young doctors under the current health care system in China. *J Thorac Dis* 2015;7(3):E60-E61. doi: 10.3978/j.issn.2072-1439.2015.02.16