



Title	Hong Kong doctors: threats and opportunities
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Citation	Student B M J, 1997, v. 5, p. 269
Issued Date	1997
URL	http://hdl.handle.net/10722/45055
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Hong Kong doctors: threats and opportunities

China has promised that life in Hong Kong will stay the same for 50 years, but the health care system is already changing

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Hong Kong captured the world's attention on 1 July 1997, when it was officially handed back to China by Britain. It was a joyful relief for most people in Hong Kong who had been waiting for this day for 13 years since the signing of the Sino-British Joint Declaration on 19 December 1984. The Chinese government has repeatedly assured the people of Hong Kong that life in this special administrative

region will remain unchanged for 50 years.

Some change is inevitable. I suddenly found that all my stamps had expired because they had the Queen's head on them. However, this is a minor change compared with those facing the medical profession.

Medical students in Hong Kong will no longer be able to register with the British General Medical Council when they graduate. The students who passed their final MBBS examinations in June were the last batch of Hong Kong graduates who could register with the GMC. Now students have to take the licentiate examinations of the UK before they can do vocational training there. However, both medical schools in Hong Kong have decided to carry on teaching in English and to continue to accept 10-15% of their students from abroad.

For British and other commonwealth medical graduates the privilege of being able to register in Hong Kong without needing to take the medical licentiate examination ended on 1 July 1996. Now all doctors from overseas, including those in China, who want to work in Hong Kong, need to pass the exam before they can register as medical practitioners there. These restrictions on medical registrations could be a threat to international professional exchange, which is important for Hong Kong if it wants to serve as the window on the world for China.

Whenever there is a threat, there is an opportunity. The change in Hong Kong's identity creates an opportunity for the development of local specialist training and quality assurance. Memberships and fellowships of British royal colleges used to be taken for granted as the quality assurance indicators of specialists in Hong Kong. The medical profession saw the need for change many years ago, and in 1993 it formed the Hong Kong Academy of Medicine to standardise and supervise all specialist training in Hong Kong. There are now 15 specialist colleges under the academy, each providing its own training programme and fellowship examinations. The Hong Kong Medical Council is setting up a specialist register, and fellowship of the academy will be used as the yardstick for entry. To register, specialists from overseas will

have to prove that their training and qualifications are equivalent to those of the fellowships of the Academy of Medicine. Continuing medical education will be required to maintain the fellowships and specialist registration.

The next major change in the pipeline is the registration and regulation of the practice of traditional Chinese medicine. The British government made a similar promise 156 years ago, when it said that the Chinese people in Hong Kong would be allowed to continue to live their own lifestyles and practise their culture and traditional Chinese medicine. It is interesting how history repeats itself.

It is legal for anyone of Chinese descent to practise or sell traditional medicine in Hong Kong without the need for proof of training or registration. Over the counter Chinese tonics and self medications are popular in Hong Kong,¹ but less than 10% of the population would use traditional practitioners as their regular healthcare providers because no quality assurance exists.² A working party formed in 1994 has made proposals on the registration and regulation of Chinese medicine in Hong Kong. A statutory register of practitioners is expected to be in place by 1998. Both medical schools in Hong Kong are considering offering degree courses in traditional Chinese medicine and plan to include the subject in the medical curriculum.

Some doctors see the legitimisation of practitioners in traditional Chinese medicine as a threat because these practitioners will be able to compete for patients on a more equal basis. I think that official recognition and regulation would be beneficial to the care of patients. Potential exists for more research into traditional practice to separate the truths from the myths. Integration of the two types of care into a system that uses the good points of both may be a distant but not impossible goal for the medical profession in Hong Kong.

The change of sovereignty over Hong Kong could be seen as a crisis. The Chinese term for crisis (see above) consists of two words—the first means threats, and the second means opportunities. This has proved to be true for the medical profession in Hong Kong. We have to give up some of our old ties to make room for new gains.

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1 Lam CLK, Catarivas MG, Munro C, Lauder IJ. Self-medication among Hong Kong Chinese. *Soc Sci Med* 1994;39:1641-7

2 Wong TW, Wong SL, Donnan SPB. Traditional Chinese medicine and Western medicine in Hong Kong: a comparison of the consultation processes and side effects. *JHK Med Ass* 1993;45:278-84.

For more information about Hong Kong, see James Stoddart's elective report, page 300.