



## Preface

For everyone on the editorial team, it has been an honour and a pleasure to have participated in the preparation of this 30<sup>th</sup> anniversary commemorative publication of the Hong Kong College of Family Physicians. Since March 2006, our team has focused its combined efforts on the production of a comprehensive and accurate account of our College's first 30 years.

In the process, we had to sift through thick files of information from various sources, including minutes of College meetings, early copies of *The Hong Kong Practitioner* and newspaper clippings related to our discipline. We talked to many people who have made valuable contributions to our College in various areas, and conducted formal interviews with prominent local and overseas leaders of the discipline. We also invited members to write articles relating their personal reflections and stories of interest. Numerous memorable photographs and items from personal collections were selected to enrich the text.

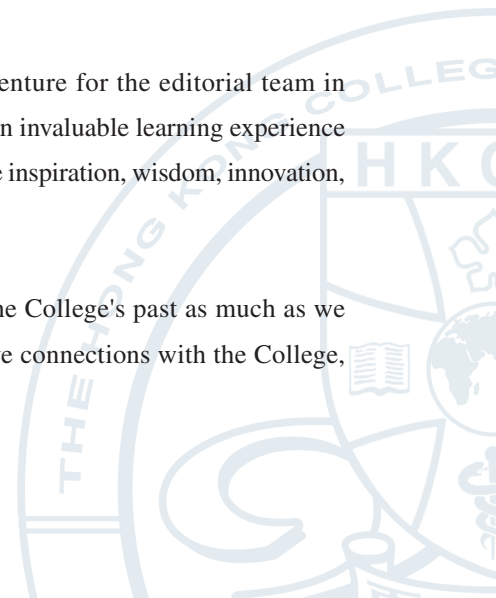
Mr Frank Davies, a writer and editor, was commissioned to document the formative years of the College. Chairpersons of all the boards and committees within the College were also invited to write their reflections on the past and present and on potential future developments.

After more than a year of hard work, with the final draft containing 62 articles contributed by 40 doctors and over 800 illustrations now ready to go to press, we owe an immense debt of gratitude to all those who were actively involved in the project. We believe that this publication will serve as a valuable reference guide documenting the origin and different developmental stages not only of our College but also of family medicine in Hong Kong.

The publication attempts to highlight some of the human elements embedded in these years of development. It also contains some amazing stories that most of us have never heard before. These, together with the interviews and reflections by various members, have made this a highly readable publication.

The preparation of the publication has been a major adventure for the editorial team in traversing the past 30 years of the College, and it has been an invaluable learning experience for all of us. We have all been enlightened and enriched by the inspiration, wisdom, innovation, dedication, and team spirit of our College's pioneers.

We sincerely hope that you enjoy this time journey into the College's past as much as we have enjoyed putting it together. For those of you who have connections with the College,



we hope that reading this will bring back fond memories. For the younger generations and those outside the College, we hope that this book will provide you with food for thought and help you understand the joys and pains involved in the establishment of our College and our discipline.

Most importantly, we hope that this publication will stimulate those of us who are presently part of this College to know what it stands for and how we can play a more active role in its future development. The path that our College takes over the next decade and beyond will be determined by us.

One of our high hopes and ultimate goals is to make our College a warm, caring, nurturing family headquarters where all members' professional needs can be met. We firmly believe that with love, harmony, and contributions from all members, our College will soon make this a reality. 'Strengthening Primary Health Care for All' is our motto, and its success depends on the effort of everyone within and outside the College.

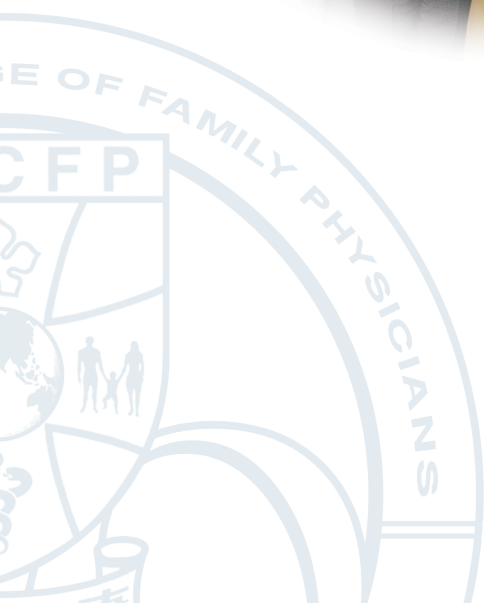
Lastly, we would like to express our heartiest thanks to all our advisors and secretarial staff for their thoughtfulness, invaluable input, and unfailing support.



**Dr Edmund W W Lam**

**Chief Editor**

**On behalf of the editorial team**





## Message from our Founding President

In expounding his philosophy on the 'Ages of Man', Confucius proclaimed 「三十而立」; meaning to say: *'By thirty, Man is established'*. It is therefore fitting for me as the Founding President to turn back the clock, on the occasion of our Thirtieth Anniversary, to reminisce about how have we 'established' ourselves over the past thirty years.

The Chinese proverb 「無恆產則無恆心」 "*Without permanent assets, there can be no permanent resolve*" is just as relevant to an organization as it is to an individual. For this reason, the acquisition of permanent premises for the College had always been one of our principal objectives. During the first ten years of the College's development, fortuitous circumstances made it possible for me to donate half the 8<sup>th</sup> floor of the Duke of Windsor Social Service Building to the College, with the result that, at this moment in time, HKCFP is ***the one and only*** post-graduate medical academic college being accommodated in the same building with the Hong Kong Medical Association and the Hong Kong Federation of Medical Societies. How this came to be is the subject of another article appearing elsewhere in this publication.

When I declared open the Association premises in the Duke of Windsor Social Service Building in my capacity as President of the Hong Kong Medical Association in 1975, ***the Hong Kong College of General Practitioners (HKCGP) was not even in existence***. HKCGP was conceived when I introduced the new medical discipline of general practice to the Council of the Hong Kong Medical Association in December 1975, which led to the incorporation of the Hong Kong College of General Practitioners and the holding of its First General Meeting in October 1977. The College was formally launched at an impressive and grandiose Inaugural Ceremony in March 1979 at the City Hall Theater with the attendance of over 400 persons.

However, being in possession of a 'permanent premises' is not the only yardstick for determining whether the College was 'established'. In my 'Message' in the HKCGP's 25<sup>th</sup> Anniversary Brochure, I spelt out my 'Vision and Mission' for the College by elaborating on its four Main Objectives. I take this opportunity to reproduce hereunder the said objectives as well as to bring them up-to-date as follows:

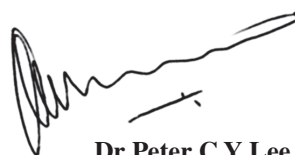
- (1) **The First Objective** was to secure formal recognition from the Medical Council of Hong Kong that the postgraduate academic degree of 'HKCGP/ HKCFP' is a quotable qualification. This was achieved in 1990, and the 'Fellowship' of our College became ***the first and only locally granted postgraduate medical degree*** to be so recognized at that time.
- (2) **The Second Objective** was to secure 'Specialty Status' for the discipline of general practice/ family medicine. This objective was partially achieved in April 1990 when the government-appointed 'Preparatory Committee', set up to plan the proposed 'Academy of Medicine', accepted our College as one of its foundation colleges. This decision was made with the intention of ensuring that the discipline of general practice/ family medicine

would in future require the same stringent training and achieve the same high professional standard as other specialties in Hong Kong. When The Hong Kong Academy of Medicine Ordinance was enacted in the Legislative Council on 25 June 1992, the Hong Kong College of General Practitioners was listed as one of the constituent Colleges of the Academy, and *our specialty status was thus enshrined in the Laws of Hong Kong.*

- (3) **The Third Objective** is to continuously improve and elevate standards of Continuing Medical Education (CME) and Vocational Training Programmes to achieve academic excellence in the discipline of general practice/ family medicine and to enhance the professional status and prestige of its fellowship degree (FHCGP/ FHCFP). The successful launch, together with the Royal Australian College of General Practitioners, of *the HKCGP/ RACGP Conjoint Fellowship Examination in 1987 authenticated the standing and reputation of our fellowship degrees which are henceforth internationally recognized.* The Third Objective is a continuous and continuing process. It is to be expected that in future more College members will be admitted to the Conjoint HKCFP/ RACGP Fellowships and be conferred with the FHKAM (Family Medicine) degree. I feel I am thus justified in declaring that the College has succeeded in achieving this Third Objective.
- (4) **The Fourth and Ultimate Objective** is to persuade and assist the Government to *transform the health delivery system of the HKSAR from the existing hospital-based one to a community-based system.* It is envisaged that this transformation will be a lengthy uphill struggle.

I have always persevered in my campaign to make it mandatory that all front-line doctors in Hong Kong undergo two or three years of vocational training after full registration before being allowed to operate their own independent medical practice, so that our medical practice standards fall in line with prevailing standards in the United Kingdom and other developed countries. It is obvious that raising the standard of medical practice amongst front-line doctors is the first important step in achieving the establishment of a community-based health delivery system, as well as a sure way to decrease public demands on hospital beds and referrals to specialists. It follows that it is also a sure way of reducing the overall health costs to the community. But the overriding advantages of such additional mandatory vocational training to front-line doctors are the expected benefits for the people of Hong Kong. I strongly recommend that the College should find ways and means of advocating and helping Government achieve this ideal.

In conclusion, I must say that what the College had accomplished during the past 30 years is worthy of the highest commendation. In offering my congratulations to the College, I can proudly say that the College does measure up to the philosophy of Confucius. **By its Thirtieth Year, the Hong Kong College of Family Physicians is firmly established.**



Dr Peter C Y Lee

**Founder-President, The Hong Kong College of Family Physicians (1976-1988)  
Past-President, World Organization of Family Doctors (WONCA) (1992-1995)**



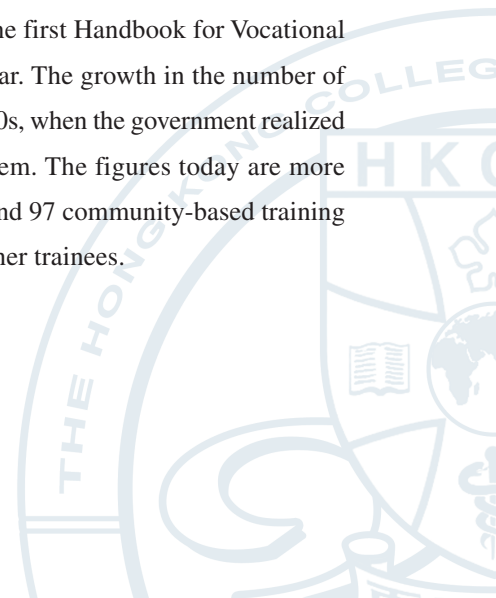
### 30<sup>th</sup> Anniversary: President's Message

Under the auspicious leadership of our honourable Founding President, Dr Peter Lee, the Hong Kong College of Family Physicians was established in 1977. Over the past thirty years, the College has grown from a small association, consisting of a group of enthusiastic general practitioners, into a publicly recognized and professionally accredited academic college with structural vocational training programmes, different levels of professional examination, and hundreds of college fellows. The following are some of the major achievements or accomplishments which the College has attained.

The first issue of the college journal, *The Hong Kong Practitioner*, was published in 1979. It is one of the first, if not the first, regularly published local academic medical journals, and has been published continuously for 28 years. The journal is indexed in *EMBASE/ Excerpta Medica*. In this journal, readers can find the most up-to-date clinical information of specific relevance to Hong Kong. Trainees will find reading materials useful in helping them to accumulate clinical knowledge and prepare for their professional examinations, and members may obtain CME/ CPD points by returning a correct set of MCQs answers or by returning a completed CPD log to the College.

In 1980, a computerized register (utilizing WONCA's ICHPPC) was developed for recording morbidity in general practice in Hong Kong. In the year 2000, the College endeavoured the development of a Chinese version of WONCA's ICPC. The translation was made possible by inputs from both our College and scholars from the Mainland. Thereafter, the Chinese version of ICPC has been distributed to Chinese-speaking communities. Not only is this ICPC booklet a valuable tool for disease coding and morbidity research but it also serves as an imperative companion for researchers. Furthermore, it provides excellent official translations of the nomenclatures of common diseases. The ICPC booklet is available from the College office at a nominal price.

The first pilot vocational training scheme was launched in 1983. Evangel Hospital and Maryknoll Hospital joined the voluntary programme and the first Handbook for Vocational Training in General Practice was published in the same year. The growth in the number of trainees and training centres remained slow until the late 1990s, when the government realized the importance of family medicine in the health-care system. The figures today are more encouraging. There are 28 hospital-based training centres and 97 community-based training centres. The College records 360 basic trainees and 97 higher trainees.





With the concerted efforts of our College and the Royal Australian College of General Practitioners, the first Conjoint HKCGP/ RACGP Fellowship Examination was held in 1987. There were two categories of candidate. The Category I candidates were those who had completed the prescribed vocational training programme and Category II candidates those who had engaged predominantly in general practice for five years. Such admission criteria for Category II candidates have provided an important pathway for all general practitioners to acquire formal acknowledgement of their abilities by taking the Fellowship Examination. As of 2006, there were altogether 289 successful candidates.

To echo the theme of the 30<sup>th</sup> anniversary, the theme of this year's Annual Scientific Meeting is '30 years of HKCFP and Beyond: A New Era in Family Medicine'. It is now time for us to look into this new era. It is beyond doubt that our College has made tremendous achievements, but what will happen in the coming years? With the group of enthusiastic and energetic members of the College, who will continue to help the College to evolve and the discipline to mature, seeds for betterment are sowed. I envisage that the new era is not far away.

After the establishment of the Hong Kong Academy of Medicine (HKAM), all training programmes were standardized. Trainees have to undergo a minimum six years of structured vocational training and pass both intermediate and exit professional examinations before they are elected HKAM fellows. However, many active members of our College do not get the chance to receive a full six-year vocational training. Even though this group of members might have passed our fellowship examination or obtained the Diploma in Family Medicine and accumulated valuable working experience, under the present regulations, however, they do not fulfil the criteria for election as FHKAM unless they quit their own practice and rejoin the training programme. This option of quitting one's practice, however, is often financially and practically infeasible. In light of their difficult situation, the college council attempted to assist this group of members by introducing a part-time programme five years ago. An individual might need ten years to complete the training. This part-time programme failed to attract significant enrolment.

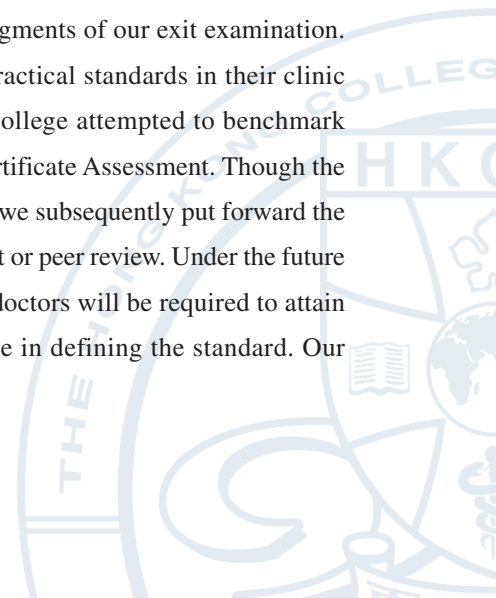
Last year, the College council revisited the situation and agreed that there should be a review of the present training system. The review would recognize the importance of self-directed studies and the learning needs of mature learners, and the future training programme would be flexible and practical for all doctors who wish to undergo training in family medicine. At present, there are numerous training and diploma courses for practising doctors. Mandatory modules will not be the mainstay of the programme. In contrast, emphasis would be given to

flexible self-directed learning. Moreover, with the advent of teleconferencing and new video-recording techniques, the absolute need for face-to-face teaching should be reconsidered.

In 2006, the Board of Education introduced special-interest groups. The first group to form was the psychological medicine special-interest group. At present, we also have the dermatology and the musculoskeletal medicine groups, among others. Special-interest groups attract members with similar interests in that particular field. The groups meet regularly to share clinical information and interesting clinical cases. The groups also publish reports with a particular focus on certain learning points. With ongoing development, these special-interest groups will harvest family doctors who possess the professional quality of mastery in that area. This will lead to groups of family doctors with special interests, which is a world trend in medicine and a natural evolution following the exponential growth in medical knowledge. In future, trainees will develop special interests during higher training. Special-interest training modules will be made available to higher trainees during the higher-training period. On completion of training, trainees will be competent in family medicine as well as in at least one special interest of their own choice.

Since the establishment of the College, the concept of family medicine has been actively promoted in the community. The College now stresses the practice of continuing, comprehensive, anticipatory, whole patient care and, through structured training and qualifying examinations, produces a group of family doctors who deliver their services based entirely on the principles of family medicine. In recent years, policymakers have begun to realize the importance of family doctors to the health care system. In 2005, the Health, Welfare and Food Bureau released a consultative paper, in which the role of family doctors was emphasized. With increasing demand from the ageing population, the present health-care financing system, which is mostly secondary-care based, will soon be unsustainable. It is now time to revamp the system to redirect resources towards primary care.

Fund allocation must go hand in hand with standards setting. In addition to focusing on the knowledge, skills, and attitude of our trainees, the College also emphasizes the standard of clinical practice. Practice assessment is one of the three segments of our exit examination. Candidates must be able to demonstrate a high level of practical standards in their clinic before they can pass the exit examination. In 2000, the College attempted to benchmark standards by putting forward the Primary Medical Care Certificate Assessment. Though the PMCCA was not widely accepted by primary-care doctors, we subsequently put forward the Practice Assessment Package to members for self assessment or peer review. Under the future health-care finance system, I predict that all primary care doctors will be required to attain certain standards. Our College will play an important role in defining the standard. Our



persistent quest for a high level of practice standards will, one day, become just another normal requirement that the community expects of and demands from medical practitioners.

The College has now established the HKCFP Research Fellowship. This is a move to encourage members to carry out research in the field of family medicine. The grant endows the research fellow with the necessary time to develop research skills and complete a research project under supervision. The College is committed to holding scientific meetings annually. Last year, our College carried out an investigation of the factors influencing the preference of the local population in choosing primary care doctors. With our united efforts, our College will be backed up by a strong team of researchers.

The College has held the Conjoint HKCFP/ RACGP Fellowship Examination since 1987. The eleventh year of the exit examination was in 2007. The Diploma in Family Medicine is about to announce its fifth intake of students. The College possesses the potential and capacity to develop into an education centre for family medicine. The College also takes on an advisory role in the development of training courses, educational programmes and assessment tools among the Chinese-speaking community. The College has been invited to hold training workshops in Shenzhen, Beijing, and Macau over the last couple of years. We have sent representatives to Macau and acted as the external examiner in their professional examinations.

In light of the new era, it is time for all members to equip themselves for change. Those who have joined the vocational training programme should commit their efforts to furthering their knowledge, skills, and experience in family practice. Training is always a memorable and invaluable experience. Members who have not had the chance to join a training programme should strive to advance their clinical expertise through continuing professional development or taking post-graduate courses. Fellows who have attained a high level of professional proficiency should develop special interests and continue with their self-directed learning.

Finally, I would like to make an appeal to all members to volunteer your valuable services to the College, bearing in mind that the College can only thrive and prosper with your ardent support, and that the discipline can only grow and expand with your continuous contributions.



**Dr Andrew K K Ip**

**President**

**The Hong Kong College of Family Physicians**

