



Dr Peter C Y Lee  
President 1977-1988



Dr Donald K T Li  
President 1998-2004



Dr Natalis C L Yuen  
President 1988-1992



Dr John T N Chung  
President 2004-2006



Dr Stephen K S Foo  
President 1992-1998



Dr Andrew K K Ip  
President since 2006

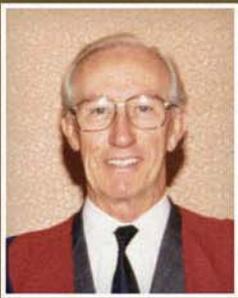


Part 5

# Personality Interviews



**Professor Wesley E Fabb**  
Honorary Fellow 1990



**Dr Clarke Munro**  
Honorary Fellow 1991



**Professor Robin C Fraser**  
Honorary Fellow 2002

## The Consultation – Reflections on 40 years in General Practice

(Quoted from *The Hong Kong Practitioner* 2000; 22:300-305)

The acquisition or possession of certain basic skills is essential in order to conduct meaningful and effective consultations with patients. This is true of all doctors, irrespective of their specialty, but the contents of this address apply more specifically to the discipline of general practice/ family medicine, in which I have been privileged to spend almost all my professional life. During this time it has become apparent to me that there are basically three types of skill which are required and are utilized in almost every consultation: communication skills, clinical skills, management skills.

**Clarke Munro**

**Interviewee:**

**Dr Peter C Y Lee (President 1977 – 1988)**



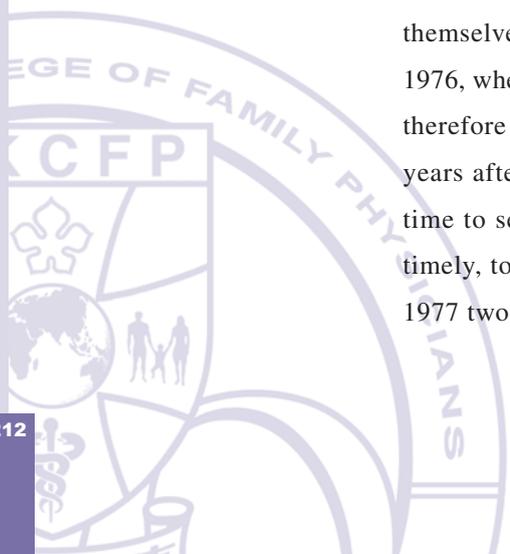
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**Prevention is better than cure!  
Ideally, the family physician  
should make the best use of every  
consultation to educate patients  
on how to remain healthy.**

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**Q. When and how did you make your first contact with China?**

October 1, 1949, was just another day in Hong Kong when Mao Zedong proclaimed the founding of the People's Republic of China (PRC) in Tiananmen Square in Beijing. As third-year medical students, my contemporaries and I were oblivious to this momentous world-shaking event, even though by the time we graduated in 1952, we did realize that professional communications between Hong Kong and the Motherland were completely cut off. This status quo did not affect to any great extent members of the medical profession in Hong Kong who, in the years following World War II, were parochial in nature and utterly indifferent to the outside world. But the situation was dramatically changed after 1970 when local doctors organized themselves as the Hong Kong Medical Association (HKMA); and especially after 1976, when the HKMA became a member of the World Medical Association. It was therefore propitious that China started to open up in 1978. In 1979, exactly thirty years after the PRC's inception, the HKMA was granted permission for the first time to send a delegation to Beijing. I was a member of that delegation. It was timely, too, that the Hong Kong College of General Practitioners was founded in 1977 two years before. Accordingly, I took the opportunity to brief leaders of the



Central Government and the Chinese Medical Association on the concept and principles of this new discipline of Family Medicine/ General Practice. Even though senior Chinese officials showed great interest, it was not until 1986 (seven years later) that the College received an official invitation from the Chinese Medical Association to visit Beijing. What happened thereafter was recorded in great detail in my essay, appearing elsewhere in this publication, entitled: 'Introduction of General Practice/ Family Medicine into China – the Role of HKCGP/ HKCFP in the Early Years'.



Left to right: Dr Natalis Yuen, Dr Peter Lee, Dr Stephen Foo and Dr Edmund Lam at the Conjoint Fellowship Conferment Ceremony in 2007

## Q. What was your first impression of China at that time?

My first impression of the medical delivery system in China in 1979 was that whilst there might have been individuals who took care of the sick and dispensed herb medicines, there were no practitioners of western medicine in 'private practice'. Members of the public who wished to seek 'western' medical attention had to go to public hospitals, where there were only specialists and no generalists. The hospital triage system consisted of a nurse sitting behind a desk who asked patients what their complaints were and, exercising her own judgement, assigned them to the relevant specialist accordingly.

Do not judge these practices harshly, because we in Hong Kong may not do any better. Even today, whilst we do not have a nurse sitting in the hospital lobby to tell us which 'specialist' we should consult, we simply use our own intuition to determine which doctor we should go to. More often than not, we go to a doctor we personally know or have heard about or were introduced by friends or relatives – irrespective of whether the doctor is a specialist or otherwise.



Dr Peter C Y Lee receiving his Honorary Fellowship of the Hong Kong Academy of Medicine from Professor Grace Tang in 2006

## Q. Under the circumstances, what do you recommend?



Dr Peter Lee receiving his Honorary Fellowship of the Academy of Family Physicians of Malaysia from Dr M K Rajakumar in Kuala Lumpur in 2005

It is not possible to answer your question within the context of a short interview, but briefly I can say this. Prevention is better than cure! Ideally, the family physician should make the best use of every consultation to educate patients on how to remain healthy. A person who is sick is most susceptible and vulnerable to advice, especially doctor's advice; and hence the doctor, whilst treating the illnesses or relieving symptoms, should take the opportunity at the same time to also counsel the patient on how to lead a healthy life.

Moreover, the front-line doctor should always remember that his referral letter for the patient to go to a specialist or to a hospital in the most expensive piece of paper, and should therefore refrain as much as possible from referring patients to specialists, and to keep them out of hospitals. He can only do so if he is confident enough about his own expertise and skills to handle the medical case on his own. That is why continuing medical education and at all times striving to improve oneself professionally, are so important to every doctor. The more knowledgeable the doctor is, the less he needs to refer. I can do no better than to recommend that we should all heed William Osler's advice that every physician must be committed to a life-time of learning.



Annual Ball in 1981

**Interviewee:**

**Dr Natalis C L Yuen (President 1988 – 1992)**

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Service is a part of our lives. We play many roles in society. Taking up public office means we learn a lot. We will also have contact and relationships with lots of different people....

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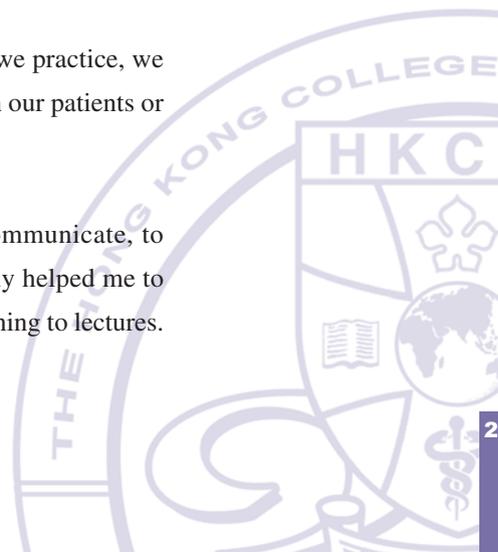
**Q. Dr Yuen, in our eyes you are a very respected and successful doctor. Do you have any advice for us juniors?**

I don't think of myself as successful. Many years ago, we concluded there were at least nine things that made a 'good' doctor. These were: The doctor knows his subject; i.e., we need to be constantly updating our knowledge and skills. Second, he listens. Third, he explains. And fourth, he cares. This means that the patient feels that the doctor cares. The other five factors, such as the fees charged and the hours of operation, are less important. It is the first four that are the most important. But, as you know, in real life although we hope to achieve these, we might not be able to all the time.

**Q. Dr Yuen, you have achieved a lot with the college and in the community, how do you organize your time?**

The most important thing is to know how to allocate your time. When we practice, we unwittingly repeat mistakes. We need to take time out by reflecting with our patients or with our colleagues in order to correct these mistakes.

This important thing I have learned is that when we take time to communicate, to socialize, we actually learn a lot. I find that such occasions have greatly helped me to recall important things. It is a much better way of learning than just listening to lectures.



## Q. How do you stay so cheerful while having to deal with so many problematic patients?

It depends on your attitude. Everybody has their own problems as they go through life. Some patients are overwhelmed by their physical illness, while others are overwhelmed by psychological or emotional issues. In the latter case, I often find myself counselling them to try to take a broader view on life. Do what you can but don't push yourself too hard. Take time out to relax.



College President Dr Natalis Yuen speaking at the Conjoint Fellowship Conferment Ceremony in 1991

## Q. What do you do in your spare time?

I am currently studying Chinese calligraphy with a Chinese literature master. My interest is actually Chinese culture, literature and philosophy. I attend a class once a week in Chinese philosophy.

Those of us trained abroad often lack the wisdom that comes from ancient Chinese philosophy. One very famous ancient text is *The Art of War* by Sun Tzu (孫子兵法). It was intended as a text for strategic methods of combat. However, if you study it in depth it is more than that. Its wisdom can be applied to modern life and its various personal or business problems.



Dr Natalis Yuen participating in College public education activity in 1992

I used to practice *kung fu* when at university in Australia. I have never given up. I still practice and have started taking *qigong* (氣功) lessons from the founder of one of the 'Chinese wisdom societies' (彭華基之智慧學會) as well as learning more about Chinese culture from him.

## Q. Our college now has many new trainees. Do you have any advice for them?

An old Chinese saying is appropriate here: 'Calm your heart, calm your family, and peace will descend on the nation.' By this I mean

one should start by dealing with ones own self. Firstly, update your knowledge and, secondly, review and improve your EQ (Emotional Quotient). EQ is very important. Of course many things frustrate us in our daily work. Sometimes this might involve being confronted by an angry or unhappy patient.

We need to try to put ourselves on the other side of the fence, to be more tolerant of patients in order to take in their viewpoint. If the patient perceives that you really do care about his health, the conflict will be resolved. He will come to trust you. There are even times when there seems to be no answer for an illness, but we still need to do our best for the patient.



Left to right: Dr Stephen Foo, Dr Donald Li, Dr Che-hung Leong, Dr Peter Lee, and Dr Natalis Yuen at the Conjoint Fellowship Conferment Ceremony in 1993

### **Q. You were involved when the college was in its infancy. What were the main difficulties involved in setting it up?**

What was difficult was the concept of the generalist. People thought that after they had completed their basic medical degree (MBBS) they had the automatic right to enter practice as a generalist. But we now know that after graduating from six years of study this is not really enough. We feel that we should further educate ourselves not only in our knowledge but also in practical skills in order to enhance our practice.

I once wrote an article on why we needed to change our college name. In it I described how I asked the American college about their name change. The concept then was that a GP is a generalist and can never be a specialist. However, the GPs felt that, since they now possessed an important core of knowledge and skills, they should also have specialist status. Taking that into account, they changed their name to the American Academy of Family Practice.

We felt that we should also change and, after we did, the rest of the Asia-Pacific colleges also made the change. They all felt there was a true need for change. So this name change is actually a very important act in our history.

The next step was to consolidate our core knowledge. We also needed to develop more research as well as the practice side of family medicine. So a group of GPs discussed this common goal. We were privileged to have the experience and help of the Australian college. They really helped us a lot.

**Q. Why does Australia still keep the 'General Practitioners' part of its name?**

This is because they have a royal charter. If they were to change their name, it would involve a lot of red-tape. However, their training programme is now called family-medicine training. And this difficulty in changing the College's official name also applies to the RCGP. They can change their name only if they forfeit their royal charter.

**Q. One of your daughters recently graduated as a doctor. Did you put any pressure on her in choosing her career path?**

I can honestly say I put no pressure on her. She chose her own field – human movement – which she studied in Australia. However, on graduation she found there were no opportunities in this field. So, I advised her that you need to be practical. You need to take into account where this will lead after qualifying.

In the end she decided to go into medicine in Hong Kong. When she finished, I asked her what field she would like to develop and she said she would like to go into family medicine. She felt that the specialties concentrated too much on their individual fields, and could not provide holistic care. She feels that she wants to treat the whole person, and that family medicine is a more whole-person-orientated discipline.

**Q. How do your wife and family cope with the pressure of your being so busy all the time?**



Left to right: Dr Natalis Yuen, Dr Vasantha Preetham (President of RACGP) and Dr Angus M W Chan at the Conjoint Fellowship Conferment Ceremony in 2007

Balance is the key. Work is an essential part of life, but if one does not have that many patients, it is no big loss. I once tried to find out what difference it would make if I gradually implemented a five-day week. Over time, I found that the patient load for the week or even the month did not vary that much. So I cut out Saturday afternoons and Sundays. To my surprise, the patient load did not vary dramatically. So I gained extra time for a bit of a family life. Now I have been working a five-day week for the past ten years. I feel all the better for it.

**Q. Do you have any comment or advice for the younger generation of doctors about taking up public office?**

Service is a part of our lives. We play many roles in society. Taking up public office means we learn a lot. We will also have contact and relationships with lots of different people. All these public roles have led me to meet a lot of people from various walks of life.

I have learned to appreciate that each person, by virtue of their background experience or training, might very well have a different viewpoint from mine. So sometimes I need to take a minute to think why they have a different understanding of things. This teaches me to take a broader view.

This has also increased my life experience. I feel that medics are often too narrow minded. We cannot fully appreciate things from another, non-medical, viewpoint. So exposure to people from different walks of life has given me a broader picture of life. Being a human being is not just dependent on your own field of learning.

Even though in public office there is no financial gain, you gain a lot more besides. I learned a lot about for example administration and public relations from working in the HKMA. So there is definitely a lot to gain aside from the financial aspect.



Dr and Mrs Natalis Yuen

**Interviewee:**

**Dr Stephen K S Foo (President 1992 – 1998)**



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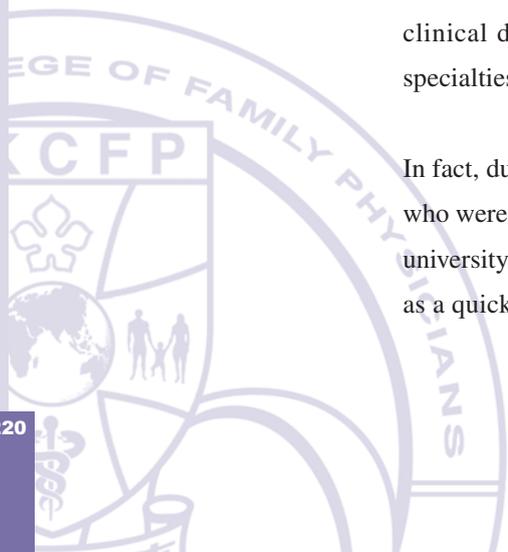
**CARE, CONCERN, EMPATHY, AND RAPPORT** are not just colloquial terms hanging in the mouths of many family doctors. These virtues need to be applied to our patients in our daily practice...

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**Q. Why did you enter the field of family medicine?**

After graduating from medical school in 1995 and entering solo private general practice after five years of hospital service, I felt a deficiency in clinical knowledge, a failure to meet patients' expectations and a lack of clinical skills in helping to solve patients' problems, apart from fixing the physical components of illnesses. It was in the mid-1970s that a group of doctors and friends, all in private solo general practice, under the leadership of Dr Peter Lee, who had the vision, and heavily influenced by Dr Natalis Yuen, who had experience of general practice in Australia, initiated the idea of ascertaining a certain standard in general practice. Such a general practice standard had been in existence for a number of years in developed countries like the United Kingdom and Australia. The other reason which urged us to form a body of general practitioners was the lack of unity and spirit in this field, which then was not even recognized as a clinical discipline and which had been looked down upon by colleagues in other specialties.

In fact, during those days, general practice was seen as a dumping ground for all those who were deprived of the chance of working in the clinical units of the government and university hospitals. In the eyes of the clinical specialists, general practice was regarded as a quick means of grabbing money from patients. While training and recognition of



the status of most clinical disciplines had been common in all hospitals, training in general practice was practically unheard of. The government never bothered to regulate the standards of general practice and any MBBS graduate was assumed to be a competent general practitioner. People in those days were very satisfied so long as their physical ailments were well taken care of. In fact, the general practitioners had few expectations because they would rely heavily on the hospitals to treat more serious diseases. Most general practitioners were satisfied as there were not too many doctors in private practice and to earn a decent living was not difficult at all. Hence there was no urge for the government, the community, and the doctors to upgrade the standard of general practice.

**Q. You have worked for the college for 30 years and have held important posts in the medical field. Please tell us about your experiences.**

I was a Council member of the College since its inception 30 years ago. We had no idea what the College could offer to members who were made up of all those who were in general practice and paid the necessary entrance fees and annual subscriptions. The interim Council of the College under Dr Henry Li had formulated the objectives of the College which mainly stressed continuing medical education, training, and assessment of the knowledge of general practice to a standard comparable to that of other developed countries. The easiest task to perform was that of medical education for general practitioners. We began by requesting assistance from the consultants of the hospitals and academic staff of The University of Hong Kong to arrange regular luncheon lectures on topics of interest and relevance to general practitioners. We also proposed inviting world-renowned general practitioners to visit Hong Kong to conduct a two-week annual refresher course for members. The lectures and refresher courses were well received. We also arranged to show weekly video education programmes to members in

the evening. The video films were provided by the pharmaceutical firms.

We also started to print something on A4 paper, containing updated knowledge on medicine and the thoughts of members, to be circulated to members. This was the preliminary version of the College journal *The Hong Kong Practitioner*.



Dr Stephen Foo campaigning for the post of Chairman of the Medical Society of HKU in 1964

## Q. What did the early examinations consist of?

To get recognition, we were of the opinion that some form of assessment of medical knowledge related to our fields was necessary. Hence we formed the Board of Examination, of which I was the chairman, preparing for local examinations which had lasted for three years from 1984 to 1986. The examination was open to all members who were interested and consisted of two vivas, each lasting for half an hour. One viva was on general knowledge and the other on questions related to the log diaries which the candidates had to prepare for a period prior to the examination. In the last of the local examinations, a case commentary was required. To make the event more formal, we invited Professor Hamish Barber of Glasgow, Professor Neil Carson of Melbourne,

and Dr M K Rajakumar of Malaysia to help supervise the examination as external examiners. To add local significance to the examination, we invited Professor David Todd of the Hong Kong University to be the Chief Censor of the College to supervise the marking and calculation of results. During the three years when the College conducted the local examinations, we were encouraged by the active participation of the members, most of whom were experienced general practitioners. We were impressed by their bravery in offering themselves to be tested on their performance. This experience urged the college to put on a more formal Conjoint Fellowship Examination with the Royal Australian College of General Practitioners (RACGP) starting in 1987.



Dr Stephen Foo awarded Badminton Tournament Trophy at the Hong Kong Medical Association Annual Ball in the 80s

## Q. How did you negotiate specialty recognition?

In the year of 1992, when the Hong Kong Academy of Medicine (HKAM) was established, as President of the College, I was a council member of the Interim Council. One of the important and controversial items in the discussion was which clinical discipline would be included as the foundation college, and who would be the first fellows of the Academy. The HKCGP was the oldest college, having been established in 1977, but the discipline was the least recognized in the profession. Most of the members of the Interim Council were from the heads of clinical units of the government hospitals and the two universities, each heading a specialty well recognized by the profession. The majority of the opinions were that long-term recognized disciplines, including Medicine, Surgery, Paediatrics, Gynaecology & Obstetrics, Psychiatry, Pathology, Orthopaedics, Radiology, Dentistry, Anaesthesiology, and Community Medicine, should be included as foundation colleges, of which there were 11. Of these, all except

Community Medicine were hospital-based. Community Medicine was included because of the huge support from the Department of Health. It was difficult to convince the other Council Members of the Academy who were presidents of the Academy Colleges that General Practice was a specialty.

The strategies to include our College as one of the foundation colleges included: (1) Personal lobbying to each council member of the Academy on the value of general practice as a specialty because this was the world trend with the significance of good quality primary care contributing to a high standard of care in the community; (2) To convince them that including general practice as a specialty discipline would assist in greatly enhancing the standard of primary care which was vital in health delivery; and (3) Requesting overseas colleges and world dignitaries in family medicine to lend their support by writing to the Academy on the value of general practice as a specialty. It was a political struggle and a hard war to fight. Finally our College was included as the twelfth foundation college of the Academy. The Colleges of Ophthalmology, Otorhinolaryngology, and Emergency Medicine were admitted as faculties which later all became members of the Academy. Hence, up to now, the Academy consists of 15 colleges.



Dr Stephen Foo's speech at the WONCA Asia-Pacific Regional Conference in Manila in 1993, in his capacity as the Hong Kong College of Family Physicians President



Dr Stephen Foo's interview article in the *Hong Kong Economic News* on the Government's lack of support for family medicine development on 25 March 1993

**Q. Over the past ten years, you have sat on many committees and made a huge commitment. How do you maintain a balance between work and family life?**



Dr Stephen Foo receiving his Honorary Fellowship of the Academy of Family Physicians of Malaysia from Dr M K Rajakumar in 2005

'There is no success that makes up for a failure at home.' A successful career begins with a happy and harmonious family life. I have a lovely and happy family. I am proud to say that all four of my children are professionals, working as clinical psychologist, financial consultant, veterinary surgeon, and doctor. Despite my busy schedules and commitments in my 30 years associated with the College and other medical activities, I have learned how to divide my time between work and family. In this respect, I have to thank my wife who has been very supportive and encouraging in my career and very caring and contributive in raising the four children.

**Q. Why do you have two clinics?**

After graduation and having spent a few years at the Emergency Unit and the Orthopaedics Department of Queen Elizabeth Hospital, I started working at the Our Lady of Maryknoll Hospital as a resident in 1969. The Maryknoll Hospital allowed residents to have private practice sessions after clinic office hours. Hence, I set up my solo practice at Shamshuipo on a part-time basis. In 1971, I resigned from Maryknoll Hospital to have another clinic at Kowloon City to fill up the time I used to spend at the Hospital. I did not work at Shamshuipo full time, as I did not think this clinic would generate enough income. Also, it was a very common practice at that time to open more than one clinic to try one's luck. Since then I worked in the two clinics until 2005, when I decided to shorten my clinic hours and worked solely at the Kowloon City Clinic.

**Q. You must get tired sometimes. What is your trick for keeping fresh all the time?**

I don't need to sleep too many hours. I usually go to sleep very late, at 1:00 to 2:00 a.m., and whenever the chance arises I take a nap at home. Since my school days I always engaged in many sporting activities. Exercise keeps me fresh. No matter how busy I am, I would not forsake my sporting activities. I still play badminton every Monday and tennis every Wednesday. I was in the Dragon Boat Team of the Hong Kong Medical Association since the tournament commenced in 1992 for five year. I used to participate in a lot of tournaments in badminton and tennis but, since I sustained a total rupture of

the Achilles tendon of my right ankle in 1997, my wife has not allowed me to participate in any competition. I don't use travelling as a means to refresh myself. Travelling overseas means attending conferences and meetings. Another trick helping me not get tired is that I like my work as a family doctor and my interest is working with the College Council for the past 30 years.

**Q. What advice do you have for all the young doctors out there?**

When I was a Part-time Consultant and a trainer of the Hospital Authority for the young trainees in family medicine, I used to tell my trainees that no matter how many skills you have acquired in the field of family medicine, you cannot be a competent family doctor unless you practice with humanity and passion. What makes you different from other specialists is that you are treating human beings, not organs nor systems. CARE, CONCERN, EMPATHY, AND RAPPORT are not just colloquial terms hanging in the mouths of many family doctors. These virtues need to be applied to our patients in our daily practice. Unless you manage your patients with your 'heart' you are far from being competent.



Left to right: Dr Stephen Foo, Dr Kevin Foo and Mrs Maria Foo at the Conjoint Fellowship Conferment Ceremony in 2006



Dr Stephen Foo (centre) interviewed by Dr Mark Chan (left) and Dr Simon Au (right)

**Interviewee:**

**Dr Donald K T Li (President 1998 – 2004)**



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'The best incentive for quality is reward.' Reward comes in different forms, not just in monetary terms. Recognition and appreciation by one's peers and patients are also a form of reward.

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**Q. Dr Li, could you share with us your views on how to be a contented/ happy doctor?**

I think the most important thing is that one should fulfil one's own and one's family's expectations of you. The other important thing is gaining the recognition of your peers and the appreciation of your patients. I do believe this is what makes me happy.

**Q. We all know that Dr. Li is an extremely hard-working doctor. How do you balance your career and family life?**

Everyone should find balance in life. One needs to consider whether it is worthwhile making a certain sacrifice and whether one can actually afford to make it.

For me, the most important thing is my family. If I were to sacrifice sleep, it would be bearable. However, I cannot afford to sacrifice the time which my family deserves.



Dr Donald Li and his father, Dr Henry Li in 1993

In the early days of my career, I did sacrifice time with my family to be engaged with my work. When your children are infants, one may be able to get away with devoting all your time to work. However, when they become five or six, it's a different story. It becomes crucial to spend time with them when they are in their pre-teen years. In this day and age, many children are sent off to boarding school at a fairly young age. So, time for building a strong relationship with them before they leave is vital. In terms of one's individual goals and aspirations, one can still achieve them in later years, but that precious time watching your children grow comes only once in a lifetime. Once you've missed it, it's gone forever.

### Q. How do you like to spend your leisure time?

My family appreciates good food and I enjoy cooking. We allocate Sunday afternoons for exploring new food produce. We start cook together in the evening. This is particularly enjoyable as the whole family can savour the end product. We like to eat out and try new restaurants, but we also enjoy trying to recreate a home-made version of a restaurant dish or even modify it.

Another hobby is horse-racing. It helps me to relax. A lot of what we do as doctors is so 'serious' and we need to be disciplined. Our daily work is involved with following the latest evidence-based guidelines and protocols and we cannot afford taking unnecessary calculated risks. With horse-racing it's different. For example, even if a horse is lame, I might still bet on it – if I fancy taking that risk – provided I don't put *all* my money on it, of course. It is a challenge to do my own calculations and if in the end there is a gain then so much the reward.

Horse-racing is a universal language in Hong Kong, and not just an enjoyable hobby. It is also a useful tool for relationship building with all walks of life.

### Q. What types of patient do you find particularly tiring?

It depends on how you perceive people. What gets to me are patients who do not seem to appreciate me. They feel that I cannot possibly fulfil their needs and do not give me a chance. For example: some patients simply want a referral letter. During the consultation,



Left to right: Dr John Chung, Dr Peter Lee, and Dr Donald Li at the WONCA Conference in 1995



Dr Donald Li and his family leading in the horse of financial secretary the Hon Henry Tang on a special family day at the racecourse

you also find certain medical issues need to be urgently addressed. However, they don't agree and will not even allow you to explain. This is a difficult patient, let alone an annoying situation to be in.

### **Q. What was your most memorable case?**

One of my cancer patients needed surgical treatment. The surgeon was so busy. I offered to do some research and explain the procedure to my patient. Not only was the patient well prepared and satisfied, but the surgeon was moved. It impressed him so much that he recommended his own parents to come and see me. That was my most satisfying case in that I received recognition from the surgical specialist and led him to appreciate what a family physician could do. This is the way things should be, and emphasizes my point that gaining the due recognition of family medicine as a specialty is so important.

### **Q. Looking back over the past 30 years, how would you comment on the development of family medicine in Hong Kong?**

I now have patients, whose children are specialists in other medical fields seeking my consultation of their own accord, and often upon the recommendations of their children. I think that says a lot. They trust me and know that their parents will receive good-quality care from me, as a family physician.

I think the College has made a start in developing family medicine in Hong Kong. We have established a good foundation. But just achieving minimum standards is no longer acceptable. Nonetheless, if all of us became too specialized, who would provide basic general care? We need to find a balance.

The first step in reaching above the minimum standard was the establishment of the Diploma in Family Medicine (DFM). The Diploma degree provides recognition of our peers who have sought improvement after obtaining only a general first degree. The main point we need to resolve is whether only family practitioners registered with the Hong Kong Academy of Medicine (HKAM) are competent enough to deliver good primary care. This is of course not the case. There are many more related issues which the College needs to resolve: Firstly, how do you change the opinion of others who view us as elitists? Secondly, how do we define an acceptable future standard for those who will be providing primary care in Hong Kong? And, thirdly, how do we convert other specialists into family physicians when they want to become family physicians? For example, if some specialists want to become



College President Dr Donald Li speaking at the Conjoint Fellowship Conferment Ceremony in 2004

family practitioners, how can we supplement their experience?

**Q. We now have an established link with China. Might this allow us to promote family medicine further in that direction?**

China recognizes that there is a lack of community based care. This is because of the existing culture for the patient to go to hospital even for minor illnesses. If China seeks our help in reforming their health-care system, we should feel privileged to help them. They already have had a good family medicine textbook, but they just lack the organizational, implementation methods, standardization and assessment tools.

I am now concentrating most of my energies in this area, and am grabbing every opportunity to do voluntary work in the Mainland. They are our motherland and when they come knocking on our door, it is only natural to answer them.

**Q. So, thanks mainly to your efforts, the College can now participate in the establishment of family medicine in China.**

Yes, and we can also learn from them. Some local Chinese practitioners have unique experiences when compared with us Western-trained doctors. Did you know why that many Hong Kong people still like to consult like Traditional Chinese Medicine (TCM) practitioners? One of the reasons, for example, is when feeling the pulse, the Chinese practitioner holds your hand and listens intently to what you have to say. He shows interest and empathy towards his patients. This is why the patient often returns to seek his help.

**Q. Taking a broader view, does our College also have a role to play elsewhere?**

We actively participate in WONCA, and I am the newly elected President of the Asia Pacific Region. If we want people to have a sense of belonging to our College and organization, we have to make them feel proud of it. We want them to feel that they should strive to get to the top and belong to an organization that is highly respected and recognized by their international peers. That is why, when I was College president, I visited many countries to establish relationships with their relevant family medicine



Remember the movie *Patch Adams*? This is the original Dr Patch Adams, seen with Dr Donald Li in Christchurch, New Zealand, in August 2000

related societies. It is good to communicate, share, and learn with each other. But the ultimate aim was to establish and maintain our College as a prominent player in family medicine in the international arena.

### Q. Any quotes to share with us?



Dr Donald Li (after being elected President of WONCA Asia Pacific Region) together with Mr Khaw Boon Wan (Minister of Health of Singapore) and Dr Shigeru Omni (WHO Director of Western Pacific Regional Office) at the 2007 WONCA Conference

To encourage trainees I always say: 'The best incentive for quality is reward.' Reward comes in different forms, not just in monetary terms. Recognition and appreciation by one's peers and patients are also a form of reward. For me, success is set and judged by oneself. If you achieve your goal, you will be successful and henceforth contented and happy. It is my goal to promote our college in Hong Kong and beyond as the authoritative body in family medicine so that it maintains the high status it deserves. That is one of the reasons why I get involved with a lot of community work that can make a difference and bring about changes to the public's understanding of family medicine.

Many government leadership posts are occupied by specialists rather than family physicians. This regrettably might be because of our training! We are trained to be empathetic, and may be too 'nicely' conservative and not aggressive enough to get involved in these posts.

In the political arena, one can easily get hurt. However, I have certainly taken up every opportunity to get involved. If it were simply for political or personal gain, I would not get involved. I do not have any political ambitions. Many people have asked why I don't enter politics. My answer is always that, 'my face is too thin.'

### Q. Lastly, what you are your hopes for the College in the future?

My wish is that the College will go from strength to strength and maintain her status in the international arena. I hope that the definition of the family-medicine specialist can be clarified. However, I don't feel that this can only be achieved by simply by belonging to the Academy. It is a matter of recognition by peers, and by our patients.



Dr and Mrs Donald Li

**Interviewee:**

**Dr John T N Chung (President 2004 – 2006)**

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**I think you need to enjoy what you do. You need to equip yourself so that you can help others. Patients will then come back to see you and that will bring job satisfaction.**

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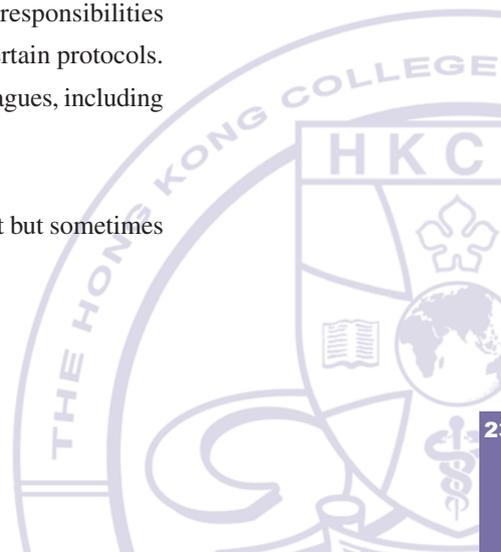
**Q. Dr Chung, what special memories do you have of your presidency?**

These two years have been very special, as well as requiring a lot of time and energy. The biggest challenge for me has been the release of the discussion paper from the Health and Medical Development Advisory Committee: 'Building a Healthy Tomorrow in 2005'. It deals with society and family medicine, and has attracted a considerable amount of media attention.

**Q. What skills do you think are important for the position of president?**

I think management skills are very important. We need to see the College as an establishment. There are certain things that one has to learn and certain responsibilities which one has to bear, such as maintaining good human relations and certain protocols. Communication skills are also very important, especially among my colleagues, including the College staff, and Council members.

There is also leadership skills. The College council does help me out a lot but sometimes I need to step forward to give directions.



Remember that this is only within our own College. Of course, out there are other colleges, the Academy and other societies, which I need to keep in touch with. Needless to say, in a broader sense, I need to also deal with the government and various interested parties. So, the required skills are forever changing and needing to be updated.

**Q. Have you encountered any difficulties when dealing with other Colleges or the government?**



Dr John Chung playing the guitar at the 14<sup>th</sup> World WONCA Conference in 1995

With the Colleges and the Academy there have been no specific difficulties. Their set-up is very similar. We all aim to establish and maintain our own status. We basically speak the same language.

However, in dealing with the government, one needs to learn political skills. This to me is something new. I need to learn to listen carefully and to understand why certain things are being put forward in such and such a way. Some people are quick learners but, unfortunately, I am not one of them!

**Q. What are your pains and gains as a doctor so far?**

My happiness and gains come from the constant human interaction I have with individuals and patients who trust in me.

The pains are when I see a patient's situation deteriorating, and our own working environment deteriorating. This is of course often tied up with politics. I think the current path is difficult for the whole medical profession. It is not only the practice of family medicine that is adversely affected.

**Q. For example, if your children were now in their final year of medical school, what advice would you give them regarding their career?**

I would tell them to go into family medicine. I feel that hospital medicine is too specialized a field. In family medicine there is more variety and lots of branching out. In family medicine, one can sub-specialize, such as in dermatology, geriatrics, occupational medicine, psychology, or counselling. One can also be involved in community medicine and public health.



Opening speech by Dr John Chung, as President at the Conjoint Fellowship Conferment Ceremony in 2005

I feel essentially that, in medicine, the human connection one has with people is very important.

**Q. Dr Chung, what made you initially decide on family medicine? Did you ever consider another specialty?**

For a short time, I went into hospital medicine, then changed into community-based medicine, and finally settled on the field of family medicine. I recall three particular subjects which I did not enjoy as a medical student. However, all three have turned out to be really important areas in my daily practice of family medicine. And these are dermatology, paediatrics, and geriatrics, and I enjoy all these subjects.



Dr John Chung presenting College memento to Dr Tsukasa Tsuda, Chairman of the Organizing Committee (WONCA Asia-Pacific Regional Conference, Kyoto 2005)

**Q. So, would you advise junior doctors to try out a lot of different subjects before deciding in their final path?**

Yes, I would agree with that.

**Q. Dr Chung, you work very reasonable clinic hours to say the least. And a lot of doctors nowadays work really long hours. Any comments?**

I have worked these hours ever since I first came back to Hong Kong to practice. I initially came to Central because of my father who was also a doctor. He worked in Central and his hours were in keeping with those of this area. I worked with him and then carried on and have not felt the need to make any change.

**Q. What is your favourite sport?**

Running and hiking are what I tend to do now. I sometimes also do water sports like swimming, scuba diving and sailing but, for me, these two are by far the easiest to keep up with.

**Q. Have you ever entered the Trailwalker?**

Yes, I did it three times.

**Q. Did you complete it all?**

Yes, I finished all three times.



Dr John Chung at the WONCA Asia-Pacific Regional Conference, Kyoto 2005

## Q. Any injuries?

Last year about half way through I sprained my ankle. It wasn't too bad, I could still walk. I managed to finish the remainder of the course with the ankle bandaged. I was fine after about a week.

## Q. Would you recommend anyone to attempt the Trailwalker? I know that a lot of people who attempted it become addicted to it.



Dr John Chung presenting a souvenir to Dr Lu Zhaofeng, Vice Chancellor of the Capital University of Medical Sciences in 2006

Yes, doing the Trailwalker can be very addictive and I train with a large group of die-hard enthusiasts. Trailwalker is essentially the MacLehose Trail. I first walked it in 1999. My own personal experience is that the MacLehose Trail is a really beautiful trail. Different stages have their own different beauty. In Sai Kung the paths are especially beautiful. If you get out of the city and into the countryside, you then realize that Hong Kong is a really beautiful place. When you see the landscape in different lights, like sunrise and sunset, you don't want to be anywhere else.

When I finished the trail the first time, I discovered not only its beauty but that it is a good sport as well. It takes many hours to finish. It is a real sport and a kind of challenge as well. You are competing against yourself. In order to face this challenge, one has to make a lot of preparation. This is where the discipline and exercise part comes in.

It is also a way of knowing yourself more and learning something new. Like the time during training when I walked until I couldn't walk any more. I told my team mates to go on without me. However, they said that if I couldn't go on, they would also stop. That really motivated me to carry on.

## Q. Did the four of you ever have any arguments during the course of the trail?

No. On this trail the four can build up team spirit, but it can also have an adverse effect. It is a matter of whether you co-operate with your team mates and the four function well as a team. If some say that they need to walk quicker while others demand that the pace is slowed then arguments can easily break out.

**Q. Please share with us your insights into how to be a happy and successful doctor?**

I think you need to enjoy what you do. You need to equip yourself so that you can help others. Patients will then come back to see you and that will bring job satisfaction.

Another thing is the need for balance in all that you do. You must have a way of relaxing. In such a busy place as Hong Kong, no matter what profession you are in, you are faced with a lot of pressure and stress. So you need to find a way to release this stress.

One hot topic in current years is, of course, 'Burn-out'. This is something that seriously affects a lot of Hong Kong people, even the youngsters, not only medics.

One needs to have a preventive zone. Psychologists would have a lot to say on this subject. I would say that the basic answer is a need for a 'balance' in order to achieve true happiness in life.

**Q. Is there anything that has made a great impact on your life?**

One of my patients was an estate manager, responsible for leasing shop spaces. At the time of SARS, the economy was down and many clients came to her moaning that they had difficulty paying the rent. This affected her so much that she became depressed. She didn't have any personality problems prior to this. What this case taught me is the way that things can affect different people differently. For example, some people become physically sick and die from an illness, but some are affected emotionally and psychologically, like this poor lady.

**Q. One final question, do you have any special advice for junior doctors out there?**

I think you should keep yourself always one step ahead. Equip yourself with new skills and never stop learning.



Dr John Chung with delegates from the Ministry of Health, Macau Association of General Practitioners, and Chinese Taipei Association of Family Medicine in 2006

**Interviewee:**

**Dr Andrew K K Ip (President since 2006)**



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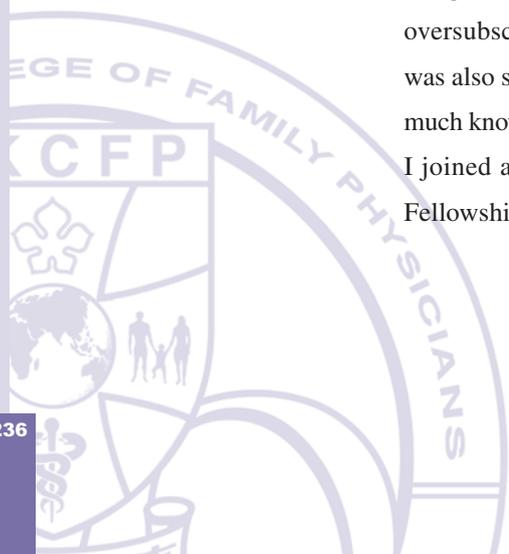
**... a professional needs three basic assets: humility, knowledge, and a helpful attitude. I would add one more: to always be considerate...**

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**Q. Please describe how you became so involved in the HKCFP?**

I graduated in 1980 and started my career in hospital. At that time, the hospital job was very demanding. I had difficulty coping and virtually left very little time for my private life. I faced the dilemma between training and family. Finally, I left my hospital appointment and joined a primary-care team as a locum in an estate clinic. Twenty-odd years ago, continuing medical education was almost unknown among primary-care doctors. I did not see the need to upgrade my medical knowledge until I met my colleague, Dr Peter Chan, who gave me the insight of higher qualifications in family medicine. I was alerted and began to make my way towards the Conjoint Fellowship.

I began with enrolling in the CUHK Diploma in Family Medicine course. Due to oversubscription, I was asked to take the Diploma in Occupational Medicine, which was also stimulating. I attempted the Conjoint Fellowship Examination in 1988 without much knowledge or idea of the examination requirements. I did not pass all the segments. I joined a study group and got better prepared the next year. I passed the Conjoint Fellowship Examination in 1989 and became a College Fellow in 1990.



After a while, Dr Gene W W Tsoi invited me to join the Board of Education and Dr John T N Chung nominated me to the Host Organizing Committee of the 1995 WONCA World Conference. I was appointed the business manager of the College as well as the Host Organizing Committee. During that period, I was half salesman. I made cold calls to pharmaceutical companies. I promoted our journal, educational events, annual refresher courses and, most importantly, lobbied for sponsorship for the 1995 WONCA World Conference. Fortunately, I met the targets most of the time and raised some funds for the future development of the College.



'Hepatitis Exhibition' organized by the College in 1992

I joined the College council in 1994 and I was also a member in the Board of Education. The Board attempted to negotiate with colleagues in the hospital into organizing clinical attachments for members who had left hospital practice. I took part in arranging the first attachment with the Yan Chai Hospital Paediatric Department. This was to help those doctors who wanted to refresh their clinical skills in the hospital setting. At present, we offer wide varieties of clinical attachments to our members.

In 1998, I became the College Honorary Secretary. During the period, the College changed its name to the Hong Kong College of Family Physicians. I was also involved in planning a potential RCGP international examination and the MRCGP in Hong Kong, as well as organizing the first ultrasound diploma course. During my tenure I had to attend various international meetings and to travel to different countries.

The most memorable of the scientific meetings was the 2002 Anniversary Scientific Meeting, held jointly with the College of Community Medicine in March 2003. The meeting coincided with the outbreak of a severe pneumonia caused by an unknown agent. The pneumonia that was taking so many lives had not been identified. Rumour was rife and it was not until one week after our meeting that the SARS was officially named and its nature made public.



Christmas Gathering in 2000

I then relinquished my position to devote my time to a sports medicine course. It was not until Dr John T N Chung took up the post of president that I became active again and took up the post of vice-president.

### **Q. Why did you decide to take up the presidency this year?**

For me, to be elected as president is an honour but, more importantly, it is my passion in family medicine. My goal is to continue the development of the College and operate the College in an efficient and smooth-running way. I would also like to provide 'community doctors' the opportunity for further self-improvement without leaving their practice.

### **Q. Is there anything you hoped to do but couldn't because you have taken up the presidency?**

Basically, I try not to give up too much of my own activities. However, due to the heavy workload, I have to spend most of the rest time between morning and afternoon clinic sessions on College work, answering emails, and preparations for meetings or seminars. I have had to give up my regular swimming sessions.

Sacrifices are a must in life. Now my children are getting older, there is no need for me to help them with their school work. It's easier for me to arrange my schedule. This is an important consideration, which allows me to take up the presidency.

### **Q. Why did you choose to study sports medicine?**

It is a personal interest. After practicing for a while, I found that everything appeared to be routine. It also came to my notice that more than ten per cent of my patients had musculoskeletal problems and conventional analgesic seemed not to help much. My colleague and my mentor, Dr Kwok-wai Chan, introduced musculoskeletal medicine to me. He had completed a master degree in this subject. Basically, musculoskeletal medicine focuses on biomechanical problems and aims to correct abnormalities with manual techniques in addition to medication. However, at that time, there was no organized teaching in Hong Kong.



Left to right: RACGP President Professor Michael Kidd, Chief Minister of Northern Territory Ms Clair Martin, Dr Andrew Ip, Dr Donald Li, and Dr Gene Tsoi at a cocktail reception hosted by Ms Martin in 2005

Sports medicine has many areas overlapping with musculoskeletal medicine. Sports medicine emphasizes factors leading to sports injury and, of course, including biomechanical problems. The sports medical practitioner is part of a team supporting the athletes. In 2002, the University of Bath and HKU's SPACE jointly offered a master's course in sports medicine. I enrolled in this course and completed it after five years. I am now a ring-side doctor of the MuayThai Association. I take part in providing medical care during major MuayThai and other boxing events.



Dr Andrew Ip (centre) interviewed by Dr Mark Chan (left) and Dr Edward Wong (right)

**Q. Lastly, do you have any specific advice for us juniors in the college?**

My senior once told me that a professional needs three basic assets: humility, knowledge, and a helpful attitude. I would add one more: to always be considerate. It is relatively easy to acquire knowledge, but difficult to be humble and considerate all the time.



Organizing Committee with honourable guests and plenary speakers at the Annual Scientific Meeting in 2007

**Interviewee:**

**Professor Wesley E Fabb (HKCFP Honorary Fellow 1990)**



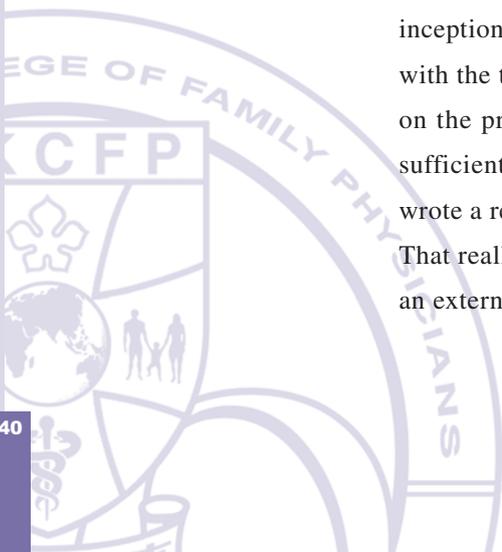
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**That really enabled the conjoint examination to take place the next year, and I was an external examiner at that.**

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**Q. Please describe your early association with the Hong Kong College.**

I came on to the scene when the College was holding its first few fellowship examinations, what they called 'grandfather' type, to get people in who had been in practice for some time. I was invited up, not as an external examiner, but as an observer, for the third examination. External examiners from the Australian College attended, and I was invited along with Dr Lindsey Knight to actually observe the process of the examination and to give an opinion on whether this examination had reached the standard that was appropriate for it to become a conjoint examination with the Royal Australian College of General Practitioners (RACGP). And the reason they asked me was that I had been associated with the RACGP examination since its inception in the late 1960s, had been Chief Examiner for some time and associated with the team for over 20 years. So that was why I was selected to give an opinion on the process. I was of the view that they had developed the examination to a sufficient level of sophistication for it to be held conjointly with the RACGP. So I wrote a report to that effect and that was supported by the president of the College. That really enabled the conjoint examination to take place the next year, and I was an external examiner at that.



That was a very important move for the College. The previous exams had been to get in those who were already in practice and already members of the College, the conjoint exam was to get in people who perhaps were new, younger doctors, and that denoted a standard equivalent to the RACGP's fellowship examination, and in fact they got both qualifications, which was a nice way of doing things. It's the same in Malaysia where they sit one examination and get two qualifications. And so it's gone from strength to strength since then, and I think I was associated with the first three or four as external examiner.

So that has been an important thing for the College because, as a result of that, they were able to graduate their fellows and the next step was to have FHKCGP recognized by the Medical Council in Hong Kong as a quotable qualification. That's really important in that doctors can actually quote that on their letterhead, put a certificate on their wall, and put it on their name card. One of the barriers they suffered earlier on was that there was a requirement that you had to have at least 50 fellows in order to qualify for this. Anyway they got the numbers together and the Hong Kong Medical Council gave them a quotable qualification.

The next step was to for the College to become a founder member of the Hong Kong Academy of Medicine (HKAM), because there was no point in the College remaining outside this conglomerate body and so the College wanted to join and be part of the six-year programme, and the HKCGP wanted their Academy qualification to be equivalent to other Academy qualifications, and so again more effort was put into having them join. Initially the College was not proposed as a founder member, but representations were made.

The Fellowship Examination was a very successful examination, but what they had to do was modify the training programme so they had a four-year training programme which led to Fellowship of the College and of the RACGP, followed by a two year in-service training, to fulfil the six-year requirement of the Academy, followed by an exit examination which then led to fellowship of the Academy. There were two groups of fellows. There are some who are fellows of the College but not of the Academy, and there are those who went on to get the Academy fellowship.



Since then there's been another development. It was felt that there were many doctors in Hong Kong who would never be able to achieve an Academy fellowship because the requirements are that you fulfil a certain amount of time for internship and residency and go through hospital posts, and do your training fellowship and more training. Not many would have such an opportunity. And many such doctors felt rather left out. Dr Peter C Y Lee and Dr Donald K T Li were instrumental in putting together a diploma course in family medicine for these doctors, not as high a qualification as a fellowship, but something which doctors can take and show that they are trying to maintain their standards and display in their letterhead. Younger doctors these days are using this as a stepping stone for the fellowship examination. The first DFM examination was in 2004. I was the external examiner for three years and now I'm retired.

### **Q. Please give us some background to the so-called 'Fabb' Report.**

In 1990, the Hong Kong Director of Health Dr S H Lee commissioned me when I was National Director of Education of the Family Medicine Programme of the RACGP and Hon Secretary/ Treasurer of WONCA, to make recommendations on ways and means to improve the delivery of medical care in Government Out-Patient Departments. The consultancy report, published in October 1990, proposed four streams of training and education: Stream One, consisting of a formal programme of vocational training in family medicine leading to fellowship of the HKCGP, a programme suitable for young

doctors; Stream Two, offering an advanced programme of training and education leading to the FHKCGP, considered more suitable for experienced GOPD doctors; Stream Three, being an advanced course of in-service education suitable for senior GOPD doctors who wished to substantially upgrade their knowledge and skills in family medicine; and Stream Four, consisting of continuing medical education applicable to all those who wished to keep up with progress in family medicine.

The Report also recommended that training centres be established at the Ngau Tau Kok Polyclinic in Kwun Tong and the Yan Oi Polyclinic in Tuen Mun, and that the General Practice Unit of the Department of Medicine at the University of Hong Kong and the Family Medicine Unit of the Department of



Professor and Mrs Fabb at the WONCA Regional Conference in 1987

Community and Family Medicine at the Chinese University of Hong Kong be supported to enable them to provide postgraduate vocational training as well as undergraduate training. The two universities and the HKCGP were seen as partners with the Department of Health in providing the manpower and expertise required to implement the training and education programmes, drawing upon the expertise of the academic sector and private general practitioners. To reward those who successfully completed training, a career structure was recommended. Subsequently a seminar on the Fabb Report was held and, in 1992, the Education and Training Centre in Family Medicine was opened at the Ngau Tau Kok Polyclinic by Professor David Todd.



Left to right: Three WONCA CEOs – Professor Wesley Fabb, 1981 to 2001; Dr David Game, 1972 to 1980; and Dr Alfred Loh since 2001

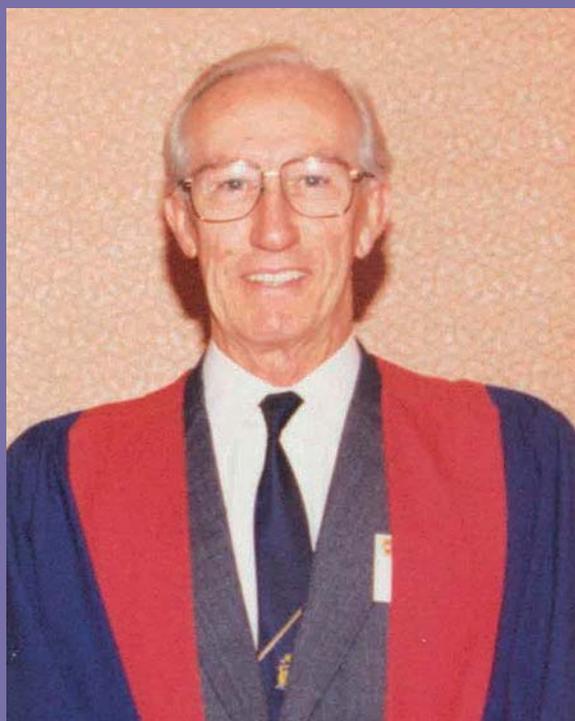
### **Footnote: The Wes Fabb Oration**

Professor Wesley E Fabb was Professor of Family Medicine at CUHK from 1993 to 1997. WONCA Asia Pacific decided that a long-lasting way of honouring Professor Fabb, the immediate past CEO of WONCA, for his contribution to WONCA was to institute an Oration in his honour. The Asia Pacific council also decided to invite him to give the Inaugural 'Wes Fabb Oration'. He accepted the invitation. The title of his Oration which was given on 31 March 2002 was 'Paradigm Shifts: Are There Any More in the Future?'

As cited by WONCA: 'The Wes Fabb Award will be given every year in conjunction with a WONCA Regional Conference in the Asia Pacific Region. The recipient shall be a physician/ medical doctor in Family Practice/ General Practice, from any country in Asia Pacific, past and present, who has made a significant contribution to the development and promotion of high standards of Family Medicine/ General Practice Training. The awardee shall deliver the Wes Fabb Oration during the opening ceremony of the Regional Conference. A gold medal shall be given.'

**Interviewee:**

**Dr Clarke Munro (HKCFP Honorary Fellow 1991)**



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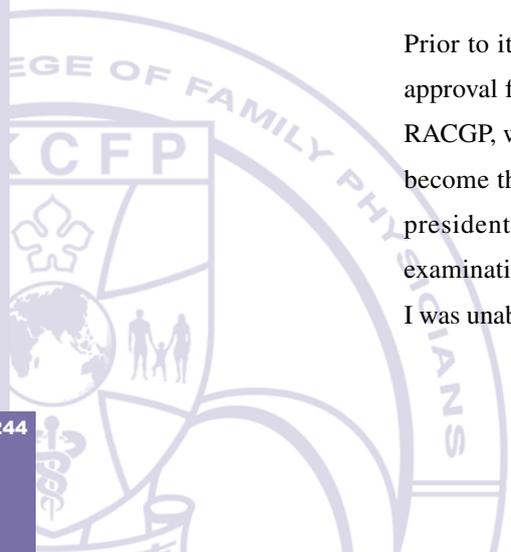
**I feel completely confident that the Hong Kong College will maintain, if not improve, its standards of medical practice, of teaching, of training, and of examination.**

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**Q. What was your original connection with the Hong Kong College?**

It goes back to the mid-1980s when I was Chief Censor with the Royal Australian College of General Practitioners (RACGP) and there was talk of a conjoint examination between the Australian College and the Hong Kong College of General Practitioners (HKCGP), as it was in those days, and I came across as one of the representatives of the Australian College to have a look at the Hong Kong College examination. One of my major interests in medicine has been the development of methods of assessing competence in clinical practice, which is perhaps rather vague, but means 'How do we develop an examination which accurately assesses the GPs consulting ability, and management and communication skills, and so on?'

Prior to its relationship with the RACGP, the Hong Kong College first tried to gain approval for conjoint examinations from the UK. Following that, they approached the RACGP, who would decide whether their Australian standard would be acceptable and become the standard of competence for Hong Kong. Then the HKCGP talked to our president, who in response sent two visitors to observe the HKCGP's last local examination, in 1986. The two officials were Dr Lindsey Knight and Dr Wesley Fabb. I was unable to attend personally because at the time I was Chief Censor of the RACGP.



During the two sessions of negotiations after their observation, the Dr Knight and Dr Fabb had some difference of opinion as to whether Hong Kong should start the conjoint examination in 1987 or postpone it until some time later. They came back to Australia to discuss the situation with me as the Chief Censor. At that time Dr Stephen K S Foo was the chairman of the Board of Censors in Hong Kong, and he wrote to me on behalf of the Hong Kong College requesting whether we should start our conjoint examination in 1987. I subsequently gave the Hong Kong College the green light to start, and Wesley Fabb and I were the first examiners to come to Hong Kong for the first Conjoint Fellowship Examination, which was held in 1987.



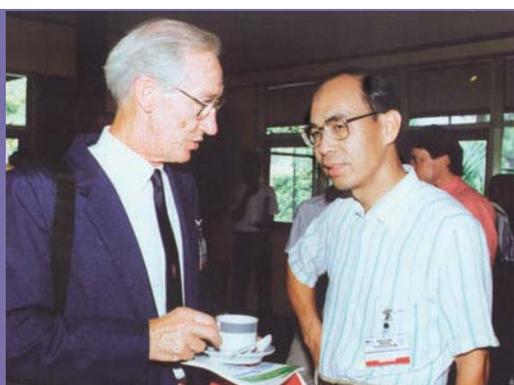
Dr Clarke Munro at the WONCA Regional Conference in 1987

At the time the difficulty both colleges had was to assess the accuracy of their method of assessing clinical skills, and a further difference was that the requirements in Hong Kong and the patient expectations of their GP were sometimes totally different from those in Australia. For example, how can you in a Hong Kong clinical general practice context ensure that it is much the same as the Australian context? It's a difficult question, and I think we did manage to modify our methods of assessment to apply appropriately to medicine as it is practised in Hong Kong.

## Q. What are your thoughts about the early days of our working relationship and collaboration?

My entry into this conjoint examination idea was via the Malaysian College of General Practitioners. When I became Censor in Chief in 1984, there had recently been established

a joint examination between the Malaysian and Australian colleges. During the four years that I was Censor in Chief, there were certain modifications made to the conjoint examination with Malaysia. So considering the Malaysia model I saw how Hong Kong could also work with that model to raise the standard of Family Medicine in Hong Kong by having a conjoint examination.



At the 1990 WONCA Regional Conference Asia Pacific Region in Bali

In those days, the Malaysian College had two examiners for each candidate, one of the examiners a GP and the other a specialist. If the patient you had was an O&G patient, then your co-examiner was an obstetrician. Now I was always somewhat uncomfortable with that. You see, in many specialties, the training provided is training in facts on the one side, and on the other side it's investigation, without really looking at the patient and forming your own opinion, taking into account the psychosocial factors which may be involved. In general practice we often use time to wait and see what develops; the problem may well clear up by itself. So trying to teach that in a medical school, where the prime concept was 'facts', is rather difficult. You've got to pass the MCQ exam, and the clinical exam was really a bit of a formality.

**Q. What was your impression when HKCGP approached you at first to establish an examination such as you had in Malaysia? You were then the Chief Censor, but then we have two official observers in Hong Kong to report to you what's going on, one Lindsey Knight, the other Wes Fabb, and they presented to you controversial views as to whether the conjoint examination should proceed in the near future.**



Dr Clarke Munro receiving his Honorary Fellowship in 1991

My reaction was I'll have to find out for myself, so I came to Hong Kong. I think the pre-examination course was very important, and I think the attitude that the Hong Kong College took was that if we were going to have a conjoint examination that's going to be accepted internationally then we would have to raise our standards and improve our methods. Obviously the potential was there and I was happy to contribute.

We were able to say, this was what you wanted. If you want a conjoint examination, you have to reach that standard. But it was much more negotiable. It took the RACGP a long time to develop the examination we have now, and Hong Kong has benefited from this up to a point. Nowadays GP trainees reach a standard in three or four years that took me 15 years because there was no training programme in those days.

**Q. You subsequently came to work in Hong Kong?**

I was with Hong Kong University from 1988 to 1991, with the General Practice Unit in the Department of Medicine where I developed the discipline of Family Medicine. During that time I was also Chief Censor of the HKCGP.

**Q. What was your reaction to the establishment of the Hong Kong Academy of Medicine?**

I know of no other territory that has established such an organization that incorporates all the medical specialties. This is I think unique in the world, so I was only sorry that I left Hong Kong in 1991 before it was established.

People put a lot of hard work into the Academy, as they do into the College. But then one is stimulated by one's academic interest in assessment. I had been an examiner in the RACGP since 1975 and during all those years I developed my ideas on assessment and tried to modify and improve the examination techniques, trying out some that have been used overseas, or modifying them to suit the Australian environment. But the assessment of clinical competence is just as important to the College as the educational programmes, and in many ways it's even more important to the College because it is recognized by government.

**Q. What changes have you seen in the Hong Kong College over the years?**

The changes in the College are quite marked. I think that is generated from two sources: one is the conjunction or interaction that you have with other colleges, and also the fact that the expectations of the Hong Kong population have changed and the means by which medicine is administered have changed, even in the short space of 20 years. These attitudes on the part of the doctors themselves have changed, and I'm sure that the



Dr Clarke Munro giving the Sun Yat Sen Oration in 2000

HKCFP has had a huge influence on that. I think also that the teaching at universities has changed. It used to be factual, and the exams were factual recall tests. It's totally different now, because we teach problem-solving and communication, teaching how to solve clinical problems, and as a Family Physician you solve them using a somewhat different approach from that used by specialists.

If you are assessing clinical skills, the best way to do it is to sit in the background in the consultation room and observe and listen to a consultation actually taking place. But if the consultation was in Cantonese I would not know what was going on and therefore I couldn't assess accurately the overall standard of the consultation. This is because communication skills are just so important, particularly in general practice. If you go and see a surgeon and say you've got a sore knee, he'll tell you to get it X-rayed. Finish. I remember I went to see a surgeon about my knee recently. He was very gruff and there was no communication to speak of. And certainly no options were offered to the patient for his consideration!

**Q. Any message you would like to convey to the College on its 30<sup>th</sup> anniversary?**

I feel completely confident that the Hong Kong College will maintain, if not improve, its standards of medical practice, of teaching, of training, and of examination.



Left to right: Dr Mary Kwong, Dr Clarke Munro, and Dr Cindy Lam at the Conjoint Fellowship Conferment Ceremony in 2006

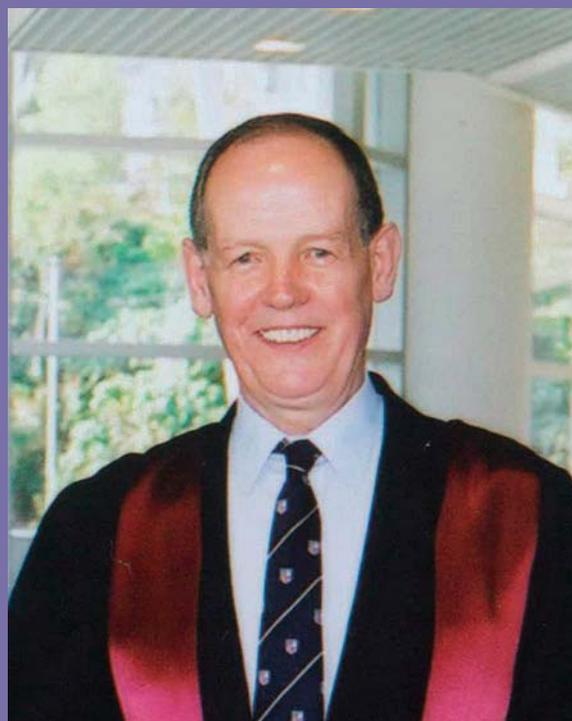
**Interviewee:**

**Professor Robin C Fraser (HKCFP Honorary Fellow 2002)**

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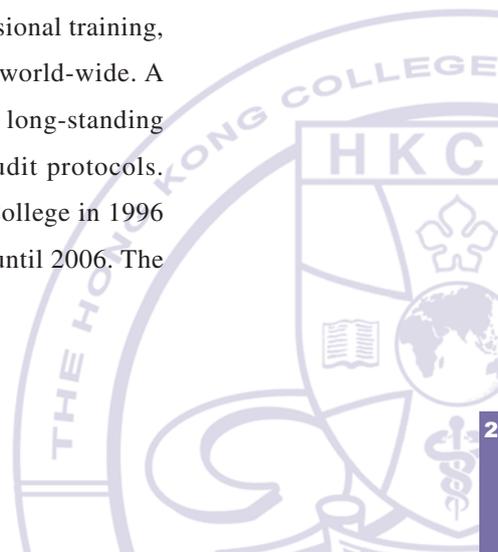
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**Q. How did you come into contact with the HKCFP?**

While working as Professor of General Practice at the University of Leicester, UK, I had also been setting up a system of family medicine training in Kuwait on behalf of The Royal College of General Practitioners (RCGP). When it came to needing a regulatory end-point assessment of vocational training in Kuwait, I discovered that no appropriate process existed. Consequently, I set out to devise what became the Leicester Assessment Package (LAP).

On a visit to Hong Kong in 1994, I discussed the LAP with Dr Cindy Lam who was to become the Chairman of the Exit Assessment (EA) of the HKCFP. When the College decided to include a performance-based assessment of consultation competence as part of the end-point examination of its higher professional training, it eventually opted for the LAP having surveyed other alternatives world-wide. A second component of the EA was to be an audit project and I had a long-standing interest in audit and had done research into audit methods and audit protocols. Consequently, I was delighted, and honoured, to be invited by the College in 1996 to become the first external examiner for the EA, a role I occupied until 2006. The



third component of the EA was a practice assessment in which I was less involved as local College personnel took the lead in this aspect.

**Q. Please tell us about your participation in a) the EA, and b) the Train-the-Trainer Programme (TTTP).**

a) Having suggested that the examiners would need to be trained I devised and ran seminars annually for the potential and established examiners to familiarize them with the content and application of the LAP in a regulatory context. Over time we created a cadre of highly competent examiners. Indeed, we published in *The Hong Kong Practitioner (HK Pract)* a research project which evaluated the whole consultation-skills segment of the EA. This showed that the level of inter-examiner reliability achieved was as high as any published results anywhere in the world.

I also devised and ran seminars annually for the audit project examiners. To improve the conduct of this segment we developed a set of explicit criteria against which the audit projects would be assessed and marked. As a direct consequence, a high level of concurrence between audit examiners was also achieved.

Since its inception, the EA leading to FHKAM-Family Medicine has been constantly monitored. Many modifications have been made over the years to maximize its validity, reliability, and fairness to try to provide an optimum process and outcome for both candidates and examiners. I think the HKCFP can be very proud of its achievements with the EA.

b) In a way, the TTTP has partly emerged as a consequence of the monitoring and developments in the EA. It was recognized that there needed to be more uniformity and professionalism in the training of FM trainees at all levels. It was also recognized that the TTTP would need to be more ambitious than training examiners merely to allocate marks in a regulatory assessment.

Developing the ability of a trainer to make serial and accurate diagnostic evaluations of a trainee's consultation competence is much more complicated and requires much higher skill levels. This is because a trainer needs to be able to identify the particular consultation strengths and weaknesses of an individual trainee and then provide specific feedback on practical strategies on how to improve their identified weaknesses. These skills had not been addressed to any large extent among Hong Kong trainers.

In 2000 I devised and ran a four-day experimental course for the Hospital Authority (HA) to enable decision-makers to evaluate a new approach to training trainers. It aimed to demonstrate that trainers could become much better at helping trainees develop consultation capability, which, after all, is the centre-piece and key component of any clinician's set of skills. The course achieved that objective and an evaluation of the course was published in *HK Pract.*

I think that this course acted as a catalyst, but decision-makers needed time to reflect on how such an approach could be cascaded and implemented on a wider scale. In time, the formal appraisal of the entire Hong Kong health-care system gave Family Medicine a higher profile and recognized the need not only to produce more FPs but also to improve their training programmes.



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Almost simultaneously, the College and the HA separately decided to implement an extended instructional programme to equip selected, mostly senior, trainers with the ability to systematically, accurately, and reliably identify consultation competence and to be then able to select strategies to enable trainees to overcome their weaknesses; and, having acquired these skills themselves, these trainers would be trained to pass these skills on in further courses of instruction to local potential trainers of the future.

I was asked by both organizations to devise a suitable programme to achieve these aims. As it happened, both the College and the HA decided to have the same aims and objectives but the two organizations elected to implement their respective programmes independently.

Accordingly, I devised three inter-related courses, each of two weeks' duration, with a gap of several months between each during which course participants could practise and internalize their new skills. The first two courses were primarily concerned with equipping participants with the skills to make these systematic assessments of consultation competence, i.e., to make accurate diagnostic evaluations of consultation competence and to provide the appropriate 'educational prescriptions'. Course participants were also instructed in the educational concepts and principles underpinning these activities as well as being made aware of some further educational techniques. The third course gave participants supervised practice in how to assist others to acquire these particular skills.

The courses were held during 2005/ 06 and were successful in producing a cohort of trainers both from within the College and the HA who possessed the capability to cascade their expertise and skills locally to train future generations of FM trainers. The hope is that all this endeavour will result in higher levels of vocational training leading to improved standards of patient care from the FPs of the future.

## **Q. What is your opinion of the College's development over the last ten years?**

My feelings about the College are very positive and warm. I have thoroughly enjoyed my close involvement with the College at an institutional level and have developed

close personal relationships with several individual College members. In particular, I have been impressed how very busy and heavily committed senior people within the College give up their free time to put in an enormous effort to support the activities of the College in general and the EA in particular. I much admire their conscientiousness and the fairness and good humour they bring to their tasks.

### **Q. Where do we go from here? What still has to be done in Hong Kong?**

As regards the EA, there is no such thing as a perfect examination, although much has been achieved. Nevertheless, I think it would be a step forward to require the examiners to be trained to make at least a rudimentary diagnostic evaluation of the consultation performance of candidates in the EA. I strongly believe that any institution which runs a regulatory examination has a responsibility to inform failing candidates as to WHY they have failed and to provide them with individually-tailored advice how to overcome their consultation weaknesses. If we assist trainees to become better doctors this should automatically help them to meet the required standard in any examination.

In my view there also needs to be a closer compatibility between the intermediate examination for the Fellowship of the HKCFP/ RACGP and the EA. The EA, as a higher professional examination, is quite properly focused on testing candidates on their ability to be selective and discriminating in consultations and other aspects of professional activity. It is my understanding that in the intermediate examination over-inclusiveness can gain an undeserved reward. I believe the hallmark of a good clinician is the ability to discriminate and be selective whether in information gathering, physical examination, prescribing, referral, and so on.

### **Q. Is there not a difference in the test between the two examinations? The intermediate examination is changing, but there are still some gaps in how to proceed from one level to another.**

If you are testing the same candidates at different stages of development you have two options. Either the same (explicit) criteria against which performance is judged are used in both examinations and the required standard, i.e., pass mark, is lower at the junior level; or, a more limited set of criteria against which performance is

judged is used at the junior level but the pass mark is the same at both levels. I think it is preferable to use the same criteria but have differential pass marks.

If you have different or non-explicit criteria against which performance is judged in two sequential examinations, this is a prescription for confusion amongst both candidates and examiners and is not fair for candidates.

In any event, I believe the criteria against which candidates are judged need to be made more explicit in the intermediate examination. The LAP criteria, against which consultation performance is judged in the EA, have been formally validated in the setting of Hong Kong. Indeed, the findings of this study, published in *HK Pract* demonstrated overwhelming support for the LAP criteria among the members and fellows of the HKCFP. Consequently, I believe the intermediate examination should be modelled more on the lines of the EA rather than the reverse.



Welcoming dinner for Professor and Mrs Robin Fraser in 2005