

Family medicine internship training: importance for Hong Kong's primary care

Importance of family medicine-led primary care

Over recent years, the Hong Kong SAR Government has realised the importance of primary care in the provision of cost-effective quality health care, as is evident from its latest health care reform document "Your Health, Your Life".¹ This is in line with "Primary Health Care, Now More Than Ever", the World Health Organization's 2008 annual report² that emphasises the importance of primary care in improving population health outcomes. In some jurisdictions including Hong Kong and the US, primary care is practised by doctors with different backgrounds, including family medicine specialists, hospital-based specialists working in the private sector, and others without any formal specialist training in family medicine.³ As of 2009, over 11 000 fully registered doctors work in Hong Kong, of whom 50% are in the private sector and around 40% (encompassing private and public doctors) have a family medicine or generalist background.⁴ Evidence from international literature has shown that primary care provided by family medicine specialists is associated with better health outcomes,⁵ earlier detection of various cancers,⁶⁻⁸ and lower hospitalisation rates.^{9,10} In general, policy changes in other countries paralleled improvements in primary care practice. For example, Spain attempted to strengthen its primary care through increasing its supply of family physicians, resulting in better continuity and technical quality.

The Medical Council of Hong Kong is responsible for the quality of internship experience. Following their last visit to the two medical schools, they reiterated the need for increasing family medicine exposure. They were particularly concerned to improve interest in family medicine among medical students and were explicit in their expectation that more should be done to attract them into this specialty.

Internship training in Hong Kong

Hong Kong's medical undergraduates must practise for 1 year as interns before full registration. Governed by the Central Internship Committee, guidelines and learning objectives for this 1-year internship¹¹ expect interns to develop "general professional skills and attitudes", acquire skills "to carry out both physical and psychological examinations", and practise "prevention of illness and promotion of health". Current internship comprises both in-patient medical and surgical care. General medicine and

paediatrics are considered medical internships, while general surgery, most surgical specialties including orthopaedics, and obstetrics and gynaecology, are considered surgical internships. There is no opportunity to experience family medicine training during the internship.

Internship training in other countries

International experience has addressed the need for enhancing the primary care experience and facilitating choices in future primary care careers through the introduction of community-based experience internships in primary care. Pre-registration general practice posts have been available in the UK since the 1980s. Currently UK internship allows for placements in general practice.^{12,13} Australia's Prevocational General Practice Placements Program was initiated in 2003,^{14,15} with each placement lasting an average of 12 weeks. Since 1991, Danish doctors seeking a post in general practice are expected to possess a basic knowledge of the specialty, acquired through working as a practice registrar during the last half-year of their internship.¹⁶⁻¹⁸ General practice internships in Ireland were first established in July 2004, and enable interns to incorporate 2 to 4 months of general practice into their preregistration year.¹⁹

Internship primary care placements are a valuable strategy to increase understanding about the realities of community-based health care of future hospital specialists and as a means of increasing applications to specialty training in such disciplines.²⁰ Evidence from existing literature on general practice internship demonstrates that interns learn how social and psychological factors impinge on physical health,²¹⁻²³ broaden their knowledge base,²²⁻²⁴ and improve consultation skills.²¹ At the same time they facilitate taking up greater responsibilities for patient management,²⁵ as well as learning about diagnostic uncertainty in the community, and hospital referrals.²⁴ Overall, the experience was likely to increase consideration of a career in family medicine,²⁶ and could boost recruitment.²⁷

Would family medicine internship training be effective and acceptable in Hong Kong?

Forty medical interns (10 for each 3-month period) were involved in a pilot programme for family medicine training in 2010 to 2011. Four afternoon sessions at different general out-patient clinics (GOPCs) were assigned during their 3 months.

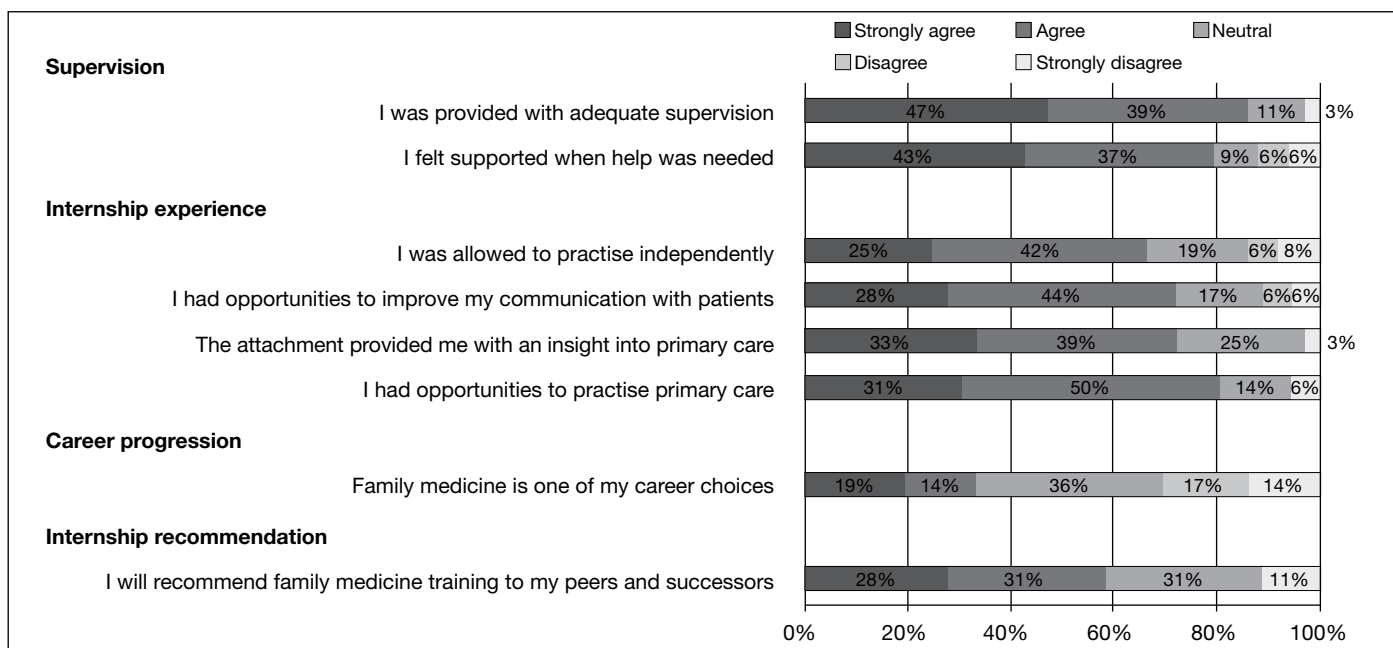


FIG. Intern’s evaluation on training in family medicine during internship in Hong Kong

The programme was set up so that after observing a few consultations, the interns could conduct consultations by themselves but under supervision. After careful observation and guidance from the supervising family medicine specialist, the interns could then proceed to consultations without direct supervision. Training was flexible—if the interns preferred more training on consultation skills, they could opt for more sit-in consultations so that direct observation could take place. Whether under direct or indirect supervision, patient management plans were discussed with the family medicine specialist before the consultation ended, so that appropriate care was provided. Further discussions on the consultation, patient management, as well as wider aspects and trends in family medicine also took place during these training sessions.

Anonymised feedback from participating interns (a process not linked to their evaluation) was positive (Fig). The majority agreed that they received adequate supervision, had opportunities to practise primary care, and improved patient communication skills. Overall the experience provided good insight into primary care. Over 50% of the respondents would recommend the programme to other interns.

Is there a need for family medicine training among Hong Kong’s interns?

The number of doctors recruited into public family medicine vocational training programmes (which currently provides the bulk of family medicine training) is often compromised by the need to fill hospital specialist posts. Moreover, interns have limited exposure to family medicine during their medical studentship, and no further exposure before

choosing their career path.

As in all health care systems, most patients are cared for in the community and there is currently a mismatch between patient needs and the supply of well-trained family medicine doctors. Potential primary care physicians need support to make the right choices when entering this career pathway. Providing the necessary training before making these choices is a prerequisite, and a family medicine internship programme could make a vital contribution. As things stand, it is unlikely a doctor will consider a career in family medicine without any formal opportunity to gain experience during their internship programme.

Despite the positive response, four GOPC sessions could realistically only provide limited exposure. Further development of a formal programme, similar to those operating in other countries, should create a winning situation for all health care providers in Hong Kong, as in time, further enhancement of primary care could translate into better population health and a lesser burden on hospital services. The duration of such a programme must be lengthened to provide adequate and representative primary care exposure. Understanding that the number of medical graduates will increase in the next few years, internship manpower issues at hospitals should be less of a concern. To address the needs of our society, it is now time to devise a new internship programme with adequate primary care exposure. The Hospital Authority, Primary Care Office, Hong Kong College of Family Physicians, Central Internship Committee, and Colleges of other hospital specialties must work together, so that health care in Hong Kong can move towards a brighter future.

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