

## Message from the Founding President



**Dr Peter C Y Lee, KSJ, JP,**  
MBBS, LLD(HKU), FHKCFP, FRCP, FRCGP,  
MCFPC, FRACGP, FHKAM(Family  
Medicine), LLD(Birm.U).  
*Founder-President,*  
Hong Kong College of Family  
Physicians (1976-1988)  
*Past-President,*  
World Organization of Family  
Doctors (WONCA) (1992-1995)

**“Time and Tide wait for No One”.** It seemed like yesterday that the College was incorporated, and today I was asked to pen a “Message”, as Founding President, for the 25th Anniversary Commemorative Brochure. Looking back, I note with gratification that we, as a College, had covered a lot of ground during the past quarter century. I recall writing in my “Message” for the 20th Anniversary Brochure only five years ago to express elation on Government’s intention “to make available Family Medicine vocational training placements in hospitals”, after rejecting our proposition on this issue many times over in the past. It is therefore with great delight that I learn that the College has at the present time a staggering total of 346 trainees in vocational training programmes both in the community as well as in hospital settings.

On this happy note, I wish to remind new College members that when the College was in its infancy, we worked very hard to build up our academic and professional “core” to secure recognition by the Medical Council of Hong Kong to permit the use of the degree of “FHKCGP”/“FHKCFP” as a quotable qualification. I take pride to record that this **First Objective** of the College was achieved in 1990, at that time the “Fellowship” of our College was *the first and only* locally granted post-graduate medical degree to be so recognized. The **Second Objective** was to strive for “Specialty Status” for the Discipline of General Practice/Family Medicine. This was also achieved, but not without some apprehensive, scary and unnerving moments. It is therefore relevant at this juncture to record in some detail how our Discipline of General Practice/Family Medicine was recognized as a Specialty in Hong Kong, and how our College became a constituent college of the Hong Kong Academy of Medicine.

The authoritative body appointed by the Government in late 1986 to determine the future of specialist practices and specialist disciplines in Hong Kong was “The Working Party on Post-graduate Medical Education and Training” chaired by Dr K E Halnan. The Working Party’s full Report submitted in October 1988 recommended *inter alia* the establishment of “The Hong Kong Academy of Medicine”. Even though the importance of General Practice/Family Medicine was repeatedly mentioned, and given due cognizance, the Report rejected the application of the “Hong Kong College of General Practitioners” to be one of the Foundation Colleges of the proposed “Academy” in spite of vigorous representation and protestations by College representatives. The reason given was that the number of “College Fellows” submitted by our College to the Working Party at that time was considered to be

insufficient to form the “critical mass” necessary to nurture and train future prospective “Fellows”, plus the fact that the Faculties of Medicine in the two local Universities did not have Departments of General Practice/Family Medicine nor Chairs in the Discipline.

In the wake of the Halnan Report, the Government appointed Prof David Todd in September 1989 to head a “Preparatory Committee” to handle the setting up of the proposed “Academy”. It was at a meeting of this “Preparatory Committee” in April 1990 that our College was ultimately accepted as a Foundation College of the Academy, and General Practice/Family Medicine was formally recognized as a Specialist Discipline. This was how the Hong Kong College of General Practitioners (Family Physicians) became a constituent College of the Academy when “The Hong Kong Academy of Medicine” Ordinance was finally enacted in the Legislative Council on 25th June 1992.

Members must never forget that the College started out with nothing but an idea and a concept. With the support of the Hong Kong Medical Association and later on with the help of the Royal Australian College of General Practitioners, the handful of enthusiastic, determined and zealous general practitioners in private practice worked hard and long hours to culminate in the incorporation of the College as a legal entity in 1977, and in the formal Inauguration Ceremony in 1979. In the beginning, the College had no “Fellows” at all. The College held its first Fellowship Examination in 1984, and its first Fellowship Conferment Ceremony in 1987. Because of our “lowly-birth” coupled with the small number of Fellows at the onset, the progression of our College on the road towards fraternal acceptance by fellow professional brethren has been a rough ride since the early days, and was responsible for the misconception that the College was a “light-weight” amongst the “Titans” of the Academy. Therefore, the *Third Objective* of the College has always been to have more trainees in our Vocational Training Programmes in order to bolster the number of Fellows in our College leading to the ultimate increase in the number of “Fellows in Family Medicine” in the Hong Kong Academy of Medicine.

In former years, Government’s refusal to provide Family Medicine trainee posts in public hospitals obliged the College to deal with the situation the best we could on our own. Nevertheless, with the support of a couple of private hospitals, and utilizing our own meagre resources to launch vocational training programmes on a voluntary footing and on modest scales since 1983, the College did manage



after 1987 to confer Fellowships on an annual basis, albeit in limited numbers. Five years ago (1998), the College had only 113 Fellows by examination after *twenty years* of operation. Today, with 346 trainees on the “production line”, our prospects for the future have changed drastically for the better. We are now poised to shed our “light-weight” label to become one of the fair-sized constituent Colleges of the Academy – signifying the impending successful realisation of our *Third Objective*.

Over the years, I have always alerted Fellows and Members alike to the undesirable, detrimental and even damaging consequences to our Cause and the Discipline of Family Medicine if ever the College becomes an elitist organization. Whilst we are proud of our Specialty, we must always conduct ourselves with both feet planted firmly on the ground and must not forget nor neglect to help those of us who may not have the wish to be or cannot be a Specialist. For this reason, I am glad to learn that the College Council is in the process of organizing “Diploma Courses in Family Medicine” to assist those who wish to raise their standards of medical practice. As a matter of fact and considering our own genesis, the College has an inherent duty and obligation to support and raise the standards of medical practice of all front-line doctors, whether or not they are members of the College.

Now that our three principal *Objectives* had been or about to be realized, the College should henceforth concentrate its efforts to deal with the *Fourth and Ultimate Objective*, namely, to persuade and assist the Government to transform the health delivery system of HKSAR from the existing well-entrenched hospital-based one to that of community-based. The rationale for this strategy is obvious and self-evident. The current expensive and financially unsustainable hospital-based system is bankrupting Hong Kong. *Either*, we cut costs drastically, entailing overall decline in medical standards (which nobody wants); *or*, charge prohibitively high rates for all medical services (which everybody is against). The only practical alternative is to find ways and means to diminish the demand for hospital-care, which can only be achieved if the above strategy is fully and effectively implemented.

Since time immemorial, the health delivery system of Hong Kong has been basically hospital-based; but at least it had the advantage of having a single authority to reign supreme over the medical and health needs of the territory in the form of the “Medical and Health Department” of yesteryear. The advent of the Hospital Authority in

the mid-1980's severed all links between primary health care and secondary/tertiary care, resulting in the chaos and confusion in the present-day medical front. Searching for a "financial" solution to the problem is the wrong approach. Since "**segregation**" is the culprit, then "**integration**" is the answer, – not just integrating primary care with secondary/tertiary care, but also integrating the private and public sectors.

The proclamation by the General Medical Council in England in 1980 that due to knowledge explosion, "medical schools no longer consider it their duty to produce competent doctors on graduation but can only graduate doctors up to the standard of being further trained", impelled developed countries in England, Europe, Canada, Australia, and elsewhere, to make it mandatory to have all front-line doctors undergo two or three years of vocational training after full registration before being allowed to have *independent* medical practice. For many years, the College had time and time again advocated that Hong Kong should follow suit, but to no avail.

As College members, we all know that the best way to reduce the demand for hospital-care is to make full use of the "gate-keeper" role of family practice. To do a good and effective job, "gate-keepers" must be well and appropriately trained. We are gratified that Government is already playing its part by funding Family Medicine trainee posts in public hospitals, and the College is involved in the process by supervising their training. However, with regard to the few thousand front-line doctors for whom the Government does not yet have the intention of imposing mandatory post-graduate vocational training, the College should be proactive by taking up the slack to institute "Diploma of Family Medicine" programmes (if necessary, in cooperation with third parties) on a massive but voluntary and self-supporting basis for their benefit.

During the past quarter of a century, the College had successfully accomplished a considerable portion of what we had started out to achieve. This is no mean feat, and I must congratulate the College for the preliminary fulfillment of our collective dream. But let us not rest on our laurels because there is still plenty of work to do. Therefore, on the occasion of our 25th Birthday, let us pledge to re-dedicate ourselves to bring our self-imposed *Fourth and Ultimate Objective* of the College to a crowning fruition by fostering the establishment of a **Community-Based Health Delivery System** in Hong Kong during the course of the next 25 years.

