The Hong Kong Academy of Medicine

The Hong Kong Academy of Medicine is being founded this year. This brief article gives something of the background, structure and function of the Academy.

Background

Hong Kong (fragrant harbour) is at present still a colony of the United Kingdom, but has been more tactfully known as a ‘territory’ for some years. Its area is small, about 1,000 square kilometres including 30 or 40 islands. The majority of the 6 million population, mostly Cantonese, live on Hong Kong Island, occupied in 1841; on Kowloon (nine dragons—the hills), the spit of land across the harbour, added in 1860; or in the New Territories, the remaining mainland stretching north to the border with China, leased in 1898 for 99 years together with all the other islands.

Health has been important in Hong Kong from the beginning of British sovereignty. In 1843 24% of the garrison, 10% of European residents, and an unrecorded number of Chinese citizens died of ‘fevers’. Between 1894 and 1924 there were 21,867 cases of bubonic plague, of whom 20,849 died. Since then there has been a steady and dramatic improvement, led by the government, together with a public health programme by the Medical and Health Department, and Christian and Chinese voluntary hospitals. There are now about 5,000 doctors (not including those trained in traditional Chinese medicine), about half in private practice, and over 40 hospitals, 10 with over 1,000 beds. In 1986 the expectation of life was 74.0 years for men and 79.8 years for women, longer than in the United Kingdom; and the main cause of death was neoplasms, as lethal as in the Western world but with a different distribution.

Medical education in Hong Kong

This began formally when the Hong Kong College of Medicine opened in 1887. Its first Dean was Sir Patrick Manson, the pioneer of tropical medicine, and one of the first students to graduate in 1892 was Sun Yat Sen, the founder and first President of the Republic of China. The College was incorporated into the University of Hong Kong when this was founded in 1911. Its main clinical teaching is in the Queen Mary Hospital on the Island, and there is now a second medical faculty in the Chinese University of Hong Kong, centred on the Prince of Wales Hospital at Sha Tin in the New Territories. The first students from the Chinese University graduated in 1986, and the undergraduate degrees of both universities are fully recognised by our General Medical Council in London.

Postgraduate education has followed more slowly, mainly based on the British pattern. The Membership and Fellowship examinations of the British Royal Colleges have been the principal qualifications recognised; many examinations are held in Hong Kong itself, usually with higher pass rates than for those held in London, Edinburgh, or Glasgow. British Commonwealth and USA Specialty Board examinations have also been gained by many Hong Kong citizens, and some Australian College examinations have been held in the Territory. Education and training have been largely informal and there has been no overall organisation other than some government support and encouragement to staff in the government hospitals.

The political changes

In 1984 the Anglo-Chinese Agreement was signed, allowing the whole Territory to be returned to Chinese sovereignty in 1997, but with a ‘high degree of autonomy for at least 50 years’ for Hong Kong, under the principle ‘one country, two systems’ [1]. The existing institutions should continue unchanged, ‘the government will continue to be composed of local inhabitants’, with a chief executive (replacing the present Governor) ‘appointed by the People’s Republic of China on the basis of elections or consultations held in Hong Kong’. The current social and economic systems will remain unchanged. Rights and freedom, private property, inheritance and investments, will all be protected by law [2]. The education system, all the schools and the three thriving universities and two polytechnics, will similarly remain unchanged.

The working party on postgraduate medical education and training

The imminent change of sovereignty has made it all the more important to organise postgraduate medical education and training to the highest international standards on a Hong Kong basis. It should no longer depend on overseas colleges or other bodies, but should collaborate with them on equal terms and continue to invite visitors of all kinds, such as lecturers and external examiners, from abroad. The Hong Kong government, therefore, set up a working party in
1986 which produced its recommendations on postgraduate medical education in October 1988.

The need for the Academy

The working party considered that postgraduate education and training need to be undertaken in all types of hospitals and clinics, in addition to the university medical faculties; thus an overall organisation is essential.

The working party reviewed the situation in other countries. In England there are over 10 Royal Colleges and Faculties, and three in Scotland; in Australia and New Zealand there are 15. In Canada there is the single Royal College of Physicians and Surgeons responsible for training and examining in about 40 specialties, and a College of Family Physicians. In the USA, with 300,000 doctors, there are 23 Specialty Boards, varying in length of training requirement and depth of knowledge, and their certificates, though desirable, are not essential for specialists. In Singapore and Malaysia there are Academies with nine Specialty Chapters, but education and examination are undertaken by the universities.

The working party proposed that for Hong Kong a system based on British experience would be the most suitable, with control of standards coming from an education committee of the Hong Kong Medical Council, and with teaching and examinations being supervised and organised by individual colleges for each of the main specialties. We were attracted by the Canadian model of a single multi-specialty College of Physicians and Surgeons. However, Hong Kong Colleges of General Practitioners and of Orthopaedic Surgeons had already been founded; and Colleges of Physicians, of Obstetricians and Gynaecologists, and of Surgeons were being formed.

The nature of the Academy

It seemed to us that one organisation could be efficient and economical, and that it would not be sensible to set up a dozen or so separate colleges, which could lead to difficulties for the smaller colleges. It is highly desirable for training programmes to be in parallel for all specialties, as is the practice in Britain. In Hong Kong there were not only the colleges already mentioned, but over 40 widely differing specialty societies and associations, whom we consulted during our discussions.

We decided, therefore, to bring all the specialties together into one new ‘Academy of Medicine’. This name was agreed only after long discussion of the alternatives, considering also the possible Chinese translations. The word ‘academy’ is derived from the name of Plato’s garden, or the school which gathered there, learned men coming together to exchange knowledge and ideas. It might be added here that the language of teaching and examining in medicine in Hong Kong is at present English in both universities, and we proposed that this should continue, mainly because English is now the language used for over 70% of the world’s medical and scientific literature, no other language being used for more than 7%.

The Academy would need statutory backing from the government, and it would organise a Fellowship examination in two parts, by colleges in the different specialties. Fellowship of the Academy would be granted to doctors who had passed these examinations and had completed an approved course of training.

Discussion on the number and nature of the colleges took much time. One point of importance was the inclusion of primary care under a College of General Practitioners or Family Physicians. There was extensive discussion on possible separation of paediatrics and public health from general medicine, and of orthopaedics, ophthalmology, and even oto-rhino-laryngology from general surgery. It seemed sensible to have ‘faculties’ as major branches of colleges, and there was debate on the place of hybrid specialties such as accident and emergency medicine, haematology, nuclear medicine, and oncology.

Other topics in the report

Our definitive report included chapters on population trends and epidemiology of Hong Kong, medical manpower, future patterns of medicine, education and training, examination and accreditation, standards and legal implications, financial implications, and implementation, as well as on the Academy itself [3].

We went into some detail about the structure of the Colleges and of the Academy, the training structure of the government service, and the many different specialties and their future: not because we expected our suggestions to be followed to the letter, but because it is better to have a proposed framework for discussion than to start further extensive deliberation ab initio.

The future

The report was widely accepted and the government established a preparatory committee. Legislation was then drafted and was ‘enacted’ by Lord Wilson as Governor ‘with the advice and consent of the Legislative Assembly’ on 25 June 1992. Eleven Colleges have been formed: they are the Colleges of Physicians, Paediatricians, and Community Physicians; Surgeons (with Faculties of Dental Surgeons, Ophthalmologists, and Otorhynolaryngologists); and Orthopaedic Surgeons; and Anaesthetists, General Practitioners, Obstetricians and Gynaecologists, Pathologists, and Radiologists. They are preparing for new examinations in collaboration with English, Scottish, or Australian Colleges. An Interim Council of the Academy was formed on 1 August, with Professor David Todd as President, to approve admission of new Fellows during the next eighteen months until there can be the first
General Meeting of the Academy to elect officers and members of Council. There is an efficient fund-raising organisation which has, for example, sponsored a successful public performance of a Chinese opera 'The Fighting Bride', with all the parts played and sung in English by doctors.

The government hospitals are now administered by a hospital authority on modern cost-effective principles. A new headquarters building for the authority is under construction in Kowloon, and there are plans for a building for the Academy nearby. The Hong Kong economy has already substantially expanded over the border into mainland China; there are now more employees of Hong Kong firms in China than in the Territory itself. I hope that the influence of Hong Kong medicine might grow and spread similarly. The many links with all our Colleges should continue, as we have much to learn as well as to contribute.

Footnote—an academy in the UK?

Our Royal Colleges have grown up one by one since 1518, but remained separate as 'Physicians' and 'Surgeons' until relatively recent times. It is instructive to read the histories of the difficulties encountered in the foundation of the Royal Colleges of Obstetricians and Gynaecologists in 1929 [4], and of Pathologists in 1962 [5], as just two well recorded examples of the frequent problems of specialty development. The proliferation of specialties is bound to continue [6] and it is important that their development be helped rather than hindered. In recent years the United Kingdom Conference of Medical Royal Colleges and Faculties has helped both collaboration and combined representation of all disciplines. The term 'Conference' no longer seems quite adequate or appropriate: I beg to suggest that it now also become an Academy. The Conference need not change its function or structure for the present, but should allow any necessary changes to come by evolution rather than revolution, avoiding growing pains among both the parts and the whole of medicine as it advances and expands.

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