

HongKong

Doctors

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The Medical Council of Hong Kong

Introduction

1. The undergraduate medical curriculum is the starting point of medical education. It provides a solid foundation for entering as an intern and for furthering postgraduate training in the field of medicine.
2. A person wishing to practise medicine ,surgery and midwifery in Hong Kong has to be registered with the Medical Council of Hong Kong (“Medical Council”) in accordance with the Medical Registration Ordinance (“MRO”), Cap. 161, Laws of Hong Kong. Section 8(1) of the MRO provides, *inter alia*, that:

“A person is not qualified to be registered as a medical practitioner under section 14 unless-

- (a) he has been awarded a degree of medicine and surgery by a university in Hong Kong specified in Schedule 1 and is also certified under section 9 that he has had the experience specified in that section;*
- (b) he has passed the Licensing Examination and has completed the period of assessment provided for in section 10A...”*

3. As only The Chinese University of Hong Kong (“CUHK”) and the University of Hong Kong (“HKU”) are specified in Schedule 1 of the MRO, a person must have graduated from the medical faculty of CUHK or HKU or passed the Licensing Examination of the Medical Council in order to be registered as a medical practitioner.

4. The Medical Council has a continuing duty to ensure that medical education of the specified universities is up to the standard required for registration. It is the statutory function of the Education and Accreditation Committee (“EAC”) to recommend and review the standard and structure of undergraduate medical education and training required for registration.
5. Since 1997, the Medical Council has been conducting regular review visits to the two medical faculties of CUHK and HKU on a 5-yearly basis. The first and the second visits were conducted in 1998 and 2003 respectively .The third visit was conducted in 2008. One of the recommendations made by the Visiting Team in 2008 was to devise a benchmark document setting out the standards and attributes expected of medical graduates of the specified universities.
6. The Medical Council accepted the recommendation of the Visiting Team and tasked the EAC to prepare this document entitled “*Hong Kong Doctors*” to set out the attributes and skills expected of medical graduates of the two local medical faculties.
7. This document aims to provide a framework for CUHK and HKU to design and fine-tune their medical curricula and schemes of assessment with a view to meeting the Medical Council’s requirements. It will be used by the Medical Council as a guide to review the structure and to evaluate the standard of undergraduate medical education and training when conducting future accreditation visits to the two medical faculties.

Objectives of Undergraduate Medical Education

8. It is the duty of the Medical Council to protect, promote and maintain the health and safety of the public by ensuring the professional standard of registered medical practitioners. A high standard of medical education is required to meet the needs of the public. Patient safety must be the overriding priority at all stages of medical education and training.
9. A doctor practising safe medicine must also be an ethical doctor. As stated in the Introduction of the Medical Council's Code of Professional Conduct for the Guidance of Registered Medical Practitioners (January 2016):

“Medicine as a profession is distinguished from other professions by a special moral duty of care to save lives and to relieve suffering. Medical ethics emphasizes the priority of this moral ideal over and above considerations of personal interests and private gains.”

10. With a view to producing doctors with demonstrated clinical competences , ethical standards and understanding of humanities ,the objectives of undergraduate medical education should be the following:
 - (a) to produce doctors who are safe and competent practitioners in the practice of medicine
 - (b) to produce doctors who must have patients' best interest as a priority
 - (c) to produce doctors who are competent in applying up to - date medical knowledge for the delivery of effective and holistic care to patients

- (d) to produce doctors who are competent in making clinical judgment based on knowledge in medical science and humanities
 - (e) to produce doctors who are professionals in making rational and ethical decisions in the management of patients
 - (f) to produce doctors who are committed to life long learning and are ready to proceed to postgraduate medical training
 - (g) to produce doctors who are honest and trustworthy ,and act with integrity
11. In essence, the undergraduate medical education aims to prepare graduates to fill the roles of medical practitioner, communicator, educator, humanist, collaborator, health advocate, resource manager, scientist and scholar. The medical curriculum should be designed to develop the competences listed in the ensuing paragraphs thus encompassing a spectrum of knowledge, skills and professional attitudes encouraging life-long professional development of doctors in Hong Kong.

Core Competences and Skills expected of Medical Graduates

12. The Medical Council considers that the undergraduate medical curriculum should equip medical graduates with the following core competences and skills :

(a) Clinical skills

Medical graduates should be competent in carrying out a range of clinical skills (e.g. history taking, physical and mental state examination, problem solving skill, making a diagnosis, etc.) independently and to an acceptable standard .

(b) Clinical procedures

Medical graduates should be able to master a range of basic clinical procedures independently .

(c) Patient investigation

Medical graduates should be able to demonstrate competence in the general principles of patient investigation and to undertake appropriate investigative procedures by themselves.

(d) Patient management

Medical graduates are expected to have demonstrable knowledge of the important aspects of patient management and to make appropriate referrals.

(e) Integration of basic, social and clinical sciences into the clinical context

Medical graduates should be competent in integrating the current knowledge in basic ,social and clinical sciences and applying the knowledge to recognize ,explain and manage health problems of patients .

(f) Decision making skills and clinical reasoning and judgment

Medical graduates should be able to develop decision making skills and display clinical reasoning based on medical evidence and humane judgment as basis for their actions .

(g) Health promotion and disease prevention

Medical graduates should know how to make use of every opportunity for health promotion and disease prevention.

(h) Communication

Good communication skills underpin all aspects of the practice of medicine and medical graduates should be able to demonstrate effective verbal, non-verbal, written and electronic communication skills .

(i) Medical informatics

Medical graduates should be competent in collecting, storing and using clinical data (from simple record-keeping to accessing and using computer-based data) and incorporate the use of health information technology in the day to day care of patients.

(j) Attitudes and professionalism

Medical graduates should be able to demonstrate an appropriate professional attitude and uphold important tenets of professionalism . These include altruism, accountability and responsibility, commitment to excellence and service, honour and integrity, respect for others, and adherence to standards of professional behaviour including appropriate attire and use of professional language.

(k) Ethical understanding and legal responsibilities

Medical graduates should be able to grasp the ethical principles and to understand the legal responsibilities in the practice of medicine .

(l) Roles of doctors within the healthcare system

Medical graduates should understand the healthcare system in Hong Kong and the clinical responsibilities and role of a doctor in the society. They should also appreciate the roles of doctors as researchers, mentors, teachers and managers in the system.

(m) Team work

Team work is important in the delivery of healthcare to patients, and doctors should be able to take a leading role in a multi-professional team and appreciate the roles of other healthcare workers.

(n) Personal development and postgraduate training

Undergraduate medical education is the start of a continuum of education and training which continues through postgraduate training and continuing professional development. Medical graduates should have a positive attitude towards personal development and an acceptance of medical education as a life-long learning process.

13. Medicine and its related knowledge and skills change with time . It is not the intention of the Medical Council to be prescriptive in the fine detail of individual competences and skills listed above. It is the responsibility of the medical faculties to update their medical curricula frequently taking into consideration the best current international practice in the field of medicine and the latest development in medical science and technology. The Medical Council will assess the performance of the medical faculties with reference to this.

Framework for Delivery of Teaching and Assessment of Outcomes

14. The two medical faculties of CUHK and HKU should implement effective procedures in the following areas:

(a) Patient safety

Patient safety is an important concern in the practice of medicine. While medical students should learn about the importance of patient safety and other risk management issues in their future practice of medicine, the faculties should ensure that the safety of patients and their care must not be put at risk by medical students' duties, access to patients during placements or by the performance, health or conduct of any individual student.

(b) Design, delivery and assessment of the medical curriculum

The medical curriculum should be designed, delivered and assessed with reference to the core competences and skills of students in relation to the recommendations as set out in this document and the Code of Professional Conduct for the Guidance of Registered Medical Practitioners (January 2016) issued by the Medical Council.

(c) Quality assurance, review and evaluation

The quality of medical education programmes (e.g. admissions, courses, placements, student supervision and support, assessments and resources) should be monitored, reviewed and evaluated in a systematic manner.

(d) Student selection

Whilst selecting students for medical training is the prerogative of the two medical faculties, the Medical Council is of the view that student selection should be open, objective and fair. The two medical faculties should try to ensure that only those who are considered suitable to become doctors are enrolled.

(e) Support and development of students

Students should be given guidance academically and support in general issues (including health and psychological problems) causing concern. The two medical faculties, on the advice of the Medical Council, have established “Fitness to Practice” procedures and guidelines for addressing professional misconduct and health problems of their students since 2011.

(f) Management of teaching, learning and assessment

i. Medical education should be well-planned and properly managed. The teaching principles enunciated by the University’s Senate and made more specific by the Faculty Board might well be supplemented by an Education Committee reporting to that Board. Such a committee might well identify the responsibilities of key players in the process.

ii. Teachers from the medical faculty and other education providers should be involved in the planning and management of the curriculum.

- iii. Since internship is a continuation of the undergraduate medical education and training, consultation with the Hospital Authority (“HA”) in the planning and management of the curriculum is appropriate. The HA is the sole provider of internship training for medical students in Hong Kong.
- iv. The Hong Kong Academy of Medicine, being the statutory body responsible for postgraduate specialist training, should also be consulted in the curriculum planning so as to ensure that the graduates of the two medical faculties will have the necessary attributes and skills required to undergo postgraduate specialist training.
- v. There should be a rigorous system of assessment to demonstrate that the medical graduates have achieved the standards expected by the Medical Council.

(g) Educational resources and capacity

The educational facilities and infrastructures (e.g. libraries, computers, laboratories, lecture theatres, seminar rooms, etc.) must be appropriate to deliver the medical curriculum.

Conclusion

15. Medicine is constantly evolving and undergraduate medical education must keep pace with the latest developments in medical science, medicolegal field, technology and humanities. It is not possible to set out an exhaustive list of all skills and attributes expected of medical graduates. The Medical Council considers that it is sufficient to set out the core competences

expected of medical graduates, so that the two medical faculties can design and deliver their medical curricula to meet the requirements and standards for registration. However the Medical Council regards it as important that it maintains regular review visits to the two university medical faculties.

16. Since the graduates of CUHK and HKU medical faculties are entitled to be registered without taking the Licensing Examination, it is imperative that their education include the aspects outlined in this document, and hence future accreditation of the two faculties will be made with specific reference to this document.
17. It would also seem logical that the Licensing Examination be structured with reference to all matters of competence contained herein.
18. The Medical Council will review this document periodically in the light of the ever-changing needs of society.

Reference Documents

1. General Medical Council: *Tomorrow's Doctors* (2009)
2. Scottish Dean's Medical Education Group: *The Scottish Doctor* (April 2008)
3. Medical Schools Council, United Kingdom: *The Consensus Statement on the Role of the Doctor* (December 2008)
4. Confederation of Postgraduate Medical Education Councils :*Australian Curriculum Framework for Junior Doctors* (March 2009)
5. *Report of the Review Visit on Medical Education and Training of the University of Hong Kong and The Chinese University of Hong Kong* (January 2009)
6. Hong Kong Academy of Medicine: *Position Paper on Postgraduate Medical Education* (2010)
7. *Code of Professional Conduct for the Guidance of Registered Medical Practitioners* (January 2016) of the Medical Council
8. Medical Registration Ordinance (Cap. 161), Laws of Hong Kong
9. Medical curricula of the CUHK and the HKU

