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Learning after medical school

T P Lam 林大邦

There are over 4,000 primary care doctors in Hong Kong providing the bulk of health care to the citizens in the community. Their standard of care is considered to be very variable.¹ Most of these doctors have not done any formal postgraduate study, e.g. university diplomas and degrees, or vocational training which leads to fellowship of a professional college. This is similar to the experience of other countries.² However, many are getting involved in some form of Continuing Medical Education (CME). Most of us would agree that a key activity for doctors is lifelong learning, which has a direct effect on the standard of clinical care that we provide and few would argue against this.

I, for one, would not want my family or myself to be looked after by a colleague who had not kept up with current medical developments as new knowledge is being discovered everyday. What was considered good and acceptable management practice 5-10 years ago may not be considered so now. For example, the long term population-wide use of combined estrogen-progesterin Hormonal Replacement Therapy for post-menopausal women is no longer considered appropriate. Instead of preserving health and preventing diseases, it is possibly doing the opposite. Don’t our patients deserve care by doctors who are familiar with the latest medical developments?

In 2001, the Medical Council of Hong Kong implemented a voluntary CME programme for practising doctors who were not taking similar programme for specialists. Its aims, which are similar to other CME programmes, are to keep the practising doctors up-to-date on current developments in medical practice and thereby to maintain a high professional standard. These goals should appeal to all practising doctors (and to all of their patients). However, are all doctors undertaking a recognised CME programme? If not, why not?

There are various forms of CME. Some are stand-alone activities while others are courses of varying lengths and intensity. In Hong Kong, many young graduates who intend to make family medicine as their career are now undertaking vocational training, which has become the largest training discipline. Established primary care doctors, however, may find it difficult to quit their practice in order to enrol in a full time vocational training programme. There are postgraduate courses at the local medical schools which provide opportunities for primary care doctors to improve their skills in order to serve their patients better. These programmes have become popular in recent years.¹²
Editorial

The reasons why busy local primary care doctors attend these rather intensive postgraduate training courses are unknown. Studies in UK showed that those doctors who were women, members of the Royal College of General Practitioners and worked in a training practice, or those who had been qualified for 10 to 30 years and worked in group practices of three or more doctors were more likely to be high attenders at educational meetings. Financial incentives by the employer also were found to be a major influence in UK attendance rates. However, motivation to learn among established general practitioners is known to be variable. This motivation is both complex and unstable in response to multiple factors. Time commitment, general practice workload and family pressures have been found as reasons why primary care doctors do not attend higher professional education courses.

What do we know about the situation in Hong Kong? Why are some doctors so keen to undertake courses which last a year or longer while others are not attending any educational activities at all? We should examine the factors which motivate primary care doctors to undertake postgraduate learning in Hong Kong as well as those factors which are limiting others to do so. This will then provide the much needed information to target the specific needs of local primary care doctors. Future activities should be arranged to provide programmes to meet the needs of ALL doctors. The results will be that there will be better trained, more up-to-date primary care doctors to look after the citizens in the community in Hong Kong.

References