

OP19.5

At the crossroads: general practice education in China

Dan Wu, TP Lam

Department of Family Medicine, The University of Hong Kong, Hong Kong, China

Corresponding author: PhD Fellow Dan Wu, The University of Hong Kong, Department of Family Medicine and Primary Care, Hong Kong, China. E-mail: u3002333@hku.hk

Background and Aim: China is making great efforts to train 300,000 general practitioners (GPs) by 2020 to meet its population's escalating healthcare needs. This paper discusses the shortage of GPs, compares GP training programs and examines challenges facing these programs in China.

Method: Literature review and secondary data from Health Statistical Yearbooks, China

Results: Shortage of well-trained primary care practitioners (PCPs) exists nationwide. Despite a rising trend of GPs, the ratio of GPs out of all types of doctors was 5.6% in 2013. Three general practice training programs are running concurrently. These are post-transfer training program, residency training program, and designated general practice undergraduate education program. These programs face several challenges. Urban-rural disparities in educational attainment of PCPs are enormous. The percentage of PCPs with 3-year or longer medical training in urban community health facilities is 20% higher than that of rural township health centers. Ninety-five percent of PCPs in rural village clinics possessed only secondary education or less, compared to 23% in urban areas. Distributional imbalance among regions is another challenge. The better-off eastern part of China has a ratio of 1.50 GPs per 10,000 population, nearly doubling that of central (0.70) and western China (0.86). The common aspiration to become hospital specialists acts as another obstacle to retaining GPs in primary care. Better-educated doctors prefer working in hospitals where a better career path with higher pay and social status is offered. In addition, enrolling trainees into general practice training programs with curriculums which are sub-specialty driven is problematic. Excessive exposure to complicated cases in hospital wards resulted in misconception of general practice among the trainees.

Conclusions: Intervention packages combining student selection policy, career intent and other incentive strategies are worth experimentation to retain GPs in primary care. Regarding training future GPs, clinical exposure and rigorous evaluations are key to enhance the quality of training.