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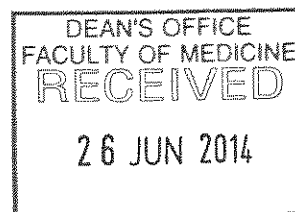
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By Post
(Total 2 pages + Annexes I and II)

20 June 2014

Prof. Francis K L CHAN
Dean, Faculty of Medicine
The Chinese University of Hong Kong
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Shatin
New Territories



Dear

Francis,

**Report of the Accreditation Exercise on the Medical Education and Training of
The University of Hong Kong and The Chinese University of Hong Kong**

On behalf of the Medical Council of Hong Kong ("the Council"), I write to express the Council's appreciation for the effort made by you and your colleagues in preparing for the captioned Accreditation Exercise held in November 2013. The fruitful and meaningful exchanges between the Visit Team appointed by the Council and your Faculty during the accreditation visit contributed to the successful conduction of the exercise and were conducive to the betterment of medical education and training in Hong Kong.

The Visit Team after the visit and a thorough discussion has compiled a report setting out its findings at the visit, as well as its commendations, requirements and recommendations for the two local medical faculties and other relevant parties. The report is attached at **Annex I** for your consideration. The Council and its Education and Accreditation Committee ("EAC") have considered the report and accepted the requirements and recommendations of the Visit Team with further comments set out in **Annex II**. You are invited to address and take follow up actions in respect of the *requirements* set out in the report (i.e. Assistant Internship programme, teaching and assessment of communication skills, advancement of the implementation of procedures and guidelines on Fitness to Practise), and to make other improvements as recommended.

The Council would like to hear from your Faculty's feedback on the report and the comments by the Council and the EAC. Please kindly let us know your response by **31 October 2014**.

If you have any questions, please feel free to contact Miss Maggie CHOW, Secretary of the Medical Council at 2961 8636 or Ms Fionne TSE, Deputy Secretary of the Medical Council at 2873 3659.

With best regards,

Yours sincerely,



(Prof. Joseph LAU, SBS)
Chairman,
The Medical Council of Hong Kong

c.c. Dr HUNG Chi Tim, Chairperson of the Visit Team



**Report of the Accreditation Exercise on Medical Education
and Training of The University of Hong Kong and
The Chinese University of Hong Kong**

November 2013

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Acronyms/ abbreviations

The following acronyms/ abbreviations are used within the Report:

CUHK	The Chinese University of Hong Kong (Faculty of Medicine)
EAC	Education and Accreditation Committee of the Medical Council of Hong Kong
HA	Hospital Authority
HKAM	Hong Kong Academy of Medicine
HKU	The University of Hong Kong (Li Ka Shing Faculty of Medicine)
JUPAS	Joint University Programmes Admissions System
NGO	Non-Government Organisation
PWH	Prince of Wales Hospital
QMH	Queen Mary Hospital
Team	Visiting Team appointed by the MCHK

EXECUTIVE SUMMARY

Background

1. The Medical Council of Hong Kong (the Council) “was founded to assure and promote quality in the medical profession in order to protect patients, foster ethical conduct, and to develop and maintain high professional standards”. Graduates of the two local universities qualify to register as medical practitioners with the Council on completion of internship training without the need to take the Licensing Examination of the Council. Following recommendations of the Education and Accreditation Committee (EAC), the Council appointed a Visiting Team to carry out a review of the medical education and training at the two specified local universities to ensure the standards of the graduates continued to be at least equivalent to that of the Licensing Examination. The Visit was conducted from 18 to 23 November, 2013.
2. The universities specified within the Ordinance are The University of Hong Kong (HKU) and The Chinese University of Hong Kong (CUHK). Both institutions provided detailed submissions on their medical education and curriculum databases and hosted 2-day visits at their institutions to inform the Visiting Team on their undergraduate programmes MBBS and MBChB, respectively. The Visiting Team also met with representatives of the Hospital Authority (HA), a major employer of graduates from the two universities. The Team appreciated the scope of the Visit involved the two universities. However, there are issues that extended beyond the reach of the two universities, and therefore, some recommendations make reference to the Hong Kong Academy of Medicine (HKAM) and the HA. The findings and recommendations contained within this Report are prepared for the purpose of enhancing the standard and structure of medical education and training within Hong Kong; with future successes amplified through the two universities, the HKAM and the HA working together closely.

Commendations

3. The Team made the following commendations:

For both universities

- (i) significant improvements in the teaching of patient safety and risk management in the MBBS and MBChB programmes as observed through the enhanced and reformed curricula and from students' handling of patients; and
- (ii) individual concerted efforts to educate the public on body donation had led to a turnaround of attitudes within Hong Kong resulting in a sufficient supply of bodies for the teaching of anatomy. At both universities the ceremonies held by teachers with the medical students were respectful to the human body and the families. The reflective exercises incorporated within both medical programmes resulted in valuable learning.

HKU

- (i) the establishment of the Medical Ethics and Humanities Unit that runs the six-year longitudinal programme on ethics, law and humanities is a truly innovative and pioneering endeavour;
- (ii) good use of electronic resources in the teaching of pathology, supported by the on-line learning platform, Moodle; and
- (iii) development of on-line teaching materials to provide the Chinese translation of English medical terminology was a valuable resource given the changes in patient demographics.

CUHK

- (i) renovations to the Li Ping Medical Library and the Li Choh-Ming Basic Medical Science Building brought together students from medicine, nursing, pharmacy, public health and Chinese medicine. Both locations incorporated multiple learning spaces for students across the disciplines to engage. The formally assessed course on how to use the Library facilities was considered highly useful; and
- (ii) development of on-line resources, for example, in histology and the E-Book, provided valuable learning support for students and interns. In addition, the Clinical Skills Learning Centre permitted students to book the facilities on-line and to have 24-hour access to the Centre.

Outcomes of the Visit

- 4. The 2013 Visiting Team recognised certain progress had been made in the provision of medical education by both universities since the 2008 Visit; however, there remained further improvements to be made in the training of doctors for Hong Kong.

Requirements for both universities

- 5. The Team made the following requirements for both universities:
 - (i) to introduce, in collaboration with the HA, a new Assistant Internship programme of at least six weeks to facilitate the transition from medical student to doctor (paragraph 5.3 refers);

- (ii) to strengthen the teaching of communication skills further and to improve upon the assessment of communication skills (paragraphs 5.4 and 5.5 refer); and
- (iii) to actively advance the implementation of procedures and guidelines on Fitness to Practise to address the serious misconduct of students (paragraphs 5.6 and 5.7 refer).

Recommendations

6. The Team made the following recommendations:

Both Universities with respect to Family Medicine:

- (i) to improve the time allocated to the teaching and learning of family medicine in both the MBBS and the MBChB programmes (paragraph 4.4 refers);
- (ii) to include family medicine within the internal medicine internship and for Family Physicians to assist in the teaching of diseases (paragraph 4.6 refers);
- (iii) to gain access to additional private practitioner clinics to provide appropriate learning environments for medical students (paragraph 4.7 refers); and
- (iv) to provide private practitioners a level of funding to offset their expenses when teaching students at their clinics (paragraph 4.9 refers).

Both universities, General:

- (i) to continue efforts to introduce inter-professional education in conjunction with other health science disciplines or faculties (paragraph 5.2 refers);
- (ii) to increase the level of inter-institutional collaboration, for example, in the support of honorary professors, the Chinese medical terminology data base, and activities within their respective teaching and learning centres (paragraphs 4.9, 6.12 (v) and 7.10 (ii) refer, respectively);

- (iii) to include HA membership on Faculty-level curriculum review committees (paragraph 8.1 refers).

HKU

- (i) the establishment of a department within the Faculty, inclusive of senior staff appointments, to advance the specialty of emergency medicine (paragraph 6.11 (v) refers).

CUHK

- (i) to revisit the structural organisation of the Division of Family Medicine and Primary Healthcare (paragraph 4.5 refers);
- (ii) to incorporate more practical workshops and activities on the dynamics of the doctor-patient relationship to advance medical ethics and social responsibility (paragraph 7.11 (iii) refers);
- (iii) to reduce didactic lectures further and to incorporate more small group teaching (paragraph 7.11 (viii) refers);
- (iv) to continue with the efforts to place senior students rotating through specialties on-call to gain wider training and experience (paragraph 7.11 (ii) refers); and
- (v) to persist in the efforts to attract more students to the research programmes (paragraph 7.11 (ix) refers).

HKAM

- (i) with respect to family medicine, to revisit policies on training and collaboration with the HA; and
- (ii) to investigate the reasons for past attrition from the family medicine specialty (paragraph 4.11 refers).

HA

- (i) an important consideration to ensure real change in the provision of family medicine training emerges is to improve upon the current level

of funding support for outpatient services; by working together with Government to investigate the establishment of more general community health centres that incorporate a range of health services, in addition to family medicine; to ensure an adequate number of specialty training places are available to family medicine; to review the daily patient load of family medicine practitioners (paragraphs 4.3, 4.8 and 4.11 refer, respectively); and

- (ii) to provide medical students with access to electronic patient records (paragraph 4.7 refers).

MCHK

- (i) to promulgate changes to the Medical Registration Ordinance to facilitate the continuation of clinical exchanges of international fellows at both universities for the purpose of teaching for short durations of time (paragraph 8.4 refers);
- (ii) to invite both universities to undertake a survey of their students, and to complete a questionnaire on their programmes as a component of their pre-visit material (paragraph 8.5 refers); and
- (iii) to reexamine the document *Hong Kong Doctors* brought forth by the last Accreditation Visit to incorporate elements that advance the guidelines to the next level (paragraph 8.6 refers).

1. OBJECTIVES OF THE REVIEW

- 1.1 As defined by Chapter 161, Sections 8 and 9 of the Medical Registration Ordinance (MRO, the Ordinance), Laws of Hong Kong, medical graduates from specified universities in Hong Kong are qualified to register as medical practitioners with the Medical Council of Hong Kong on completion of internship training without taking the Licensing Examination of the Medical Council. As listed under Schedule 1 of the MRO The University of Hong Kong (HKU) and The Chinese University of Hong Kong (CUHK) are specified with reference to qualification for registration. Under Section 20I (d) of the MRO the statutory function of the EAC is to recommend and review the standard and structure of undergraduate medical education and medical training required for a person to become a registered medical practitioner.
- 1.2 With the goal to assure quality, since 1997 three accreditation exercises have been conducted by the Medical Council on the standard and structure of medical education and training at HKU and CUHK. The first accreditation exercise was conducted in 1998, and on the basis of 5-yearly visits, a second followed in 2003 with the most recent exercise completed in 2008. On the recommendation of the EAC, the Medical Council conducted a fourth accreditation exercise with the review visit held in November 2013.
- 1.3 The preceding visit considered it important to retain a level of continuity within the membership of each visiting team and it is hoped that this element is retained within future accreditation exercises. The Visiting Team appointed by the Medical Council to conduct the 2013 accreditation exercise of the medical education and training at HKU and CUHK comprised the following members:
- Dr. HUNG Chi Tim¹, Hospital Chief Executive, Queen Elizabeth Hospital and Cluster Chief Executive of Kowloon Central Cluster, Hospital Authority (Chairperson)

¹ Dr. C.T. Hung served on both the 2003 and 2008 Visiting Teams and is a current member of the Medical Council of Hong Kong.

Professor Sir Peter RUBIN², Assistant Pro Vice-Chancellor Strategic Planning and Project Support, Boots Professor, Faculty of Medicine and Health Sciences, University of Nottingham and Chairman of the General Medical Council, United Kingdom (Overseas Expert)

Professor Richard HAYS, Dean of Health Science and Medicine, and Pro Vice-Chancellor -Teaching and Learning, Bond University, Australia (Overseas Expert)

Dr. Raymond H.S. LIANG, Head, Department of Medicine and Director, Comprehensive Oncology Centre, Hong Kong Sanatorium & Hospital (Representative of the Hong Kong Academy of Medicine)

Dr. LI Chi Kong, Consultant, Prince of Wales Hospital (Representative of the Hospital Authority)

Miss CHAU Man Ki, Mabel MH, Lay Member of the Medical Council of Hong Kong

Dr. CHOI Kin, Gabriel, a registered nephrologist in private practice; and

Ms. Kaye BRODIE³, Senior Assistant Registrar of the University of Hong Kong (Secretary).

2. ACKNOWLEDGEMENTS

- 2.1 The Visiting Team thanks Professor Gabriel M. Leung, Dean of the Li Ka Shing Faculty of Medicine, HKU and Professor Francis K.L. Chan, Dean of the Faculty of Medicine, CUHK for their valuable contributions to the Visit and for the informative exchanges with their respective staff and students. The Team is grateful for the openness of discussions that aided members to achieve a better understanding of the medical education and training at the two universities. In addition, the Team appreciated the provision of facilities, plus the meeting,

² Professor Sir Peter Rubin also served on the 2008 Visiting Team.

³ Ms. Kaye Brodie was also the Secretary of the 2008 Visiting Team.

catering and transport arrangements that ensured a smooth and constructive Visit.

- 2.2 The Team also thanks the Medical Council Secretariat for their assistance in facilitating the process of the accreditation exercise, the reception and accommodation arrangements for the overseas experts and the arrangements of pre- and post-Visit meetings.

3. BACKGROUND OF VISIT AND PROCESSES ADOPTED

- 3.1 The purpose of an accreditation exercise is to satisfy the visiting team that the medical education and training of HKU and CUHK meets the required standards. The three earlier visits provided comments and raised issues that their respective visiting teams warranted consideration by the university concerned. The Medical Council, on the recommendation of the EAC, agreed to adopt the following parameters for the 2013 Accreditation Exercise:

- (i) "to review whether the two universities had taken follow-up actions to implement the recommendations made by the Council in the 2008 Accreditation Exercise;
- (ii) to make reference to the document "*Hong Kong Doctors*" issued by the Council and review whether medical graduates of the two universities upon completion of the specified internship are capable of practicing medicine independently, i.e. whether they:
 - (a) have adequate knowledge;
 - (b) have adequate clinical skills, including physical examination and the use of investigations;
 - (c) are able: to recognize the limitations of their knowledge and skills, to practice within their limitations, and to refer cases beyond their capabilities to specialists in the appropriate specialty at the appropriate time;
 - (d) have proper ethical standards;

(e) have adequate communication skills; and

(iii) to review whether medical graduates of the two universities are prepared for post-graduate medical training”.

3.2 To give further orientation to the 2013 accreditation exercise, the Visiting Team was provided with the Medical Council’s deliberation of the Report⁴ that followed the 2008 visit and made aware of the responses from HKU and CUHK with respect to the comments and recommendations contained therein. For ease of reference the recommendations of both Faculties from the 2008 Visit are at Annex I.

3.3 A copy of *Hong Kong Doctors*⁵ was provided to the Visiting Team. The Team observed that this document was issued in September 2011 to the two medical faculties, all registered medical practitioners and other relevant organisations. *Hong Kong Doctors* sets out the “attributes and skills expected of medical graduates of the two local medical faculties and aims to provide a framework for CUHK and HKU to design and fine-tune their medical curricula and schemes of assessment with the view to meeting the Medical Council’s requirements”. The two medical faculties were informed that the document would be used to review the structure and to evaluate the standard of undergraduate medical education and training when conducting accreditation visits.

3.4 In preparation of the 2013 Visit, HKU and CUHK submitted detailed documentation on their respective medical education and curriculum database, with the mandatory topics to be covered outlined at Annex II. The submissions were studied by the Visiting Team prior to the two-day visit of each institution, with HKU visited on 18 and 19 November, followed by CUHK on 20 and 21

⁴ *Report of the Review Visit on Medical Education and Training of The Chinese University of Hong Kong and The University of Hong Kong*, January 2009.

⁵ Compiled by the Medical Council of Hong Kong in response to a recommendation of the 2008 Visiting Team, specifically: “to take advantage of recent international benchmarks that have defined skills and attributes desired of a graduating doctor for possible application within Hong Kong, and using this kind of framework as a basis of discussions with the Hospital Authority and other stakeholders. Some examples include Tomorrow’s Doctors (GMC), World Federation for Basic Medical Education (WFME) and the Scottish Doctor”.

November 2013. The programmes of the respective visits are at Annexes III and IV.

- 3.5 The Visiting Team was also apprised of the structural reform that had occurred across Hong Kong's tertiary education sector since the last accreditation visit. From 2012, the reform involved the phasing out of one year from secondary school education, with the year allocated to university training (the 3+3+4 reform). To support this reorganisation, from 2012 all universities admitted double cohorts of graduating secondary school students to their undergraduate programmes. With respect to medical education, the Team noted this would impact upon both universities for five years. In addition, both universities were required to cope with an overall increase in undergraduate places allocated to medicine by the University Grants Committee.

4. RESPONSE TO THE REQUIREMENT FOLLOWING 2008 VISIT

- 4.1 Evaluating the individual responses from the two universities on the requirement of the 2008 Accreditation Visit, i.e. to improve the teaching of family medicine, it is clear both universities had made limited improvements. HKU demonstrated progress with intent to do more, while CUHK presented less progress. It is fully recognised these improvements, although small, had been achieved in the face of substantial obstacles, rather than as a lack of willingness to do more.
- 4.2 Evidence within the academic literature is mounting of "the health-promoting influence of primary care" with the suggestion that "primary care helps prevent illness and death" and that "primary care is associated with a more equitable distribution of health in populations. The means by which primary care improve health have been identified, thus suggesting ways to improve overall health and reduce differences in health across major population subgroups."⁶

⁶ *Contribution of Primary Care to Health Systems and Health*, Barbara Starfield, Leiyu Shi, and James MacInko, *The Milbank Quarterly*, Vol.83, No 3, 2005 (pp. 457-502). These points were reiterated by Professor Barbara Starfield as an Editorial in the *Hong Kong Practitioner*, June 2008 issue.

- 4.3 Persuasive and urgent improvements in family medicine remain necessary to adequately support the aging population forecasted for Hong Kong. The health care requirements of this pressing scenario require appropriate and urgent provision of medical personnel, in parallel with a flexible and supportive infrastructure. The Team maintains it is not possible to offer effective and sustainable undergraduate family medicine training under the current model of care and the perceived role of family medicine. The training would be enhanced if the Government authorities expand the family medicine service and solve the main obstacles. Amongst the varied challenges, the current level of provision to outpatient family medicine services, notwithstanding the recent improvements from a pre-existing low, requires review, to align with international trends.
- 4.4 Compared to international norms, the time allocated to the teaching and learning of family medicine in both the MBBS and the MBChB programmes is below an acceptable level. This should be rectified urgently. However, for the two universities to succeed, as alluded to earlier, this requires the support and active involvement of many stakeholders in view of the multi-factorial nature of the issue.
- 4.5 Through structural changes HKU established the Department of Family Medicine and Primary Care in 2010 and increased the staff establishment from four to seven full-time professoriate members. At CUHK the Division of Family Medicine and Primary Healthcare remains under the School of Public Health and Primary Care with a staffing establishment of six members, funded from all sources. Excluding the clinical staff at the teaching hospitals the undergraduate teaching and training of family medicine provided by the HA staff also remains weak. Enhanced staffing levels at both universities, an increased supply of doctors to the family medicine specialty in HA, and further structural changes, are all essential to improve the teaching of family medicine.
- 4.6 Both universities must maintain their curriculum reforms and continue dialogue with the aim to redistribute time across the specialties in order for family medicine to reach international standards. This must be handled creatively

including collaboration with internal medicine, orthopaedics, clinical oncology and geriatrics. Family medicine could assist in the teaching of disease management, e.g. diabetes, and other medical and surgical cases. However, while communication skills has been assigned to family medicine to teach, practical communication skills are critical to all specialties and need to be developed across all levels of the programmes. The Team suggested the Internship in internal medicine that placed intern rotations in family medicine clinics, piloted in 2010 at PWH, should be reinstated. Similarly extension of the Assistant Internship programme to no less than six weeks in duration and beyond medicine in specialty by both universities would be of value as this was considered a valuable clinical transition by the interns (paragraph 5.3 refers).

- 4.7 Given the variety of cases presented to private clinics and the community-based clinics it is critical that both universities gain access to additional clinics to provide appropriate learning environments for medical students. Access to electronic patient records must follow and the case load of the teaching medical personnel should be reduced for effective and appropriate hands-on learning to occur. A successful model observed within the region was one university employed family medicine practitioners with guaranteed time and space at multiple community clinics that, in turn, provided regular training to medical students.
- 4.8 A further issue that needs to be investigated by HA together with Government is the establishment of additional general community health centres that incorporated a range of health services from family medicine to physiotherapy and dietetic advice. This would address the community demand for such resources, plus make inroads to rectify the inadequacy of primary care venues accessible to the universities. In parallel with this Government-led development, a supplementary avenue for the two universities to investigate is to collaborate with existing NGO clinics for the placement of their medical students.
- 4.9 It is recognised the support of the honorary professors appointed by both universities provided important and substantial contributions to the teaching of

their respective medical students. The honorary professors group is highly dedicated and committed and when compared to the previous visit, appeared satisfied with the recognition the universities accorded to them. Many were honorary professors at both universities. Given the small number of Family Medicine Fellows within Hong Kong, the Team suggested the two universities might benefit by collaborating in this area and hoped to observe improvements by the next accreditation visit. In addition, to increase involvement from community-based family medicine practitioners in the teaching of medical students a level of funding to offset their expenses to teach students might be considered.

- 4.10 From the CUHK survey of interns on why they chose or did not choose family medicine, plus from the Team's discussions with medical students and interns at both universities, the career trend observed in the previous accreditation visit remained; i.e. few planned a profession in family medicine. To facilitate changes in the perception of this specialty is a matter, once again, for multiple parties to manage.
- 4.11 For family medicine to be a leader in health reform it is critical for the HKAM to revisit its policies on training and collaboration with HA. In addition, HA should review the daily patient load to ensure the specialty remains attractive to those seeking a work/life balance. The total number of family medicine training places available in HA is limited. Thus, seeking progress in interns deciding to pursue a career in family medicine must be supported by an adequate number of training places made available to the specialty. The HKAM should survey residents not joining or leaving the family medicine specialty so that appropriate support mechanisms can be established to ensure successful completion of the residency programme. As a small number of medical graduates entered private practice without postgraduate training, the Team sees the need to enhance primary care (or family medicine) training. The Team noted, with regret, that the postgraduate training requirement of family medicine remained at six years, at a substantial disparity when compared to overseas qualifications of two to three years.

5. RESPONSES TO RECOMMENDATIONS COMMON TO BOTH UNIVERSITIES FOLLOWING THE 2008 VISIT

- 5.1 Evaluating the individual responses on the recommendations common to both universities the Team determined the following issues remained incomplete and should be taken forward by both universities as requirements/ recommendations yet to be satisfied:

Inter-professional education

- 5.2 The introduction of inter-professional education in conjunction with other health science disciplines or faculties had not emerged. The efforts outlined by both universities to describe their engagement of students with the full medical team of doctors, nurses and allied health practitioners did not reflect a truly inter-disciplinary learning experience for the students. The Team fully recognises the difficulties to implement a strictly inter-professional curriculum but encourages both to make further progress.

Pre-internship/ Assistant Internship

- 5.3 Both universities reported on the difficulty to lengthen the pre-internship experience to six weeks. However, following the unanimous feedback from interns, the Team requires both universities to introduce a new Assistant Internship of at least six weeks to facilitate the transition from medical student to doctor. The Assistant Internship needs to be more structured, based on two weeks across three specialties and best conducted within HA hospitals rather than limited to the two teaching hospitals. The Team maintains the Assistant Internship would provide valuable opportunities for medical students to practice communication skills under close supervision. On the pre-internship training, the Team is happy to see that resuscitation and simulation training have been included by HA. While some students suggested earlier exposure to life support training, the Team maintains that it is appropriate for the basic / advanced life support module to take place immediately before or during the pre-internship training.

Communication skills

- 5.4 Given a high proportion of complaints received by the Medical Council suggested a failure of communication skills or in the attitude of doctors it remains critical to improve the communication skills of medical students and interns. Similarly, a high proportion of complaints received by the HA are patient-related due, in part, to communication issues. Throughout the Visit, what became apparent to the Team was the huge burden on students to acquire factual knowledge and less on the professional aspects of being a doctor.
- 5.5 The complexities of communication should be developed gradually rather than handled by a single teaching block. HKU spreads communication throughout the years and increases complexity while it was not apparent from the CUHK curricula if this was the case. Both institutions have implemented some assessment of communication skills, but further and significant efforts are needed. For example, during OSCE, communication skills should form a component of each station, and likewise, workplace assessment of communication skills should be introduced. A formal assessment item at the end of the Assistant Internship on communication skills would be useful. Enhancing communication skills in Mandarin (Putonghua) should be considered to prepare for the coming change in demographics in Hong Kong.

Fitness to Practise

- 5.6 Both universities reported the establishment of Fitness to Practise Committees. The HKU model appeared to be implemented more actively with a focus on student wellness while CUHK took reference from the Medical Council model. In view of the paucity of cases considered by both universities, the Team considers there is significant room to improve the adoption, understanding and acceptance of fitness to practise processes. This is pressing as no university admission system is perfect. With the legal responsibilities involved for both universities graduating doctors, it is critical that HKU and CUHK take a greater focus on fitness to practise.

- 5.7 It was apparent to the Team that both universities appeared to blur the boundary between helping students before they reached a point of difficulty, compared to those students already in difficulty and the judgments involved. It is critical to delineate clearly between the pastoral and disciplinary roles as separate and distinct procedures. It would be useful if the Medical Council provided examples of a lack of fitness to practise to aid further understanding. Thus, the Team recommends both universities need to actively advance the implementation of their procedures and guidelines to address the serious misconduct of students.

6. THE UNIVERSITY OF HONG KONG (HKU), LI KA SHING FACULTY OF MEDICINE

Introduction

- 6.1 The vision of the Li Ka Shing Faculty of Medicine is “to become a world leader in research, education and healthcare”⁷. Since first inception in 1887, the Faculty has grown to encompass 17 departments, three schools, one institute and an academic unit, plus a number of strategic research centres and research units. In August 2013, 287 professoriate staff were in post, of which 154 were clinical staff and 133 non-clinical staff. In addition, 1,980 honorary staff members were appointed in the Faculty; 1,775 as honorary teachers and 205 as honorary tutors. Of the 1,775 honorary teachers, 1,476 were honorary clinical staff predominately from HA, private practice and a private hospital.

Medical Education and Curriculum Database

- 6.2 The five-year and six-year MBBS programmes are built around the four themes of “Human Biology in Health and Diseases”, “Professional Skills: diagnostic,

⁷ From the 2013 Submission, the Faculty further states through its mission, it “is committed to develop Hong Kong into a premier healthcare centre for the global community through the advancement of research, learning and teaching in the art and science of medicine and health, and the promotion of humanity; to establish Hong Kong as a biomedical capital of Asia through the application of life, physical, and chemical sciences. With respect to undergraduate education, the Faculty’s mission is to equip our graduates with the skills of advancing the frontiers of knowledge, to groom their personal attributes, to cultivate their ability to face the challenge of a fast-changing society, and to help them develop into humane and ethical healthcare professionals to serve the community”.

problem solving, effective communication and clinical management”, “Population Health, Health Services, Economics and Policy”, and “Medical Ethics, Professional Attitudes and Behaviour”. A strong emphasis placed upon integration through the system-based blocks in the earlier part of the curriculum is followed by specialty-based clerkship rotations in the later part. Longitudinal strands run throughout the curriculum and provide students a continuous learning experience. Both programmes afford students an opportunity to devote themselves to research studies via the intercalated Master of Research in Medicine programme and/or the intercalated MBBS-PhD. HKU advised the Team of the Global Young Scholars Scheme that enabled students enrolling in the MBBS-PhD programme to receive overseas training at internationally renowned institutions.

6.3 An array of diversified learning approaches adopted throughout the MBBS programmes followed the implementation of an outcomes-based approach to student learning. Students’ exposure to various educational experiences from Problem-based Learning tutorials and interactive tutorials to whole class lectures, from laboratory practicals to skills training, from role playing and case discussion in classrooms to real patient contact at the bedside and in the community, all lead to the final stage of their learning as Assistant Interns during the Specialty Clerkship in preparation for the subsequent internship and postgraduate development.

6.4 The MBBS continued to attract high quality candidates with average admission scores that are amongst the highest of all undergraduate programmes offered at HKU. Approximately 70% of the admission is through JUPAS and 30% through Non-JUPAS. Beyond academic merit, HKU has placed more emphasis on personal qualities and non-academic achievements when selecting candidates for the medical and healthcare profession. Such qualities as self-motivation, social awareness, social participation, communication skills, general demeanour, etc. are being assessed holistically through interviews, as well as a review of applicants’ individual portfolios. The Team noted that the practicalities of the JUPAS admission meant that applicants were interviewed in small groups of ten while applicants of the NON-JUPAS channel attended an individual interview. If resources and time permitted, the Team was of the

view that a more intimate interview for the JUPAS applicants could add further rigor to the admission process.

- 6.5 The Medical Campus along Sassoon Road supports the majority of teaching and learning activities of the MBBS curriculum. The Faculty of Medicine Building provides purpose-built facilities for different learning activities, including a well-endowed Medical Library and information facilities, a rich bank of multi-media teaching materials, and a centrally-supported Learning Management System, Moodle, serves as an online platform. The Queen Mary Hospital has been the prime teaching hospital for HKU since its establishment. In addition, support from a network of teaching hospitals and private practices further provide broad-based clinical exposure and attachments for medical students. To strengthen clinical skills training, HKU plans to convert the Pauline Chan Building into a multidisciplinary clinical skills training centre with ward setting training laboratories and simulation laboratories to facilitate inter-professional education of medical, nursing, Chinese medicine and pharmacy students. The Team suggested this capital development project presented HKU with an opportunity to provide advanced teaching and learning spaces following feedback from students on their needs for the best use of this space.

Response from HKU to the 2008 requirement and recommendations

- 6.6 HKU presented details on the various actions taken in response to the requirement and recommendations contained within the 2008 Report.

Family Medicine

- 6.7 To improve the teaching of family medicine, HKU reported the allocated curriculum time to family medicine increased from 156 hours in 2007-2008 to 164 hours in 2012-2013, with the number of hours to further increase to 209 under the six-year curriculum⁸. Structurally, in 2010 the Family Medicine Unit became an independent Department of Family Medicine and Primary Care with growth in the staff establishment from four to seven full-time professoriate

⁸ To cite the complete timeline of growth HKU advised that in 2002-2003, 125 hours were allocated to family medicine. This data is relevant to the second accreditation visit by the MCHK.

staff. In 2012, the Head of Family Medicine and Primary Care received an Endowed Professorship, signifying a further development of the specialty. The School of Public Health also contributes to the teaching of primary care in addition to further support provided by private and community-based practices. Of the 1,476 honorary clinical staff associated with HKU, 300 contribute to the teaching of Family Medicine and Primary Care. A significant proportion of the clinical honorary professors are Fellows of the HKCFP and RACGP. Some are also Members of the RCGP⁹.

6.8 In responding to the need to introduce students at an earlier stage of their studies to role models of family medicine, HKU introduced within the six-year curriculum the “Professionalism in Practice” (“PIP”) programme. PIP, as a longitudinally structured programme, runs through the first three years to develop students’ understanding of the roles of a doctor and the nature of professionalism manifested in real life practice. Students have early contact with a primary care doctor and continue to engage with the same practitioner as their “mentors” or “role models” over three years.

6.9 The Team was informed HKU collaborated with an elderly home; a valuable partnership to be nurtured. Nonetheless, there was an urgent need for additional elderly homes and community clinics to join the network as outlined above in Section 4.

Implementation of Recommendations following the 2008 Accreditation Visit

6.10 The Team was satisfied that the following recommendations of the 2008 Accreditation Visit had been adequately addressed:

- (i) enhancement of the teaching of patient safety and risk management as evidenced from interaction with students. It was apparent students were more aware of the issues;

⁹ The Hong Kong College of Family Physicians, The Royal Australian College of General Practitioners, or the UK Royal College of General Practitioners

- (ii) the teaching of medical ethics and social responsibility appears to be spread throughout the programme. The Team applauds the use of cases from the Medical Council and suggested this could be extended further by students attending selected hearings to be fully briefed of the complexities. Equally the Medical Council could be proactive in this regard and advise both universities of the topics in the complaints so that they could drill down on relevant issues in their teaching;
- (iii) with respect to intensifying systems that monitored, evaluated, trained and supported teachers, inclusive of honorary teachers, HKU reported evaluation systems were in place for all teachers. The standard of the honorary professors group can vary but mechanisms are in place to deal with this. Student feedback is tactfully handled. Nonetheless, the Team was of the view the Faculty could engage more with this group, possibly best done at the department level. Additional social gatherings and small scale workshop sessions to resolve issues in the curriculum would be valuable exercises to ensure the best use of this important group of teachers. Equally important is the need to keep this group up-to-date with advances within the curriculum etc. Given the difficulties to find a suitable time for many to attend the induction programme, this may be one programme to be delivered by a MOOC¹⁰;
- (iv) through the creation of the new post of Associate Dean (Human Capital) the reasons behind the high attrition of academic clinicians and clinical staff to the private sector should be better understood;
- (v) additional staff with research qualifications in medical education were appointed to the Institute of Medical and Health Sciences Education; and
- (vi) the integration of the teaching of microbiology and infectious diseases in both the early and later years of the course is no longer an issue.

¹⁰ Massive Open Online Course

6.11 The Team noted some progress made in the following recommendations, however, further progress is needed:

- (i) in conjunction with other health science disciplines or faculties, the introduction of inter-professional education. The Team recognised HKU had introduced various means to engage students with the full medical team of doctors, nurses and allied health practitioners; however, it was not sure if these efforts would result in truly inter-disciplinary learning experiences for the students (paragraph 5.2 refers);
- (ii) to lengthen the period of the pre-internship experience to six weeks. It was clear from the interns they would have liked more time allocated to the pre-internship; however, HKU advised, due to time constraints, it was not possible to extend the time. The Team applauded the Assistant Internship effort developed in Medicine and suggested this good practice should be extended across other departments (paragraphs 4.6 and 5.3 refer);
- (iii) strengthen the teaching of communication skills within clinical settings. The Team was of the view this must be further enhanced given the expressed desire from interns about their lack of confidence with their communication skills. For example, interns could shadow Medical Officers when explaining diseases to patients and breaking bad news with families of patients (paragraphs 5.4 and 5.5 refer);
- (iv) the Fitness to Practise Enquiry Committee and related procedures provide a further layer upon the Faculty's Well-Being Committee. Nonetheless, as explained in Section 5 above, further progress is necessary; and
- (v) the establishment of a department within the Faculty, inclusive of senior staff appointments to advance the specialty of Emergency Medicine, is planned to be taken forward as a development within the Gleneagles Hospital project.

Commendations

6.12 The Team was most impressed by

- (i) significant improvements in the handling of patients by the medical students. From feedback obtained from patients, most were positive about their experience. However, one described her experience of being examined by three consecutive groups of medical students. The patient found this excessive. Most patients were impressed by the courtesy extended by medical students when conducting their examination while others indicated the students were well briefed and gentle. A patient remarked that one medical student was able to recall her earlier admission to the hospital. All these examples reflected the good teaching on how to handle patients;
- (ii) the establishment of the Medical Ethics and Humanities Unit that runs the six-year longitudinal programme on ethics, law and humanities is an innovative and pioneering endeavour. The dedication of the teachers involved and the number of hours committed to the teaching of medical ethics and medical humanities was impressive. However, the interns were unable to properly or fully comprehend the Professional Medical Code, and thus the Team suggested this programme may provide an opportunity for the Code to be incorporated. The Team also encouraged HKU to maintain an element of assessment so that students did not perceive this component as merely an interesting diversion;
- (iii) a number of medical schools teach anatomy through digital means rather than through dissection. However, dissection being students preferred way to learn anatomy, it was impressive that following considerable effort to consolidate teaching, a reduction in teaching hours appeared to have no impact upon the quality of student learning. The Team observed the significant efforts to educate the public on body donation had produced a turnaround in public attitude resulting in a sufficient supply of human cadavers. The ceremonies held were respectful to the human body and the families. Students were

introduced to the cadaver as their first patient which further emphasised respect;

- (iv) changes to the teaching of pathology made good use of the on-line learning platform, Moodle, along with an impressive renovation of the teaching laboratories; and
- (v) an on-line resource to provide Chinese translation of English medical terminology was important given the changes in patient demographics. The Team was of the view this resource could be shared with CUHK and doctors within Hong Kong as this was becoming an increasing issue for all medical practitioners.

Concluding remark

- 6.13 The Team appreciated the professional attitude taken by HKU ahead of and during the Visit. In particular, the Team highlights the detailed medical education and curriculum database submitted, and the organisation of various groups to discuss elements of the MBBS curriculum.

7. THE CHINESE UNIVERSITY OF HONG KONG (CUHK), FACULTY OF MEDICINE

Introduction

- 7.1 Established in 1981 the Faculty of Medicine has grown to encompass 15 departments, five schools, plus a number of research centres. To support the teaching of the MBChB, at the time of the Visit, 355 staff were in post, of which 126 were clinical staff and 229 non-clinical staff. In addition, 2,014 honorary staff members contribute to the teaching of the MBChB programme; 1,494 as honorary teachers and 520 as honorary tutors.

Medical Education and Curriculum Database

- 7.2 The five-year and six-year MBChB programmes are vertically and horizontally integrated within and among basic and clinical science years, system-based,

and stress early clinical exposure¹¹. With respect to the six-year programme, the first year fulfills a majority of University and College General Education requirements, language and information technology requirements, physical education, two foundation courses for health sciences, a course in public health and healthcare ethics, a course of systematic anatomy, plus communication skills. The curriculum design in the remaining years is integrated and system-organ based. A range of learning activities assists student learning, e.g. lectures, laboratory work, tutorials, demonstrations, ward-based teaching, bed-side teaching and web-assisted learning.

7.3 The MBChB programme continued to attract high quality students with average admission scores amongst the highest of all undergraduate programmes offered by CUHK. Within the total admissions, approximately 67% gain admission through the JUPAS route and 33% through NON-JUPAS. A small number of students admitted from international medical schools are predominantly students transferring into years two to four of the MBChB programme.

7.4 Major renovations of teaching space within the Prince of Wales Hospital (PWH) and on the CUHK campus have provided upgraded facilities for an expanded intake of medical students. This included transformation of the Li Ping Medical Library to include a learning commons, fitted with wireless LAN and audiovisual aided facilities to meet current operational needs and student learning requirements. In addition, a significant upgrading of teaching facilities within the Li Choh-Ming Basic Medical Sciences Building has created a teaching hub for medicine, nursing, pharmacy, public health and Chinese medicine students. The later reorganisation resulted in 19 tutorial rooms, 22 teaching laboratories, an enlarged dissecting facility, and installation of two passenger lifts. In addition, the Clinical Skills Learning Centre has expanded to cope with the

¹¹ The stated objectives of the curriculum include the medical students should to be able to, upon graduation, to: deliver effective and holistic care to patients; communicate effectively, compassionately and with good attitude with their patients; make decisions rationally and ethically when faced with conflicting choices in the management of patients; critically appraise available evidence so that they can apply the best treatment to patients; and have the skills for life-long learning to equip themselves with the new knowledge required for the provision of the best possible care to patients. The 12 key student learning outcomes take reference from "Tomorrow's Doctors", the "Scottish Doctors" plus the MCHK's "Hong Kong Doctors" is available at http://facs.med.cuhk.edu.hk/slo/slo_12key.html.

increase of students. PWH, Lek Yuen Health Centre, a network of peripheral hospitals, plus a number of private clinics all support the clinical placements of students.

7.5 CUHK provided a number of summer research internships in the hope to attract more junior students to research. In addition, the Intercolated Bachelor of Science programme transformed to the Master of Science in Research Medicine in the themes of neuroscience, molecular medicine, reproduction, regeneration and stem cells. However, to date the number of students that have elected to pursue the research option remain small, with three students taking research programmes at Oxford University, the University College London, plus a Hong Kong Rhodes Scholar, highlighted.

7.6 From September 2013 CUHK advised the Team that it would admit a small number of students with strong academic ability and an interest in leadership training to pursue the Global Physician-Leadership Stream of the MBChB. The programme covers the four areas of research, clinical service, healthcare administration and medical education.

Response from CUHK to the 2008 requirement and recommendations

7.7 CUHK presented details on the various actions taken in response to the requirement and recommendations contained within the 2008 Report.

Family Medicine

7.8 In responding to the implementation of the requirement to improve the teaching of family medicine, CUHK reported the allocated curriculum time to family medicine was now 149 hours across the programme. From an organisational perspective, the Division of Family Medicine and Primary Healthcare is within the School of Public Health and Primary Care, comprising a staffing establishment (of both recurrent and non-recurrent) equivalent to six full-time professoriate members. As noted above with reference to the Visit of HKU, the Team was very impressed by the enthusiastic family physicians in

private practice who gave their time to teach students in an honorary capacity. This was correspondingly observed at CUHK.

- 7.9 To introduce students earlier to role models of family medicine CUHK has provided year one students an exposure to patients with chronic conditions and to family doctors within the community. Students have a half- or whole-day attachment to a family doctor in the community, plus a further half- or whole-day attachment to a patient with a disabling chronic condition.

Implementation of Recommendations following the 2008 Accreditation Visit

- 7.10 The Team was satisfied the following recommendations of the 2008 Accreditation Visit had been adequately addressed:

- (i) enhancement of the teaching of patient safety and risk management within the MBChB as confirmed by feedback from staff assisting in bed-side teaching; and
- (ii) with respect to intensifying systems that monitored, evaluated, trained and supported teachers, inclusive of honorary teachers, CUHK reported that evaluation systems were in place for all teachers irrespective of whether they were full-time or honorary. The Teaching and Learning Resource Centre is an important enterprise which provides support in teacher training and teaching innovation. The Centre has the possibility to be a significant resource not only within CUHK but across the medical education sector. For example, providing guidance on the setting of exam questions, the psychometrics of items to improve non-performing questions, etc. However, the Team considers a more sustainable funding model is necessary for the Centre to ensure the continuation of its excellent work. In addition, recruitment of a medical educationalist would ensure the Centre advanced further.

- 7.11 The Team noted some progress made in the following recommendations, however, further progress is needed:

- (i) in conjunction with other health science disciplines or faculties, the introduction of inter-professional education. CUHK conceded that extensive work had not progressed in this area to date (paragraph 5.2 refers);
- (ii) with respect to lengthening the period of the pre-internship experience to six weeks CUHK advised that this was not practical to implement. In conjunction with this, the Team noted that in response to the recommendation to place senior students rotating through specialties on-call to gain wider training and experience, in 2010 an Assistant Internship for Final Year students was introduced in medicine, surgery and orthopedics. This allowed students to shadow interns. One component of this initiative included senior year students being on-call. CUHK reported mixed results from this initiative partly due to the level of supervision and mentoring provided by busy interns. The Team nonetheless considers this should be revisited, and recommends the introduction of a new Assistant Internship programme, as outlined in Sections 4 and 5 above (paragraphs 4.6 and 5.3 refer);
- (iii) medical ethics and social responsibility, reported to be incorporated within the programme from year one, were mainly delivered through lectures and tutorials. However, the Team is of the view that more practical workshops and activities on the dynamics of the doctor-patient relationship are necessary. These topics need to be covered through interactive teaching and learning across all years of the programme. Improvements in this domain would also contribute towards addressing a lack of comprehension of the Professional Medical Code from the interns observed by the Team;
- (iv) with respect to strengthening the teaching of communication skills within clinical settings, the Team suggests this can be done at appropriate occasions throughout the length of the programme and underscored during the pre-internship training. Given the expressed

concern from interns about their lack of confidence with their communication skills this should be further enhanced. An earlier stage within the programme to address the concern from students is the transition from pre-clinical years to clinical years as some medical students advised they did not transition well. CUHK needs to ensure a seamless introduction to the clinical setting for medical students. The Team received suggestions from medical students and interns for CUHK to provide transport to the peripheral hospitals to facilitate their learning (paragraphs 5.4 and 5.5 refers);

- (v) "Fitness to Practise" protocols were advised to be in place. However, the Team was not convinced these were widely known by students and acted upon, nor the importance well appreciated by faculty members. As described in Section 5 above the fitness to practise matter needs to be revisited;
- (vi) The group of honorary professors the Team had an opportunity to meet was impressive and highly committed to teaching medical students. They appeared satisfied with the recognition CUHK accorded to them, although further efforts should be made to keep them up to date with information and more engaged with their departments. The Team considered a tangible way to appreciate their support would be to provide access to the on-line library and relevant electronic databases;
- (vii) no details provided on the reasons behind the high attrition of academic clinicians and clinical staff to the private sector;
- (viii) with respect to incorporating fewer didactic lectures and increasing small group teaching in the earlier years, the Team observed good progress through a 10% reduction of didactic lectures. In addition, some advances in on-line learning and substantial support provided from the Library were positive changes. However, the Team recommended further efforts need to occur with more e-learning implemented to reduce the long hours of didactic lectures. The self-study model is one possibility used successfully elsewhere. As a first

step it would be beneficial if junior teachers provided more e-learning;
and

- (ix) the introduction of the summer research internship as a mechanism to attract students to the research programmes is a good first step; however more work can be done.

Commendations

7.12 The Team was most impressed by

- (i) the Dissecting Laboratory was modern and equipped with advanced dissecting facilities used by all students of the Faculty. Within the same building, the Li Choh-Ming Basic Medical Sciences Building, a learning common for medicine, nursing, pharmacy, public health and Chinese medicine students, inclusive of food and drink facilities, provided a framework for engagement across the medical disciplines. In addition, the recently renovated Li Ping Medical Library within PWH presented a modern environment with a large portion dedicated to learning commons, computer stations and break-out rooms for student discussions, plus, rest areas. All students completed an assessed course on how to use the Library; and
- (ii) the Clinical Skills Learning Centre permitted students to book the facilities on-line and to have 24-hour access to the Centre. In addition to Centre staff, honorary professors and doctors from Emergency, provide valuable support in the skills training.

Concluding remark

7.13 The Team acknowledged the extensive work required to prepare for the Visit. To further maximize the benefit of this Visit, the submission by CUHK would have benefitted from being more comprehensive, and advanced clarification sought on any points of misunderstanding following the 2008 Visit. Although the feedback session at the conclusion of the Visit was not formally included

within the programme ahead of the Visit, a wider attendance from CUHK would have been mutually beneficial.

8. ADDITIONAL ISSUES

Involvement of HA in curriculum review

- 8.1 The HA is a principal employer of graduates from both universities and thus has an important role to play during curriculum reviews conducted by HKU and CUHK. The Team observed HKU had sought input from various stakeholders during the curriculum reform to change from five to six years. In addition, through HA staff memberships on various committees at both universities there was a level of engagement between the universities and the HA. However, as a major employer the HA should contribute formally, and in an ongoing manner, to the general discussions on the medical curriculum. To cite a few, possible topics include issues relating to the balance of factual knowledge within the programmes, fitness to practise issues and other aspects of the profession.
- 8.2 The Team noted that an existing committee within the HA (Teaching Hospitals Committee) dealt with teaching hospitals and, if suitably reformed, may be a possible body for discussions to emerge on the undergraduate curricula of HKU and CUHK. Nonetheless, the Team suggested HKU and CUHK both revisit their respective committees that deal with curriculum reform to formally include HA membership.

Overseas Fellows

- 8.3 During the Visit the Team was alerted to difficulties that had emerged to secure short term appointments of visiting fellows from overseas. This was a concern noted in particular at HKU. The Team is of the view that such short term appointments are critical for both medical schools to ensure the continuation of important academic exchanges.

- 8.4 The Team suggests that the Council investigate the matter and to promulgate the necessary changes to the Medical Registration Ordinance to facilitate the continuation of clinical exchanges of international fellows at both universities for the purpose of teaching for short durations of time.

Future Accreditation Visits

- 8.5 In preparing future visits, the Team found the suggestion from the 2008 Visit remained valid and thus suggested the Council invite both universities to undertake a survey of their students, and to complete a questionnaire on their programmes as a component of their pre-visit material. As a qualitative tool, the survey results will assist the Team to target questions when they meet the various groups. In addition, the survey results will help the Team in understanding the culture and philosophy of the two medical education programmes. The Team, therefore, suggests surveys be conducted to determine students' views of their medical education, and that this self-study be done at "arm's length" from the faculty.

Hong Kong Doctors

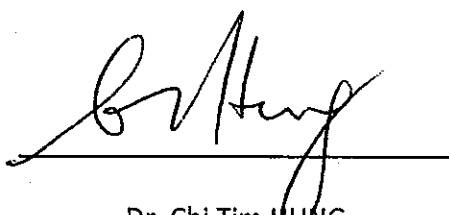
- 8.6 The Team applauded the Medical Council for the formulation of the document *Hong Kong Doctors*, providing clear guidelines on the attributes and skills expected of medical graduates. Following the Accreditation Visit of HKU and CUHK the Team suggests the Medical Council reflect upon the details forthcoming from the Visit and incorporate any useful elements within the document. This would enable the guidelines to be taken to the next level of implementation. The Team further suggested the guidelines could be organised in a longitudinal manner.

DOCUMENTS CITED

1. Report of the Review Visit on Medical Education and Training of the Chinese University of Hong Kong and The University of Hong Kong, January 2009.
2. Response from HKU on outcomes of 2008 Visiting Team

3. Response from CUHK on outcomes of 2008 Visiting Team
4. Hong Kong Doctors, August 2011, MCHK
5. HKU 2013 Submission
6. HKU Programme of Visit
7. CUHK 2013 Submission
8. CUHK Programme of Visit

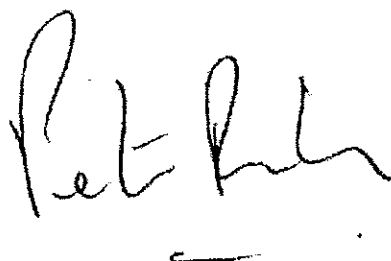
The above documents can be obtained, for reference, from the Medical Council of Hong Kong Secretariat.



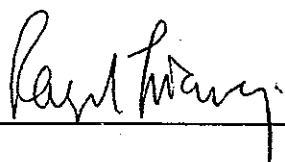
Dr. Chi Tim HUNG
(Chairman)



Professor Richard HAYS



Professor Sir Peter RUBIN



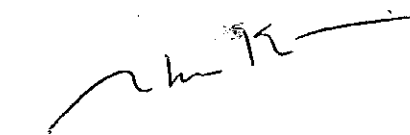
Professor Raymond H. S. LIANG



Dr. Chi Kong LI



Miss Mabel M.K. CHAU



Dr. Gabriel K. CHOI

**Summary of Recommendations specific to the two universities extracted from the
2008 Report of the Review Visit on Medical Education and Training of The Chinese
University of Hong Kong and The University of Hong Kong**

Requirement of both Medical Faculties

The Team proposed that both Medical Faculties be required to improve on the teaching of Family Medicine (para. 4.2 refers).

Recommendations for both The Chinese University of Hong Kong and The University of Hong Kong

The Team proposed that both Medical Faculties address the following recommendations:

- (i) to emphasise the importance and enhance the teaching of Patient Safety and Risk Management in the MBChB and MBBS curricula (para. 4.5 refers);
- (ii) to consider, in conjunction with other health science disciplines or faculties, the introduction of inter-professional education (para.4.7 refers);
- (iii) to lengthen the period of the pre-internship experience to 6 weeks (para. 4.6 refers);
- (iv) to place more emphasis on the teaching of medical ethics and social responsibility (para. 4.5 refers);
- (v) to strengthen the teaching of communication skills within clinical settings (para. 4.5);
- (vi) to establish “Fitness to Practise” procedures and guidelines to address professional misconduct of students (para. 4.8 refers);
- (vii) to intensify systems that monitor, evaluate, train and support teachers, inclusive of honorary teachers (para. 4.16 refers);
- (viii) to find an appropriate way to publically recognise honorary teachers (para. 4.16 refers); and
- (ix) to investigate the reasons behind the high attrition of academic clinicians and clinical staff to the private sector, and to develop strategies to reverse this trend (para. 4.15 refers).

Specific Recommendations: The Chinese University of Hong Kong

The Team has the following additional specific recommendations for The Chinese University of Hong Kong:

- (i) to incorporate fewer didactic lectures and more small group teaching in the early years of the MBChB (para. 5.13 refers);
- (ii) to place senior year students rotating through all specialties on-call to gain wider training and experience (para. 5.15 refers); and
- (iii) to place further emphasis on attracting students to the research programmes (para. 5.14 refers).

Specific Recommendations: The University of Hong Kong

The Team has the following additional specific recommendations for The University of Hong Kong:

- (i) to consider appointing additional staff with research qualifications in medical education to the Institute of Medical and Health Sciences Education (IMSHE) (para. 6.11 refers);
- (ii) to integrate the teaching of microbiology and infectious diseases in both the early and later years of the course (para. 6.12 refers); and
- (iii) to investigate the establishment of a department within the Faculty, inclusive of senior staff appointments, to advance the specialty of Emergency Medicine (para. 6.13 refers).

The medical education and curriculum database to be obtained from the medical faculties of the University of Hong Kong and the Chinese University of Hong Kong

- I. Executive Summary of II to X
- II. Vision and Mission of the Faculty of Medicine
- III. Admission criteria and procedures
 - Actual number of students Vs number of applicants; and their average A-level / Hong Kong Diploma of Secondary Education (HKDSE) examination scores over the past five years
 - Number of JUPAS students Vs Number of non-JUPAS students over the past five years (*Note: For the non-JUPAS students, please provide detailed breakdown into early admission scheme, graduates.*)
 - Number of male students Vs Number of female students over the past five years
 - Are other admission criteria considered? (e.g. interview performance, communicative skills, all-roundedness, maturity, social awareness/responsibility)
 - The process of evaluation of the admission criteria in producing medical graduates that will fit into the "Hong Kong Doctors"
- IV. Structure and staffing of the Faculty of Medicine
 - General description
 - Governance system of the various relevant functions within the Faculty of Medicine
 - Are there any Hospital Authority (HA) staff performing teaching duties (with or without an honorary appointment) on a full-time or part-time basis in the teaching hospital and other HA hospitals? What is the percentage of teaching work done by University and HA staff?
 - Recruitment of academic and honorary staff
 - Qualifications of academic and honorary staff
 - Promotion criteria of academic staff (e.g. evaluation of staff's teaching performance)
 - Development and training of academic and honorary staff
- V. Educational facilities available for undergraduate teaching
 - A complete list of teaching facilities and academic departments, including medical library, seminar/lecture rooms and laboratories, and multi-media teaching materials
- VI. Curriculum/Teaching and Learning Process
 - Outline of new teaching curriculum (e.g. Are there any innovative teaching and learning process? Length of elective period, etc)
 - The process of curriculum review and evaluation other than the Medical Council visit: Is there a regular process? Outline the process of addition and deletion of elements into the curriculum. What processes are there in the quality control of your teaching or in your products? Describe in some

details your evaluation process. What is the strategy of assuring continuous improvement?

- Evaluation of the new curriculum by current students and graduates

VII. Student Assessment

- Examination system
- Passing rate of students
- Other forms of assessment
- Evaluation of the assessment system

VIII. Internship training

- Duties of interns
- An one-month duty roster of an intern
- Protected time for training of interns
- Rotation of interns among specialties
- Statutory holidays, rest days and call frequencies of interns
- Evaluation system for interns

IX. Shaping Medical Education to meet society needs and priorities

- Priorities for the future health services that link medical education to identified public needs
- Details of any formal mechanisms for consultation between the Faculty of Medicine and the different health sectors that assist in linking medical education to Hong Kong's priorities of medical services
- Details and evaluation of the needs of the community in medical service other than General Practice

X. Other information that the university wishes to bring to the attention of the Visiting Team

THE MEDICAL COUNCIL OF HONG KONG

**Accreditation Exercise of the Medical Education and Training of HKU
Visit to the Li Ka Shing Faculty of Medicine, HKU
November 18 – 19, 2013 (Monday & Tuesday)**

Time	Description of Activities	Venue
Day 1 - 18 November 2013 (Monday)		
0900	Assemble at the Lobby, G/F William MW Mong Block, Faculty of Medicine Building, 21 Sassoon Road, Pokfulam	
0910-0930	Pre-visit Team Meeting at the Faculty of Medicine Building	Faculty Board Room, 6/F William MW Mong Block, Faculty of Medicine Building
0930-1130	<p>Presentation and Meeting with Senior Management of the Faculty of Medicine</p> <p><u>Presentation</u> (about 1 hr)</p> <p><u>Meeting with Senior Management of the Faculty</u> (about 1 hr)</p> <p><u>Deanery:</u></p> <ul style="list-style-type: none"> • Professor Gabriel Leung, Dean of Faculty • Professor CS Lau, Associate Dean (Teaching & Learning) • Professor SY Leung, Associate Dean (Research) • Professor WL Law, Associate Dean (Clinical Affairs) • Professor David Wong, Associate Dean (Human Capital) <p><u>Heads of Departments:</u></p> <ul style="list-style-type: none"> • Professor George Tsao, Head of Anatomy • Professor MH Sham, Head of Biochemistry • Professor YS Chan, Head of Physiology • Dr Janice Johnston, Acting Director of School of Public Health • Professor Patrick Woo, Head of Microbiology • Professor Irene Ng, Head of Pathology • Professor PL Khong, Head of Diagnostic Radiology • Professor Cindy Lam, Head of Family Medicine & Primary Care • Professor Mary Ip, Deputy Head of Medicine • Professor Hextan Ngan, Head of Obstetrics & Gynaecology • Professor Godfrey Chan, Head of Paediatrics & Adolescent Medicine • Professor Eric Chen, Head of Psychiatry 	Faculty Board Room, 6/F William MW Mong Block, Faculty of Medicine Building

Time	Description of Activities	Venue
	<ul style="list-style-type: none"> • Professor CM Lo, Head of Surgery <p><u>HCE and Consultants of QMH:</u></p> <ul style="list-style-type: none"> • Dr CC Luk, Hospital Chief Executive • Professor Sidney Tam, Deputy Hospital Chief Executive I and Chief of Service (Pathology & Clinical Biochemistry), QMH • Dr Albert Lie, Chief of Service, QMH (Medicine) • Dr HK Tong, Consultant, QMH (Accident & Emergency) • Dr Charas Ong, Consultant, QMH (Obstetrics & Gynaecology) • Dr MK Yiu, Consultant, QMH (Surgery) 	
1130–1300	<p>Meeting with Staff Representatives (about 1 hr 30 mins)</p> <p><u>Representatives of HKU Staff:</u></p> <ul style="list-style-type: none"> • Dr CW Cheung, Clinical Associate Professor, Dept of Anaesthesiology • Dr Gordon Wong, Clinical Associate Professor, Dept of Anaesthesiology • Dr LK Chan, Associate Professor, Dept of Anatomy • Dr George Tipoe, Associate Professor, Dept of Anatomy • Professor Daisy Shum, Professor, Dept of Biochemistry • Dr Janice Tsang, Clinical Assistant Professor, Dept of Clinical Oncology • Dr Elaine Lee, Clinical Assistant Professor, Dept of Diagnostic Radiology • Dr J Chen, Assistant Professor, Dept of Family Medicine & Primary Care • Dr W Chin, Assistant Professor, Dept of Family Medicine & Primary Care • Professor TP Lam, Clinical Professor, Dept of Family Medicine & Primary Care • Dr Susanna Lau, Clinical Associate Professor, Dept of Microbiology • Dr Samson Wong, Lecturer (Clinical), Dept of Microbiology • Dr Karen Chan, Clinical Associate Professor, Dept of Obs & Gyn • Dr Joyce Chan, Clinical Assistant Professor, Dept of Ophthalmology • Dr CH Yan, Clinical Assistant Professor, Dept of Orth & Trauma. • Professor US Khoo, Clinical Professor, Dept of Pathology • Professor John Nicholls, Clinical Professor, Dept of Pathology • Dr Philip Beh, Clinical Associate Professor, Dept of Pathology • Dr Andrew Law, Clinical Assistant Professor, Dept of 	Faculty Board Rooms A and B, 6/F William MW Mong Block, Faculty of Medicine Building

Time	Description of Activities	Venue
	<p>Psychiatry</p> <ul style="list-style-type: none"> • Dr Gilberto Leung, Clinical Associate Professor, Dept of Surgery • Dr Jensen Poon, Clinical Associate Professor, Dept of Surgery <p><u>Representatives of Honorary Teachers:</u></p> <ul style="list-style-type: none"> • Dr TW Wong, Consultant, PYNEH (Accident & Emergency) • Dr Angus Chan, Private Practice (Family Medicine) • Dr Billy Chiu, Private practice (Family Medicine) • Dr Stephen Foo, Private Practice (Family Medicine) • Dr Donald Li, Private Practice (Family Medicine) • Dr CY Yeung, Associate Consultant, QMH (Medicine) • Dr Catherine Yuen, Associate Consultant, QMH (Medicine) • Dr Noel Shek, Associate Consultant, QMH (Obstetrics & Gynaecology) • Dr KC Mak, Associate Consultant, QMH (Orthopaedics & Traumatology) • Dr David Fang, Private Practice (Orthopaedics & Traumatology) • Dr Marco Ho, Associate Consultant, QMH (Paediatrics & Adolescent Medicine) • Dr CY Leung, Consultant, United Christian Hospital (Pathology) • Dr Gavin Chan, Associate Consultant, QMH (Pathology) • Dr Phyllis Chan, Consultant, QMH (Psychiatry) • Professor Niv Patil, Honorary Professor, Dept of Surgery • Dr Vivian Mok, Associate Consultant, QMH (Surgery) 	
1300–1400	Working lunch with Senior Management of the Faculty	Alumni Chamber, 7/F William MW Mong Block, Faculty of Medicine Building
1400–1600	<p>Meeting with Student and Intern Representatives (about 2 hrs)</p> <p><u>Class representatives from 6-year MBBS curriculum:</u></p> <p>Mr Lo Cheuk Yin, MBBS I Miss Chan Tsoi Yan Dorothy, MBBS I Mr Chan Ka Chun*, MBBS II Mr Chiu Po Ping Jeffrey*, MBBS II (*students admitted via non-JUPAS)</p> <p><u>Class representatives from 5-year MBBS curriculum:</u></p> <p>Mr Ko Zhi Yao Philip*, MBBS II Mr Wong Kwun Yin Denise*, MBBS II Mr Kong Ka Lun, MBBS III</p>	Faculty Board Rooms A and B, 6/F William MW Mong Block, Faculty of Medicine Building

Time	Description of Activities	Venue
	Mr Lai Hon Yu*, MBBS III Miss Liu Katherine*, MBBS IV Mr So Yu Fai Benjamin, MBBS IV Mr Chan Michael Matthew*, MBBS V Mr Lo Shing Ho Arthur*, MBBS V <i>(*students admitted via non-JUPAS)</i> <u>Intern representatives:</u> Dr Au Stephanie, Intern, Ruttonjee Hospital (Medicine) Dr Cheung Ho Kwan Alvin, QMH (Surgery) Dr Chow Chun Kei Boris, Kwong Wah Hospital (Obstetrics & Gynaecology) Dr Lau Wing See Tiffany, Queen Elizabeth Hospital (Surgery) Dr Lau Wai Pan, QMH (Medicine)	
1600–1630	Post-visit Team Meeting at HKU	Faculty Board Room A, 6/F William MW Mong Block, Faculty of Medicine Building
Day 2 - 19 November 2013 (Tuesday)		
0900	Assemble at the Lobby, G/F William MW Mong Block, Faculty of Medicine Building, 21 Sassoon Road, Pokfulam	
0915–1030	Visit the teaching facilities of HKU <u>The whole Team:</u> <ul style="list-style-type: none"> • Institute of Medical and Health Sciences Education • Suen Chi Sun Clinical Skills Training Centre & Virtual reality Laboratory • Wei Lun Education Centre • Medical Ethics & Humanities Unit • Cheung Kung Hai Conference Centre • Multidisciplinary Laboratories • Seminar Rooms • Surgical Skills Centre • Anatomy Dissecting Laboratory • Anatomy Museum • Yu Chun Keung Medical Library 	William MW Mong Block and Laboratory Block, Faculty of Medicine Building, 21 Sassoon Road
	<u>Team A</u>	
1030-1045	<i>Depart from Faculty of Medicine Building to Dept of Family Medicine & Primary Care at Ap Lei Chau</i>	
1045-1115	• Department of Family Medicine & Primary Care	3/F Ap Lei Chau Clinic
1115-1130	<i>Return to QMH from Dept of Family Medicine & Primary Care</i>	

Time	Description of Activities	Venue
	<u>Team B</u>	
1030-1035	<i>Depart from Faculty of Medicine Building to QMH</i>	
1035-1045	<ul style="list-style-type: none"> • Pathology Medical Student Learning Laboratory 	Room 331, University Pathology Building
1045-1130	<ul style="list-style-type: none"> • Renal & Rheumatology Day Centre (K18N, QMH) • Paediatrics Ward (K8N, QMH) • Obs & Gyn Outpatient Prenatal Clinic (S5, QMH) • Neurology Ward (B7, QMH) • Surgery Admission Ward (B5, QMH) • Day Centre (C3, QMH) • Ophthalmology Ward (E1, QMH) 	QMH
1130-1220	<u>The whole Team</u> <ul style="list-style-type: none"> • Meeting with patients at General Ward (E6, QMH) 	
1225-1255	Post-visit Team Meeting at QMH	GB Ong Library, 2/F Professorial Block, QMH
1255-1305	<i>Depart from QMH to HKU Main Campus</i>	
1305-1420	Working lunch with the Council Chairman, Vice-Chancellor and Senior Management of the Faculty	Vice-Chancellor's Lodge
1420-1430	<i>Depart from HKU Main Campus to Faculty of Medicine</i>	
1430 - 1530	Post – visit feedback meeting with Senior Management	Faculty Board Room, 6/F William MW Mong Block, Faculty of Medicine Building

**Accreditation Exercise of the Medical Education and Training of
CUHK and HKU -
Programme of Visit to CUHK
(20 – 21 November 2013)**

Time	Activity	Venue
Day 1 - 20 November 2013 (Wednesday)		
0845	Arrival of Visiting Team	2/F Main Entrance, Prince of Wales Hospital
0900–0930	Pre-visit Team Meeting	Room 303, Li Ka Shing Health Science Building, PWH
0930-1030	Presentations: 1. Overview of the Faculty Francis CHAN Dean of Medicine	
	2. Ensuring clinical competence Paul LAI Chairman, Department of Surgery	
	3. Monitoring of interns and evaluation of graduates and support for Honorary teachers Shekhar KUMTA Director, Teaching and Learning Resources Centre	
	4. Year 1 of the 6-year MBChB Programme: Challenges and Opportunities Christopher CHENG Associate Director (Education), School of Biomedical Science	
	5. Changes in the medical education -- GPS and Assistant Internship Justin WU Associate Dean (Clinical)	
	6. How Anatomy fits into the overall medical curriculum Hector CHAN Assistant Dean (Education)	
	7. How to teach students to deal with aging population and multiple chronic diseases Timothy KWOK Division of Geriatrics, Department of Medicine and Therapeutics	
	8. Update in Family Medicine Samuel WONG Division of Family Medicine and Primary Health Care The Jockey Club School of Public Health and Primary Care	
	9. Fitness to Practise Tony CHUNG Associate Dean (General Affairs)	

Time	Activity	Venue
	10. Potpourri -- Recruitment to research, communication skills and other recommendations of the last visit H.K. NG Associate Dean (Education)	
1030-1130	Meeting with CUHK management and PWH senior management: Q & A session CUHK management: same as above presentations; and WONG Wing Shing (Dean, Graduate School) PWH senior Management: Philip LI (Deputy HCE) Janet LEE (Senior Consultant, Head of Colo-rectal surgery) John WOO (Senior Consultant, Ear Nose and Throat)	
1130-1300	Meeting with Staff Representatives Group 1: -- CUHK Staff at rank and file and Medical Officers Jennifer LUI (Medical Officer, Family Medicine) Sunny WONG (Medical Officer, Medicine) Carmen WONG (Assistant Professor, Family Medicine) Howan LEUNG (Assistant Professor, Neurology) Isabelle HWANG (Lecturer, School of Biomedical Science) LAM Tze Ping (Assistant Professor, Orthopaedics)	Room 304, Li Ka Shing Health Science Building, PWH
	Group 2: -- Honorary teachers (in PWH, outside PWH and Private Practice) James CHOW (Intern Teacher Award, Oncology, QEH) Stephen FOO (Family Physician in private practice) Jonathan C. FOSTER (Family Physician in private practice) C.B LEUNG (Consultant in Medicine, PWH & Head of IT Committee, PWH) Kenny KUNG (Associate Consultant in Family Medicine, PWH) Frankie CHENG (Associate Consultant in Paediatrics, PWH) Joseph HO (Emergency Medicine, Union Hospital) Anfernee YIM (Associate Consultant in Emergency Medicine, QEH)	Room 303, Li Ka Shing Health Science Building, PWH
1300-1400	Lunch with Management Team	Staff Lounge, 2/F, Li Ka Shing Health Science Building, PWH
1400-1500	Meeting with Class Representatives Year 1 (New) LI, Nga Yan Emily LI, Ka Ho Chris Year 2 (New) KAO, Lam Chloe	Room 303, Li Ka Shing Health Science Building, PWH

Time	Activity	Venue
	CHAN, Yiu Wa Alex Year 2 (Old) CHAO, Chun CHOW, Yin Ting Year 3 (Old) LEUNG, Ho Wai CHAN, Hoi Ling LOK, Chi Wing Vivian	
	Year 4 (Old) Owen KO - in lieu of class rep. Year 5 (Old) LI, Cheuk Him Issac LAU, Jennifer (Non- JUPAS) Non-JUPAS students: LEUNG Sze Wan (Degree in Nursing - Year 3 (Old)) David JOHNSON (Transfer from UK Medical school - Year 5 (Old)) CHAN Jenny Chak Ling (Year 1 (New)) TANNER Phoebe Nicole (Year 1 (New))	
1500-1600	Meeting with Intern students AU Chi Kin - PWH/SUR CHOI Wesley Yuen Lum - PWH/MED, Oncology LEUNG Pui Yi - TMH / MED LAM Stacey - PYH/SUR FONG Ka Man - PWH/SUR HARIMAN Keith - QMH/SUR	Room 303, Li Ka Shing Health Science Building, PWH
1600-1630	Post – visit Team Meeting	Room 303, Li Ka Shing Health Science Building, PWH
1630	Leave PWH to HA Head Office	
Day 2 - 21 November 2013 (Thursday)		
Time	Activity	Venue
0830	Arrival of Visiting Team	2/F Main Entrance, Prince of Wales Hospital
0845	Arrive Choh Ming-Li Basic Medical Sciences Building	
0845-0945	Tour at Choh Ming-Li Basic Medical Sciences Building - Anatomy - Dissection To be introduced by:	Choh Ming-Li Basic Medical Sciences Building CU Campus

Time	Activity	Venue
	Hector CHAN Assistant Dean (Education) Christopher CHENG Associate Director (Education), School of Biomedical Science Franky CHAN Professor, School of Biomedical Science Isabel HWANG Lecturer, School of Biomedical Science	
1000-1020	Visit Lek Yuen Health Care Centre	
1040-1050	Tour at PWH - Teaching & Learning Resources Centre To be received by: Shekhar KUMTA Director, Teaching and Learning Resources Centre	PWH
1100-1200	Meet Patients (10 patients) To be received by: Shekhar KUMTA Assistant Dean (Education) Vincent MOK Assistant Dean (Clinical)	Ward 9B, PWH Ward 7A, PWH
1215-1245	Post – visit Team Meeting	
1245-1345	Working Lunch with Senior Management	Staff Lounge, 2/F, Li Ka Shing Health Science Building, PWH
1345-1430	Post – visit feedback meeting with Senior Management	Room 303, Li Ka Shing Health Science Building, PWH

**Comments of the Medical Council and its Education and Accreditation Committee on the
“Report of the Accreditation Exercise on Medical Education and Training of the University of
Hong Kong and The Chinese University of Hong Kong” (“the Report”)
prepared by the Visit Team appointed by the Medical Council (“Visit Team”)
(June 2014)**

The Medical Council of Hong Kong (“the Council”) and its Education and Accreditation Committee (“EAC”) have considered the captioned Report and their comments are set out in the ensuing paragraphs.

(a) Requirements for both universities

(i) to introduce, in collaboration with the Hospital Authority (“HA”), a new Assistant Internship programme of at least six weeks to facilitate the transition from medical student to doctor

2. The Council and the EAC supported the requirement of introducing Assistant Internship programme but decided that *flexibility should be allowed on its duration as long as the educational goal was attained*. The two universities are required to provide the Council with the content of Assistant Internship programme before implementation.

(ii) to strengthen the teaching of communication skills further and to improve upon the assessment of communication skills

3. The Council and the EAC accepted the requirement and considered that the universities should report to the Council on how they would improve the assessment of communication skills.

(iii) to actively advance the implementation of procedures and guidelines on Fitness to Practise (“FTP”) to address the serious misconduct of students

4. The Council and the EAC opined that it was important to increase the awareness of staff and students on the FTP guidelines and procedures, and therefore decided to require the two universities to make widespread and repeated promulgation of the FTP guidelines and procedures to staff and students, with examples of areas of FTP concern provided (e.g. those provided in the guidelines of the General Medical Council). The two universities may also make reference to the judgments of the disciplinary inquiries of the Council available on the Council’s website as they serve as good examples to aid further understanding of FTP.

(b) Recommendations for both universities with respect to family medicine

(i) to improve the time allocated to the teaching and learning of family medicine in both the MBBS and the MBChB programmes

(ii) to include family medicine within the internal medicine internship and for family physicians to assist in the teaching of diseases

(iii) to gain access to additional private practitioner clinics to provide appropriate learning environments for medical students

(iv) to provide private practitioners a level of funding to offset their expenses when teaching students at their clinics

5. The Council and the EAC accepted all the recommendations.

(c) **Recommendations for both universities in general**

(i) to continue efforts to introduce inter-professional education in conjunction with other health science disciplines or faculties

6. The Council and the EAC accepted the recommendation.

(ii) to increase the level of inter-institutional collaboration, for example, in the support of honorary professors, the Chinese medical terminology data base, and activities within their respective teaching and learning centres

7. The Council and the EAC accepted the recommendation. It should be up to the two universities to work out how the level of inter-institutional collaboration could be increased.

(iii) to include HA membership on faculty-level curriculum review committees

8. The Council and the EAC accepted the recommendation.

(d) **Recommendation for the University of Hong Kong ("HKU")**

(i) the establishment of a department within the faculty, inclusive of senior staff appointments, to advance the specialty of emergency medicine

9. The Council and the EAC accepted the recommendation.

(e) **Recommendations for The Chinese University of Hong Kong ("CUHK")**

(i) to revisit the structural organization of the Division of Family Medicine and Primary Healthcare

(ii) to incorporate more practical workshops and activities on the dynamics of the doctor-patient relationship to advance medical ethics and social responsibility

(iii) to reduce didactic lectures further and to incorporate more small group teaching

(iv) to continue with the efforts to place senior students rotating through specialties on-call to gain wider training and experience

(v) to persist in the efforts to attract more students to the research programmes

10. The Council and the EAC accepted the recommendations.

(g) **Recommendations for Hong Kong Academy of Medicine ("HKAM")**

(i) with respect to family medicine, to revisit policies on training and collaboration with HA

(ii) to investigate the reasons for past attrition from the family medicine specialty

(h) **Recommendations for HA**

(i) an important consideration to ensure real change in the provision of family medicine training emerges is to improve upon the current level of funding support for out-patient services; by working together with the Government to investigate the establishment of more general community health centres that incorporate a range of health services, in addition to family medicine; to ensure an adequate number of specialty training places are available to family medicine; to review the daily patient load of family medicine practitioners

(ii) to provide medical students with access to electronic patient records

11. The Council on the recommendation of the EAC decided to invite the Visit Team to deliver its recommendations to the two statutory bodies (i.e. HKAM and HA) directly.

(i) **Recommendations for the Council**

(i) to promulgate changes to the Medical Registration Ordinance ("MRO") to facilitate the continuation of clinical exchanges of international fellows at both universities for the purpose of teaching for short durations of time

12. The Council considered that the prevailing provisions of the MRO and the Council's Promulgation No. 2 for limited registration have already provided for clinical exchanges of international fellows at both universities for the purpose of teaching for short durations of time. There is no need for any legislative amendment for the purpose.

(ii) to invite both universities to undertake a survey of their students, and to complete a questionnaire on their programmes as a component of their pre-visit material

13. Taking into account the view of the EAC, the Council *required* the two universities to undertake the said survey as a component of their pre-visit material.

(iii) to re-examine the document "Hong Kong Doctors" brought forth by the last Accreditation Visit to incorporate elements that advance the guidelines to the next level

14. Paragraph 18 of the document "Hong Kong Doctors" had set out that "*the Medical Council will review this document periodically in the light of the ever-changing needs of the society*". The EAC would consider if any changes to the document would be required and make recommendation to the Council in due course.

End