



**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

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Abbreviations

The following abbreviations are used within the Report:

Council	The Medical Council of Hong Kong
COS	Chief-of-Service
CUHK	The Chinese University of Hong Kong
EAC	Education and Accreditation Committee of the Medical Council of Hong Kong
GMC	General Medical Council, United Kingdom
HA	Hospital Authority
HKU	The University of Hong Kong
IMHSE	Institute of Medical and Health Sciences Education, HKU
IDEAL	International Database for Enhanced Assessments & Learning Consortium
MCC	Medical Council of Canada
Team	The MCHK Visiting Team
UGC	University Grants Committee, Hong Kong

EXECUTIVE SUMMARY

Background

1. In accordance with its statutory obligation, the Education and Accreditation Committee (EAC) of the Medical Council of Hong Kong (the Council) appointed a Visiting Team to carry out a review of the two local universities to ensure standards of medical graduates continued to be at least equivalent to that of the Licensing Examination of the Council. The Visit was held from 10 to 16 November 2008.
2. The Chinese University of Hong Kong and The University of Hong Kong provided detailed submissions on their respective medical education and curriculum databases and hosted 2-day visits at their institutions to inform the Visiting Team on their undergraduate programmes MBChB and MBBS, respectively. The Visiting Team recognised significant advances had been made by both universities since the 2003 Visit.

Conclusions of Visiting Team

3. The Visiting Team was impressed by the high standards reached by both institutions in their provision of medical education.
4. To further advance the provision of education and training of doctors for Hong Kong, the Team formulated conclusions which included a requirement of both institutions, recommendations for both institutions, recommendations specific to each institution and recommendations to the Council and other authorities on the process of future reviews. In summary, these were:

Requirement of both Medical Faculties

5. 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

6. 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

7. 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

8. 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).

Recommendations for Council

9. The Team proposed that the Council consider the following recommendations:

- (i) to clearly define the period of accreditation granted to each university following the completion of the review visit (para. 4.12 refers);
- (ii) 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 (HA) and other stakeholders. Some examples include, Tomorrow's Doctors (GMC), World Federation for Basic Medical Education (WFME), and the Scottish Doctor (para. 4.10 refers);
- (iii) to consider for future visits that both universities be invited to undertake a survey to determine students' views of their medical education, and that this self-study be done at "arms length" from the faculty (para. 4.11 refers);
- (iv) to engage Government authorities and other stakeholders to strengthen public education and the information available on Family Medicine, and to promote the value of holistic primary care (para. 4.4 refers); and
- (v) to consider an appropriate mechanism to recognise honorary teachers of both universities; (para. 4.16 refers).

Recommendations for Other Authorities

10. The Team proposed that other authorities consider the following recommendations:

- (i) to review postgraduate training requirements of the specialty of Family Medicine in view of the disparity of 6 years required in Hong Kong compared to 2-3 years in overseas jurisdictions (para. 4.3 refers);
- (ii) to better recognise the time commitment of HA medical staff in their support of teaching medical students (para. 4.13 refer); and
- (iii) to initiate discussions between the Hospital Authority and the two Universities on the inclusion of teaching excellence as a criterion for promotion (para. 4.14 refers).

Commendations

11. The Team made the following commendations:

- (i) the two medical programmes continued to attract the best candidates in terms of pre-entry academic performance through the Joint University Programmes Admissions System (JUPAS), Non-JUPAS and Early Admissions Scheme (EAS) channels, and there are several aspects of good practice in the admissions process, such as group interviews with applicants independently scored by at least two teachers, with some applicants invited to attend a second individual interview. The Team encouraged the universities to continue broadening the background in the pool of their student admissions (para. 5.6 and 6.4 refer);
- (ii) the reformed undergraduate programmes of both medical faculties had made further substantial progress. The Team observed that both programmes were very well received by their respective students (paras. 5.6 and 6.7 refer);
- (iii) both Medical Faculties plan to use the additional year of study allocated to university education predominantly for students' personal growth. The Team applauded this general direction that gave medical students further opportunities to pursue non-medical courses and in so doing expand their horizons and promote opportunities to build a rich understanding of society at large (para. 4.18 and 6.7 refer);
- (iv) the clarity of information from CUHK that compared the old and new curricula was appreciated (para. 5.6 refers);
- (v) the quality of feedback that students received on their assessment items at HKU was substantial and valued by the students; and
- (vi) the Team applauded the UGC's decision that recently reinstated the intake on the two medical undergraduate programmes to 320 student admissions (para. 4.17 refers).

1 OBJECTIVES OF THE REVIEW

- 1.1 Medical graduates of The University of Hong Kong (HKU) and The Chinese University of Hong Kong (CUHK) are qualified to register as medical practitioners with the Medical Council of Hong Kong (the Council), on completion of internship training without taking the Licensing Examination, as defined by section 8 of the Medical Council Ordinance, Cap. 161, Laws of Hong Kong. In accordance with its statutory role the Education and Accreditation Committee (EAC) of the Council is responsible for reviewing "the standard and structure of undergraduate medical education and medical training required for a person to become a registered medical practitioner". In this respect the EAC needs to ensure that the standard of medical graduates of the two local universities continues to be at least equivalent to that of the Licensing Examination of the Council.
- 1.2 The first review on the standard and structure of medical education and training at the two universities was conducted in 1998, with the second following in 2003. On the recommendation of the EAC, the Council initiated a third review, conducted in November 2008.
- 1.3 The Visiting Team, appointed by the Council, and responsible for the review comprised:
- Professor Rosie T.T. YOUNG, GBS, CBE, JP, Honorary Professor, Department of Medicine, The University of Hong Kong and Past Chairman of the Medical Council (Chairperson)
- Professor Peter RUBIN, Boots Professor of Therapeutics, Division of Therapeutics & Molecular Medicine, The University of Nottingham and Chairman, Education Committee, General Medical Council (Overseas Expert)
- Professor Richard REZNICK, Chair of the Department of Surgery, University of Toronto (Overseas Expert)
- Dr. CHING Wai-kuen, Chief Manager (Medical Grade), Hospital Authority and Representative of Hospital Authority
- Dr. HUNG Chi-tim, Hospital Chief Executive, Queen Elizabeth Hospital, Chairman, Education Committee, Hong Kong Academy of Medicine and Representative of the Hong Kong Academy of Medicine
- Mrs. Eleanor LING, SBS, OBE, JP, Lay member of the Medical Council of Hong Kong

Secretary of the Team, also appointed by the Council, was Ms. Kaye BRODIE.

2. ACKNOWLEDGEMENTS

- 2.1 The Visiting Team wishes to thank Professor FOK Tai-fai, the Dean of the Faculty of Medicine, CUHK and Professor LEE Sum-ping, the Dean of the Li Ka Shing Faculty of Medicine, HKU for their valuable contributions that guided informative exchanges with their staff and students, the provision of facilities and support of the Team's meetings, the transport arrangements of members to and from their campuses/hospitals and for providing assistance throughout each visit. The Team wishes to commend both Medical Faculties for their arrangements that enabled a smooth and insightful visit and for their openness in discussions that aided members to achieve a better understanding of their respective medical education and training.
- 2.2 The Team also wishes to thank the Council Secretariat for their assistance in facilitating the process of the Review, the reception and accommodation of the overseas experts, arrangement of the pre- and post-visit meetings, plus the production of the Report. Lastly, the Team wishes to thank the Secretary for her role in drafting the Report.

3. BACKGROUND OF VISIT AND PROCESSES ADOPTED

- 3.1 The purpose of the review is to satisfy the Visiting Team that the medical education and training of CUHK and HKU meets the required standards. The two earlier visits provided comments and raised issues that their respective visiting teams warranted consideration by the Faculty concerned. To give an orientation to the current Visit, the earlier recommendations of both Faculties were studied with the recommendations of the 2003 Visit, for ease of reference, included at Annex I.
- 3.2 The Visiting Team was also made aware of the Council's deliberation in 2005 on the interim progress reports of both CUHK and HKU Faculties of Medicine and noted the Council's stated concern on the development of Family Medicine in Hong Kong in light of the need for family medicine practitioners in the community and the fact that most employment opportunities for new graduates were in this area.

The Council concluded in 2005 that it was not satisfied with the actions taken by either institution in regard to strengthening the teaching of family medicine, particularly borne out by the lack of any substantial increase in the complement of senior academics in their related departments.

- 3.3 In preparation of the 2008 Visit, CUHK and HKU submitted detailed documentation on their respective medical education and curriculum database, with the mandatory topics covered at Annex II. The submissions were studied by the Visiting Team prior to the two-day visit of each institution, with CUHK visited on 10 and 11 November, followed by HKU on 13 and 14 November 2008. The programmes of both visits are at Annexes III a & b. In addition both institutions were asked to focus on their role in preparing tomorrow's doctors.

4. GENERAL REQUIREMENT AND RECOMMENDATIONS ON MEDICAL EDUCATION

- 4.1 The Visiting Team concluded there were issues common to both Medical Faculties that were best reported as a general requirement and general recommendations for consideration by the Council. In addition, the Team has general recommendations for the Council on their process of auditing medical education and recommendations for other authorities. In this context, a requirement is a mandatory condition which must be met within a time-frame to be determined by the Council. A recommendation is not mandatory, but in the context of this report has usually been made in order to reflect best international practice.

Requirement of Family Medicine for both Universities

- 4.2 There have been modest increases in the coverage of Family Medicine in the curricula of both CUHK and HKU. At both medical schools, the Team was very impressed by the dedicated family physicians, in private practice, who acted as role models and gave of their time to teach students in an honorary capacity. However, in the context of the recommendations of the 2003 Report, and particularly in light of the Government's plans alongside today's heightened expectations of an increased need for a strong Family Medicine base as part of health services in Hong Kong, the Team concluded that both Faculties must be required to do more. Both CUHK and HKU have Family Medicine clinics located within their local communities and these are important training centres that encourage the interest of students in the specialty. Inroads to change perceptions and appreciation of Family Medicine were observed, but the current position is far from pervasive as seen in other developed countries. The curriculum time allocated to the teaching of Family Medicine should be increased and the Team firmly believed that introducing students at an earlier stage of their study to role models of Family Medicine would be a positive move. The Team was surprised by the dramatic paucity of students, who when questioned, offered that they were considering Family Medicine as a career path.
- 4.3 The reasons medical students seem to be initially shying away from Family Medicine as a specialty choice is undoubtedly multi-factorial. The 6 year duration of postgraduate training in Family Medicine may not be the sole reason for this

situation, but this length of training is so far removed from the position in other jurisdictions that an urgent review by the appropriate authorities is warranted. Due to the limited number of available HA specialty training posts, approximately 10% of medical graduates enter private practice without any postgraduate training. The Team considered that the above two factors were handicapping the provision of quality primary care for Hong Kong. The Team was further concerned that such trends were not conducive to achieving high quality education in the specialty. Clearly there is room to improve the career prospects for Family Medicine practitioners.

- 4.4 Having stated the above, the Team also recognised that both CUHK and HKU cannot make the necessary improvements alone, given the limited understanding and value placed on primary care within the community. Until such time that all stakeholders are engaged in a co-ordinated effort to build a greater understanding by society of the value of the family doctor, further improvements would continue to be hampered and somewhat difficult.

Additional Emphases Recommended for the Medical Curriculum

- 4.5 It was noted that unlike some overseas medical schools, the Hong Kong medical degree is an undergraduate rather than a postgraduate qualification and thus students may potentially enter their studies with less understanding of their social responsibility. The Team was of the view that graduating doctors would be better served by an increase in the curriculum on communication skills, and the issues of medical ethics and social responsibility. In addition, other topics insufficiently covered in both the revised MBChB and MBBS curricula were Patient Safety and Risk Management.

Pre-Internship experience

- 4.6 It was evident to Team members that medical students at both universities are somewhat less engaged in hands-on patient care than medical students in other jurisdictions. In this regard, it was also apparent that both the CUHK and HKU students valued their pre-internship experience in preparation of being on the wards full time. However on deeper analysis the Team felt the time allocated to this

component was insufficient and should be expanded to at least 6 weeks to better enable the transition from student to future doctor.

Inter-professional Education

- 4.7 Both CUHK and HKU are encouraged to include within their undergraduate curriculum, at appropriate stages, educational opportunities that engage students with the full medical team of doctors, nurses and allied health practitioners. Relevant role playing that is meaningful and brings together students of the various disciplines will provide valuable learning experiences of their role within the medical team.

Fitness to Practise/Lapses of Professionalism

- 4.8 The Team noted that although CUHK was considering the establishment of a Fitness to Practise committee dealing with mental illness, as yet neither university had established procedures that provided an avenue for teachers and students to raise issues of concern with reference to professional misconduct, deficient performance or other valid reasons. Thus it was considered important that both Medical Faculties be invited to establish strong processes to ensure that students who are academically able, but may not be fit to practice as doctors, can be investigated in a fair and robust manner, taking note of approaches in other jurisdictions. It was noted that the GMC had valuable experience in this area and well established guidelines that may serve as a good starting point for discussion.

Defining the Attributes of a Doctor, Future Review Visits and Auditing Processes

- 4.9 Both CUHK and HKU have responded to the UGC's initiative to adopt outcome-based approaches to the training of their medical doctors and through the Central Internship Committee have clearly defined outcomes of their Internship programme.
- 4.10 However, the Team suggested that it may be opportune for the Council to take advantage of recent international benchmarks that defined skills and attributes desired of a graduating doctor, for possible application within Hong Kong. The

Team suggested the Council study the examples of Tomorrow's Doctors¹, World Federation for Basic Medical Education (WFME)², or the Scottish Doctor³ as possible benchmarks to use or adopt.

- 4.11 In addition to defining those attributes required in a doctor, the Team suggested that in preparation for future visits both universities be asked to undertake a survey of their students, and to complete a questionnaire on their programmes to be provided as pre-visit material. Further, it would be preferable if such a student survey was done at "arms length" from the faculty. As qualitative tools these will assist the Team to target questions when they meet the various groups and help to understand the culture and philosophy of their respective medical education programmes.
- 4.12 As a conclusion of the auditing process the Council be invited to specify the period that accreditation has been granted to each institution to continue the provision of their medical education, recognising that previous visits were undertaken at 5-year intervals. The Team suggested the confirmation of accreditation period commence following this Visit, with the Council clearly communicating the period granted to each institution.

Career Progression of HA and University Appointees, and the Role Played by Honorary Teachers

- 4.13 From discussions on funding, both teaching hospitals indicated they received a differential budget compared to non-teaching hospitals. However, apart from a small acknowledgement within their manpower requirements, the teaching by HA appointees was not explicitly incorporated. The Team accepted that teaching medical students was expensive, not only in terms of cost, but also in terms of time.

¹ General Medical Council, Tomorrow's Doctors:

http://www.gmc.uk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors.asp

² WFME: Basic Medical Education WFME Global Standards for Quality Improvement:

<http://www2.sund.ku.dk/wfine/Activities/WFME%20Standard%20Documents%20and%20translations/WFME%20Standard.pdf>

³ The Scottish doctor produced by the Scottish Deans Medical Curriculum Group, is an agreed set of learning outcomes which clearly define the qualities and abilities of medical graduates from any of the Scottish medical schools. The Scottish doctor covers what a doctor is able to do (including clinical skills, communication and patient management), how the doctor approaches their practice and the doctor as a professional. GMA : <http://www.scottishdoctor.org>

The Team considered it important that the time commitment of medical staff in the support of teaching medical students be better acknowledged.

- 4.14 It is also recognised that Hong Kong's achievements in health and medical research are attributable, in part, to the partnerships of the two universities with their respective HA hospitals and affiliated clinics. Further, it was acknowledged that access to ongoing research and the opportunities to engage in projects had a positive benefit to the training of doctors. The Team observed collegial communications between the university and hospital sectors, however at the same time recognised there were issues that affected the smooth career progression of both HA and university appointees. The recognition of HA appointees for their part played in teaching did not appear to be a factor taken into consideration for their promotion and this should be addressed.
- 4.15 Offering attractive recruitment packages to appointees was an ongoing challenge for both institutions, not only because of competing medical schools in the region, but also the attraction of the private sector. Though it may not directly be the purview of this Visit, over recent years the high attrition of academic clinicians and clinical staff to the private sector has suggested an urgent need to investigate and understand this trend. In discussions with staff from both institutions, there appeared a number of reasons behind the push-pull between the two sectors. Though the income difference, which may be substantial in the private sector, was sighted as a possible reason for the attrition of staff from the teaching hospitals, a further reason cited was the work-life balance. In contrast, the reasons most often given by clinicians to continue in the public teaching hospital environment was their genuine interest in research and the intellectual stimulation that this brought, their passion for teaching, as well as their desire to serve in the public sector.
- 4.16 When noting the significant role played by the large and diverse pool of honorary teachers in the training and examination of medical students, it was vital that training in teaching skills, monitoring and evaluation of performance, as well as their support should be undertaken, alongside teachers of the universities and hospitals. Both institutions had structures in place that monitored all teachers and it was noted that teaching awards often went to honorary teachers. The Team

considered it equally important for the Council to find ways to give appropriate recognition and status to this group of teachers.

Student Intake on Medical Programmes

- 4.17 The Team applauded the UGC's decision that had recently reinstated the intake to 320 on the two medical programmes. It was important to retain this level in light of the international trend on doctors' working hours which was likely, in due course, to impact upon Hong Kong. It was thus critical to prepare for this probable situation given the considerable lead time required to graduate a doctor.

New Undergraduate Curriculum from 2012

- 4.18 The Government's education reform that redistributed one year of secondary schooling to university studies had presented institutions with a rare and valuable opportunity to make paradigm shifts in their first degree programmes. It was noted that both Medical Faculties had planned that their students to use this time to pursue a broad range of educational courses thereby enhancing their personal growth. The Team applauded this general direction that would give medical students further opportunities to pursue non-medical courses and in so doing expand their horizons and better enable students to build a rich understanding of the human condition.

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

Introduction

- 5.1 The CUHK Faculty of Medicine admitted its initial cohort of medical students in 1981. Their mission states that the Faculty serves the “community through quality education, caring practice and advancement of health sciences” and that their “principle educational objective is to ensure that medical students acquire the essential knowledge, skills and attitudes for professional practice, and a commitment to the life-long pursuit of medical education”. To support this endeavour the Faculty comprises 19 departments, 3 schools and 2 units with a total staffing complement of 1282 (as at April 2008), of which 208 are full-time academic members, with the remainder honorary professors from the HA and private practice.

Medical Education and Curriculum Database

- 5.2 The revised MBChB curriculum was first introduced in 2001 with faculty members playing the central role in curricular design and delivery. The curriculum is vertically and horizontally integrated within and among basic and clinical science years, is system-based and stresses early clinical exposure.
- 5.3 The CUHK Faculty’s submission describes enhanced skill development being integral to all years of the MBChB with the development of ethical and professional attitudes now given greater emphasis. Undergraduate students are provided with hands-on clinical teaching at the Prince of Wales Hospital and during clinical training have opportunities to rotate through other public hospitals in the cluster and community clinics, such as Alice Ho Miu Ling Nethersole Hospital, Fanling Family Medicine Centre, North District Hospital, United Christian Hospital, plus clinics such as the Lek Yuen Health Centre, amongst others.
- 5.4 The CUHK has defined the outcomes expected of their MBChB graduates as:
- Deliver effective and holistic care, communicate effectively, compassionately and with respectful attitude to 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 on-going new knowledge required for the provision of the best possible care to patients.

5.5 The Executive Summary from the submission has been extracted and enclosed at Annex IV.

Observations and Commendations

5.6 The Team was most impressed by the quality of staff and students. Throughout the sessions the Team observed a sincere and genuine loyalty of the students to their medical school. Three cohorts of students have graduated from the revised curriculum. The Team was further impressed by the comprehensive analysis CUHK had taken in studying the impact of their curricular changes. This comparative study of the old and new curricula based on data collected from students, interns, alumni, interns' ratings by supervisors, Chief-of-Service (COS) and patient comments, medical incident reports of interns from 7 hospitals, highlighted notable improvements. To cite a few, with respect to graduates of the new curriculum, favourable comments were received from COS and patients that interns' clinical skills had progressed. Further, there was a 48% reduction, per annum, in the frequency of medical incident reports among the interns, although there may be other reasons contributing to this reduction, such as the safety measures introduced by the Hospital Authority. Following the previous visit of the Council which urged the Faculty to continue its work in this area, the Team was highly impressed by the well established appraisal and evaluation processes that provided valuable feedback and enabled updates on the MBChB curriculum to be made.

5.7 The Team was informed that CUHK had favourably responded to the UGC's initiative for Hong Kong tertiary educational institutions to adopt outcome-based approaches to judge whether resources were effective in enabling students to achieve the intended student learning outcomes. The expected student behaviours

of the MBChB in terms of knowledge, skills and attitudes were modeled on the Scottish Doctor. The basis of the learning outcomes framework had used 3 pillars (of required knowledge, understanding and clinical skills; required professional skills and personal development; and understanding professional attitudes and responsibility) with 13 domains that had multiple thematic outcomes. To date some specialties, such as orthopedics, critical care medicine, family medicine and paediatrics, had completed defining their student learning outcomes. With respect to engaging the public on requirements of a doctor, CUHK felt it was too early in the process to undertake a formal process, but believes their opinions were taken on board in policy, ethics and codes of conduct, brought forward by Medical Incident Reports and HA's policy on risk management. Nonetheless through the IDEAL⁴ Consortium's summative assessment item bank, CUHK was able to compare its student performances against well organised, internationally-based medical schools by using assessment items and related psychometric data.

- 5.8 Following the findings of the previous visit, the Team recognised that substantial progress had been made to integrate the pre-clinical teaching, through both horizontal and vertical integration across the years. The Team was also significantly impressed by the care taken to support the learning environment, observing that students had access to a 24-hour study lab which was connected to an extensive Medical Library. Students continued to have a wide selection of Selected Study Modules that proved to be successful and valuable to an all round training that incorporated both medical and non-medical options.
- 5.9 The Visiting Team was advised that the School of Public Health and the Department of Community and Family Medicine came together to teach public health and primary care, consolidating their current areas of expertise and interests in noncommunicable and communicable diseases, and had made greater efforts to

⁴ IDEAL International Database for Enhanced Assessments & Learning Consortium's mission is to share voluminous high quality assessment bank for medical education on an international scale, to encourage communication among medical schools concerning quality standards in assessment and to promote research to develop international standards in assessment of medical competence. Both CUHK and HKU are members of the Consortium.

promote Family Medicine as a team approach. At the time of this Report the staffing complement of Community and Family Medicine was 22 full-time academic appointments, of which 15 had joint appointment with the School of Public Health. In addition the number of clinical attachments for students had grown from 13 in 2003 to currently 23, located within community family doctor clinics, non-government organisations, chronic disease management clinics and preventive and rehabilitation clinics. It was noted that the MBChB incorporated 9 weeks of integrated teaching in Family Medicine and Community Medicine in Year 4, and through the family follow up project, taken over Years 1 to 4 and through the Health and Society panel teaching during Year 1, the concept of family medicine was further reinforced.

- 5.10 The Team noted that within one year's time CUHK planned to combine the departments of biochemistry, physiology, anatomy and pharmacology to form a new school of bio-medicine and in so doing intended to strengthen capabilities in their research efforts in cell therapy, molecular biology and cancer.
- 5.11 From discussions with the students, it was revealed that they would have wished to have had more emphasis on medical ethics to better prepare them as doctors and thus this could be taken on board during curriculum review. In addition, it was also mentioned that the Faculty could communicate more widely on the various support avenues available to students when faced with a problem.
- 5.12 The Teaching and Learning Resource Centre gave an impressive presentation of their work in relation to teacher training, other faculty development activities, peer support and engagement, as well as general skill improvement opportunities for students. The Team felt that this Center should be made widely available as a resource, and in so doing encourage sharing of best practices between the two institutions.

Recommendations

- 5.13 Though a variety of teaching methods are used throughout the curriculum, the Team was convinced that students could be better served by fewer didactic lectures in the early years of the MBChB and by comparison be introduced to an increased level of small group teaching and earlier introduction to clinical skills.

- 5.14 The Team was informed of the opportunity for students to pursue research noting that since 2005, 7 students had enrolled in a full-time research programme. While MD/PhD training is an option for CUHK students, to date, none have pursued that route at the University. CUHK should take a more active role in promoting research studies to a subset of students who may be interested in such endeavours.
- 5.15 The issue of senior year students of the MBChB to be placed on-call to gain training and a wider experience was discussed, and although not unanimously considered as an absolute, and if carefully planned to take account of the examination period, it is suggested that the current practice of Surgery and Medicine that placed their students on-call could be replicated in other specialties, if at all possible.

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

Introduction

- 6.1 With a history in medical education that dates back to the Hong Kong College of Medicine for Chinese in 1887, and being the founding Faculty of HKU when it opened in 1912, the Medical Faculty has evolved to become a complex entity comprising 17 basic and clinical departments, a number of schools, centres and units, plus an institute, being home to 234 full-time teaching staff. Currently 1552 honorary teachers, from HA and private practices, also assist in HKU's medical education. Today the Faculty advances its mission "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."

Medical Education and Curriculum Database

- 6.2 HKU's 2008 submission of its medical education and curriculum database indicates that the reformed MBBS was first introduced in 1997/98 with refinements continually made since the last visit. In responding to the needs of 'doctors of tomorrow' the MBBS is built around four themes of 'Human Biology in Health and Diseases', 'Professional Skills: diagnostic, problem solving, effective communication and clinical management', 'Population Health, Health Services, Economics and Policy', and Medical Ethics, Professional Attitudes and Behavior'. The structure of the first two years is system based, moving more towards specialty-based in the third year with integration continuing in the multidisciplinary clerkship modules in years four and five. Throughout the programme students select Special Study Modules in both medical and non-medical areas with an increasing number electing to take their final module overseas to broaden their learning experience. The options to undertake intercalated programmes that lead to additional degrees of Master of Research in Medicine, or PhD are also available.
- 6.3 Throughout the MBBS programme multiple learning approaches are adopted from Problem-based Learning (PBL) tutorials to interactive/case based tutorials, from

laboratory to skills training, from role playing and case discussion in classrooms to real patient contact at the bedside and in the community.

- 6.4 HKU continues to attract and admit applicants with excellent academic grades from JUPAS, Non-JUPAS and EAS routes and applies a holistic approach to its selection based on academic achievements, non-academic pursuits and interviews. The Faculty makes attempts to take into account those who have talents and community engagements but who may have lower academic scores so as to admit as diverse and rich an entry class as possible.
- 6.5 Teaching and learning is predominantly conducted at the Medical Campus on Sassoon Road and at the Queen Mary Hospital. The Faculty of Medicine Building is a state-of-the-art facility with purpose-built teaching venues for the various learning activities. An impressive, well-maintained Medical Library plus a bank of PBL videos, reusable learning objects, Computer-assisted Learning Programmes and skills demonstration videos are all easily accessible. A significant part of clinical teaching is conducted within the network hospitals, in particular Pamela Youde Nethersole Eastern Hospital, Tung Wah Hospital, Kwong Wah Hospital, Queen Elizabeth Hospital, United Christian Hospital, Ruttonjee Hospital and Princess Margaret Hospital, as well as Caritas Medical Centre.
- 6.6 The Faculty gave a summary on its actions taken in response to specific recommendations of the 2003 Report, indicating that all issues had been addressed. The Executive Summary from the submission has been extracted and enclosed at Annex V.

Observations and Commendations

- 6.7 The Team appreciated the openness and forthrightness of the discussions that were held with the management, staff and student groups, allowing a deeper understanding of the notable achievements attained by the Faculty. The curriculum continues to retain the full integration of system-based cross-disciplinary teaching and learning, and is well above the standard required. With the new undergraduate curriculum to be launched in 2012 it is anticipated that students will continue to expand their horizons by being encouraged to embark on non-medical endeavours

and in so doing enrich their understanding of the human condition. It was believed such opportunities would ensure better doctors for the future.

- 6.8 The Visiting Team observed that since 2003 the Family Medicine Unit had grown from 3 to 5 full-time academic staff appointments and continued to receive enormous support from their 160 honorary teachers, an increase from 144 in 2003. Family Medicine was highlighted as an integral component of community based learning from Year 1 through to the Specialty Clerkships in Years 4 and 5 where MBBS students moved from learning by observation to learning by practice. Overall the curriculum dedicated 129 hours to Family Medicine which represented an increase of 31 hours compared to 2003 (an increase of 31.6%).
- 6.9 Although these efforts were fully acknowledged, in the context of a five year programme, the Visiting Team was strongly of the view that this increase was modest and did not benchmark well with international best practices. In discussions with representatives of Family Medicine it was revealed that some teaching activities undertaken by honorary teachers went unpaid, while other activities, e.g. video reviewed consultations, PBL tutorials, placements, received a small honorarium. This further underscored the earlier impression of the Team that appropriate recognition of this important group of teachers was required, particularly when contemplating that an immediate solution to improve students' perception of this specialty was to have early access to good role models.
- 6.10 In 2004 the Institute of Medical and Health Sciences Education (IMHSE) was established as the executive arm to implement the Faculty's education policy. While the Faculty's various committees oversee the planning and management of programmes, IMHSE concentrates more on staff and student development, promulgation of good practices and promotional exercises related to education. In addition, IMHSE facilitates and enhances the development of scholarship of faculty members in medical education research, and has provided consultancy for medical schools within the region on education-related matters. Following the University's adoption of aims and principles of the new undergraduate curriculum, an Outcome Based Approach in Student Learning (OBASL) has been agreed with those outcomes of the MBBS clarified.

Recommendations

- 6.11 The IMHSE is a valuable resource to the Faculty, and to date has been supported with significant goodwill from a group of competent and able clinicians. However it is usual that at comparable international medical schools 2-3 staff with research qualifications in medical education would form part of the full-time staffing complement. The Team recommends that the Faculty contemplate this direction as such an investment will ensure maintenance of the high quality of the curriculum, and in addition bring valuable knowledge from other areas, such as psychometrics, learning theory, skills development and other areas of education scholarship.
- 6.12 Much can be gained by integrating the teaching of microbiology and infectious diseases – bringing together their basic science and clinical aspects – in both the early and later years of the course.
- 6.13 It is acknowledged that the teaching of Emergency Medicine is currently made possible due to the enthusiastic support of colleagues from the Accident & Emergency Departments of Queen Mary and Pamela Youde Nethersole Eastern Hospitals. However it is time to acknowledge that there is a need to formally establish a department within the Faculty, inclusive of senior staff appointments, to advance this specialty. To this end it is recommended that the Dean and the Hospital Chief Executive formulate a combined plan to ensure its successful formation.

DOCUMENTS CITED

1. 2003 MCHK Review Visit Report
2. MCHK's conclusions on Interim Reports from CUHK and HKU
3. CUHK 2008 Submission (and Corrigenda on Main Report)
4. CUHK Visit Programme
5. Additional presentation materials over the two-day visit of CUHK from:
 - Dean, Associate Deans and Director of Educational Services
 - Department of Anatomy
 - Family Medicine Training and Lek Yuen Health Centre
 - Department of Surgery
 - School of Public Health
 - Teaching and Learning Resource Centre
6. HKU 2008 Submission
7. HKU Visit Programme
8. Additional presentation materials over the two-day visit of HKU from:
 - Associate Dean (Education)
 - Institute of Medical and Health Sciences Education (IMHSE)
 - Yu Chun Keung Medical Library
 - Department of Physiology and Multidisciplinary laboratories
 - Department of Microbiology
 - Family Medicine Unit

All the above documents can be obtained, for reference, from the Secretary, Medical Council.

Professor Rosie T.T. YOUNG
(Chairman)

Professor Richard REZNICK

Professor Peter RUBIN

Dr. CHING Wai-kuen

Dr. HUNG Chi-tim

Mrs. Eleanor LING

Annex I

Recommendations extracted from the 2003 MCHK Report on the Review Visit of The Chinese University of Hong Kong and The University of Hong Kong

Recommendations made of the Medical Faculty of The Chinese University of Hong Kong were:

Recommendation 1 - The Faculty is urged to continue to monitor, review and evaluate its progress in curriculum reform, bearing in mind that the process is not yet complete. The Faculty has taken positive steps to implement curriculum reform and will no doubt see to its successful completion.

Recommendation 2 – One particular area worthy of special review and evaluation is the degree of integration of pre-clinical teaching in the new curriculum, which seems to be not as far reaching as in other medical schools. For instance, the Human Structure Panel which remains essentially traditional didactic teaching of anatomy, still very much pathology-oriented teaching of the pathology disciplines, and probably incomplete integration of biochemistry. While the Team recognizes the intrinsic importance of a good understanding of the basic sciences, it is believed this may be better achieved and its relevance enhanced with more complete horizontal and vertical integration.

Recommendation 3 – Another area for careful monitoring and review is SSM, where the current impressive list of diverse topics include, on the one hand, certain very creative entries and, on the other hand, some of relatively less educational value. The Team urges the Faculty to be discriminating in assessing how objectives are addressed in each topic.

With reference to The University of Hong Kong, following the 2003 Visit the following recommendations made were to the Medical Faculty:

Recommendation 1 – The Faculty is invited to give careful consideration to ensuring the sustainability of the success in implementing the new MBBS curriculum, bearing in mind the resource-intensive nature of such a curriculum that makes not inconsiderable demands on all staff concerned who contribute to the teaching and learning process and the curriculum organisation and management. The Faculty is invited to consider augmenting the curriculum management personnel with, for instance, full-time educationist appointment(s) to complement the part-time activities of the Associate Dean's team.

Recommendation 2 - The Faculty is invited to look into the matter of further development of its teaching/service network to, say, the Hong Kong (East) Cluster, including the development of Family Medicine in co-operation with the College of Family Physicians and general outpatient service.

Recommendation 3 – The Team notes with some concern the relatively limited size of the Family Medicine Unit with insufficient duration of exposures of students to family medicine to inspire and attract graduates to a career in general practice or family medicine, and invites the Faculty to consider its possible expansion. It should be noted, however, that the small Unit is doing an excellent job, considering its limited size and resources.

Recommendation 4 – Since the last visit, the Faculty has notably enhanced student exposure to social and community issues in health and health care, through initiatives by the Department of Community Medicine and Family Medicine Unit. The Faculty is invited to encourage co-operation between these departments and to further strengthen student preparation to cope with emerging social needs, including those for an aging population, and for the issues that will emerge through the growing links with Mainland China.

Annex II

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. Mission and Vision of the Faculty of Medicine
- III. Admission criteria and procedures
 - Actual number of students Vs number of applicants; and their average A-level 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 and evaluated? (e.g. interview performance, communicative skills, all-roundedness, maturity, social awareness/responsibility)
- IV. Structure and staffing of the Faculty of Medicine
 - General description
 - Are there any Hospital Authority (HA) staff performing teaching duties (with or without a honorary appointment) on a full-time or part-time basis in the teaching hospital and other HA hospitals?
 - Recruitment of staff
 - Qualifications of staff
 - Promotion criteria of staff (e.g. evaluation of staff's teaching performance)
 - Development and training of staff
- V. Educational facilities available for undergraduate teaching
 - Medical library
 - Seminar/Lecture rooms and Laboratories
 - 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)
 - Any evaluation process of 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

- VIII. Some description of the 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. Medical Education vs Public's priorities of medical services
- 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 health services that assist in linking medical education to Hong Kong's priorities of medical services
 - Details and evaluation of the need 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 CHINESE UNIVERSITY OF HONG KONG

Visit to the Faculty of Medicine of The Chinese University of Hong Kong by
the Visiting Team of the Medical Council of Hong Kong

10 November 2008 (Monday)

Time	Activity	Venue
08:30	The Visiting Team to get on the CUHK van (KF3219) (Escort: Janet Chow, Assistant Secretary, Faculty of Medicine, CUHK, tel - 9406 0391)	Lobby, HK Academy of Medicine Building, Aberdeen
09:15	Arrival of the Visiting Team	2/F podium, Li Ka Shing Medical Sciences Bldg (LKMSB), Prince of Wales Hospital (PWH)
09:15-09:45	Pre-visit meeting	Conference Room, 2/F LKMSB
09:45-10:30	Presentation <i>An overview of the Faculty of Medicine CUHK</i> Prof. T. F. Fok, Dean, Faculty of Medicine, CUHK <i>Tomorrow's Doctors – Admission Policy</i> Prof. Tony Gin, Chairman, Faculty Admissions Committee, CUHK <i>Developing Tomorrow's Doctors – New Medical Curriculum and other related issues</i> Prof. H. K. Ng, Associate Dean (Education), Faculty of Medicine, CUHK <i>Ensuring Clinical Competence & Continuing Professional Competence/Development</i> Prof. Joseph Sung, Associate Dean (General Affairs), Faculty of Medicine, CUHK <i>Monitoring and Evaluating the End Products</i> Prof. Clarke Hazlett, Director, Office of Educational Services, CUHK	Room 301, 3/F LKMSB
10:30-11:25	Meeting with Senior Management - Prof. T. F. Fok, Dean, Faculty of Medicine, CUHK - Prof. W. S. Wong, Dean, Graduate School, CUHK - Prof. Tony Chung, Chairman, Department of Obstetrics and Gynaecology, CUHK - Prof. Michael Tam, Chairman, Department of Physiology, CUHK - Dr. Fung Hong, Hospital Chief Executive, PWH - Dr. C. K. Li, Consultant, Department of Paediatrics, PWH - Dr. Janet Lee, Consultant, Department of Surgery, PWH	
11:25-11:30	Break	

11:30-12:30	<p>Meeting with Staff Representatives from CUHK and PWH</p> <p><i>From CUHK:</i></p> <ul style="list-style-type: none"> - Prof. Martin Wong, Assistant Professor, Department of Community and Family Medicine - Prof. Emily Hung, Assistant Professor, Department of Chemical Pathology - Prof. Justin Wu, Associate Professor, Department of Medicine & Therapeutics - Prof. Vincent Mok, Associate Professor, Department of Medicine & Therapeutics - Prof. Ingrid Lok, Associate Professor, Department of Obstetrics and Gynaecology - Prof. Simon Ng, Associate Professor, Department of Surgery <p><i>From PWH</i></p> <ul style="list-style-type: none"> - Dr. Frankie Cheng, Specialist in Paediatrics and Clinical Assistant Professor (honorary) - Dr. Florence S. Y. Fan, Medical Officer, Department of Medicine & Therapeutics - Dr. Law Lai Wa, Resident Specialist, Department of Obstetrics & Gynaecology and Clinical Tutor (honorary) - Dr. Anthony Chan, Resident, Department of Anatomical & Cellular Pathology - Dr. Sylvia Au, Resident, Department of Anaesthesia & Intensive Care - Dr. Kirsty Lee, Medical Officer, Department of Clinical Oncology 	Room 301, 3/F LKSMSB
12:30-13:30	Lunch	Staff Common Room, 2/F LKSMSB
13:30-15:30	<p>Meeting with Student Representatives, Interns and Recent Graduated Interns</p> <p><i>Medical Students:</i></p> <ul style="list-style-type: none"> - Chan Sze Wai Jacqueline (Med 1) - Wan Ho Nam Kelvin (Med 1) - Ho Yan Kit (Med 2) - Sheng Lok Man Robin (Med 2) - Poon Yuan Ping Yvonne Patricia (Med 3) - Wong Tak Lung Victor (Med 3) - Kam Ting Ting (Med 4) - Lui Abdul Rashid Nok Shun (Med 4) - Tang Man Chun Scott (Med 5) - Eleanor Wen (Med 5) <p><i>Interns:</i></p> <ul style="list-style-type: none"> - Dr. Hung Kin Yee Grace - Dr. Lam Chin Tou Dennis <p><i>Recent graduated interns who are not working at PWH:</i></p> <ul style="list-style-type: none"> - Dr. Lee Yue Kit Chris (graduate 2007), Medical Officer, Tuen Mun Hospital (A&E) - Dr. Shannon Melissa Chan (graduate 2007), Medical Officer, North District Hospital (Surgery) 	Room 301, 3/F LKSMSB

15:30-16:00	Post-visit meeting	Conference Room, 2/F LKMSMB
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11 November 2008 (Tuesday)

Time	Activity	Venue
08:30	The Visiting Team to get on the CUHK van (KF3219) (Escort: Janet Chow, Assistant Secretary, Faculty of Medicine, CUHK, tel - 9406 0391)	Lobby, HK Academy of Medicine Building, Aberdeen
09:15	Arrival of the Visiting Team	Steps, Choh-Ming Li Basic Medical Sciences Building, CUHK main campus
09:15-09:55 09:15-09:35 09:35-09:55	Visit facilities at CUHK main campus - Visit Multidiscipline Laboratories and Ching Kai Hall (to be introduced by Prof. Michael Tam, Associate Dean (Student Affairs), Faculty of Medicine, CUHK) - Visit Department of Anatomy and Dissecting Lab (to be received by Prof. Woody Chan, Chairman, Department of Anatomy, CUHK)	Choh-Ming Li Basic Medical Sciences Building, CUHK
09:55-10:05	Travel from CUHK main campus to Lek Yuen Health Centre	
10:05-10:20	Visit Lek Yuen Health Centre (primary care placement) (to be received by Prof. Sian Griffiths, Prof. Trevor Gibbs and Prof. Samuel Wong, School of Public Health, CUHK)	Lek Yuen Health Centre
10:20-10:30	Travel from Lek Yuen Health Centre to PWH	
10:30-10:45	Visit Li Ping Medical Library (to be received by Miss Louisa Lam, Medical Librarian, CUHK)	2/F Clinical Sciences Building, PWH
10:45-11:30 10:45-11:00 11:00-11:15 11:15-11:30	Visit wards - Infectious Disease Wards (to be received by Prof. Nelson Lee, Head of Division of Infectious Disease, CUHK) - General Paediatric Ward (Wards 6CD) (to be received by Prof. Tony Nelson and Prof. Simon Lam, Department of Paediatrics, CUHK) - Antenatal Ward (to be received by Prof. Tony Chung and Prof. WH Tam, Department of Obstetrics & Gynaecology, CUHK)	11/F Main Block, PWH 6/F Main Block, PWH 7/F Block F, PWH
11:30-11:45	<u>Group 1</u> Visit Department of Medicine & Therapeutics (to be received by Prof. Joseph Sung, Prof. C. M. Yu and Prof. K. S. Wong) Venue: SH Ho Cardiovascular Disease and Stroke Centre, G/F PWH	<u>Group 2</u> Visit Department of Surgery (to be received by Prof. Paul Lai, Chairman, Department of Surgery, CUHK) Venue: Conference Room, 4/F Clinical Sciences Building
11:45-12:00	Visit Family Medicine Training Centre (to be received by Prof. Sian Griffiths, Prof. Trevor Gibbs, Prof. Samuel Wong, School of Public Health, CUHK and Dr. Augustine Lam, Chief of Service (Family & Ambulatory Medicine), PWH)	3/F Li Ka Shing Specialist Clinic (South Wing)

12:00-12:15	Visit School of Public Health and teaching facilities at Postgraduate Education Centre (to be received by Prof. Sian Griffiths and staff of School of Public Health, CUHK)	Kai Chong Tong Communications and Resource Centre, 1/F School of Public Health Building, PWH
12:15-12:30	Visit Teaching and Learning Resource Centre (to be received by Prof. S. M. Kumta, Director, Teaching and Learning Resource Centre, CUHK)	Room 103, 1/F Block A, PWH
12:30-13:00	Post-visit meeting	Conference Room, 2/F Li Ka Shing Medical Sciences Building (LKMSB)
13:00-14:00	Lunch	Staff Common Room, 2/F LKMSB

Updated on 6 November 2008



THE MEDICAL COUNCIL OF HONG KONG

Visit to the Li Ka Shing Faculty of Medicine The University of Hong Kong November 12 – 13, 2008 (Wed & Thur)



Programmed

Time	Description of Activities	Venue
Day 1 Visit Programme on Wednesday, November 12, 2008		
0915 – 0945	Pre-visit meeting at the Faculty of Medicine Building	Board Room, 6/F, William MW Mong Block, Faculty of Medicine Building ("FMB"), 21 Sassoon Road, Pokfulam
0945 – 1130	<p>Presentation to the Visiting Team on the medical education and training of HKU by Professor Mary Ip, Associate Dean (Education)</p> <p>Meeting with Senior Management:</p> <ul style="list-style-type: none"> • Professor SP Lee, Dean of Faculty • Professor Mary Ip, Associate Dean (Education) • Professor NG Patil, Assistant Dean (Education) • Dr Gordon Wong, representing Head of Dept of Anaesthesiology • Dr GL Tipoe, representing Head of Dept of Anatomy • Professor KSE Cheah, Head, Dept of Biochemistry • Professor DLW Kwong, representing Head of Dept of Clinical Oncology • Professor TH Lam, Head, Dept of Community Medicine • Dr PL Khong, Head, Dept of Diagnostic Radiology • Dr Wico Lai, representing Director of Eye Institute • Professor CLK Lam, Head, Family Medicine Unit • Professor KSL Lam, Head, Department of Medicine • Professor KY Yuen, Head, Dept of Microbiology • Professor PC Ho, Head, Dept of Obstetrics & Gynaecology • Professor PKY Chiu, representing Head of Dept of Orthopaedics & Traumatology • Professor YL Lau, Head, Dept of Paediatrics & Adolescent Medicine • Professor LC Chan, Head, Dept of Pathology • Professor RYK Man, representing Head of Dept of Pharmacology • Professor HC Lee, Head, Dept of Physiology • Dr SE Chua, representing Head of Dept of Psychiatry • Professor W Wei, representing Head of Dept of Surgery • Dr CK Chan, Deputy Hospital Chief Executive, QMH • Dr LW Chu, Consultant, Dept of Medicine, QMH • Dr HK Tong, Consultant, Dept of Accident & Emergency, QMH 	Board Room, 6/F, William MW Mong Block, Faculty of Medicine Building ("FMB"), 21 Sassoon Road, Pokfulam
1130 – 1135	Leave the FMB and depart for QMH	
1135 – 1235	<ul style="list-style-type: none"> • Meeting with Staff Representatives at all ranks of HKU and HA • Dr Annie Cheung, Associate Professor, Dept of Anatomy • Dr MH Sham, Associate Professor, Dept of Biochemistry • Dr JM Johnston, Assistant Professor, Dept of Community Medicine 	McFadzean Library, Dept of Medicine, 4/F, Professors' Block

	<ul style="list-style-type: none"> • Dr Henry Mak, Assistant Professor, Dept of Diagnostic Radiology • Dr Kenneth Li, Assistant Professor, Eye Institute • Dr Julie Chen, Assistant Professor, Family Medicine Unit • Professor MF Yuen, Professor, Dept of Medicine • Professor Patrick Woo, Professor, Dept of Microbiology • Dr KKL Chan, Assistant Professor, Dept of Obstetrics & Gynaecology • Dr Frankie Leung, Consultant, Dept of Orthopaedics & Traumatology • Professor YF Cheung, Professor, Dept of Paediatrics & Adolescent Medicine • Professor Annie Cheung, Professor, Dept of Pathology • Dr GPH Leung, Assistant Professor, Dept of Pharmacology • Dr SYW Shiu, Associate Professor, Dept of Physiology • Dr AM Lee, Assistant Professor, Dept of Psychiatry • Dr HP Chung, Consultant, Dept of Surgery • Dr G Leung, Assistant Professor, Dept of Surgery • Dr LK Chan, Associate Professor, Institute of Medical & Health Sciences Education 	QMH
Time	Description of Activities	Venue
• Day 1 Visit Programme on Wednesday, November 12, 2008		
1235 – 1330	<p>Working Lunch Visiting Team and HKU Faculty Representatives:</p> <ul style="list-style-type: none"> • Professor SP Lee, Dean of Faculty • Professor TM Chan, Associate Dean (External Relations) • Professor YS Chan, Associate Dean (Academic Networking & Student Affairs) • Professor PC Ho, Associate Dean (Clinical Affairs) • Professor Mary Ip, Associate Dean (Education) • Professor YL Lau, Associate Dean (Research) • Professor RYK Man, Associate Dean (Human Resource & Information Technology) 	K2 Doctors' Common Room, 2/F, Block K, QMH
1330 – 1530	<p>Meeting with Student and Intern Representatives:</p> <ul style="list-style-type: none"> • MBBS I students: Miss Lau Tiffany Wing-see • MBBS II students: Miss Chin Joyce Kar Yee, Mr Chow Chi Woo Samuel, Mr Wong Man Ho, Miss Yu Michelle On Na • MBBS III students: Mr Lee Chun Hui, Mr Li Philip Hei, Miss Lau Tsz Shan, Miss Tsai Ka Ying • MBBS IV students: Mr Fung Kin Fen Kevin, Miss Lo Ying Fung, Miss Wong Yu Yan • MBBS V students: Mr Mak Chong Yin, Mr Tsang Yin Ho Arnold, Miss Yu Suet Ying, Ms Wong Man Yee, Mr Shih Kendrick Co • Interns: Dr Chan Dominic Chun Wan, Dr Yu Wong Li 	McFadzean Library, Dept of Medicine, 4/F, Professorial Block, QMH
1530 – 1600	Post-visit meeting at QMH	
1600	Completion of Day 1 Visit Programme	

Time	Description of Activities	Venue
Day 2 Visit Programme on Thursday, November 13, 2008		
09:15 – 1000	Visit to the following teaching facilities of the Faculty: <ul style="list-style-type: none"> • Suen Chi Sun Clinical Skills Training Centre • Virtual Reality Laboratories • Mrs Chen Yang Foo Oi Telemedicine Centre • Wei Lun Education Centre • Cheung Kung Hai Conference Centre • Seminar Rooms • Yu Chun Keung Medical Library • Computer-assisted Learning Laboratory <i>(After the tour to teaching facilities, the Visiting Team will be split into 2 groups to visit various academic departments/ units and clinical wards of the QMH)</i>	William MW Mong Block and Laboratory Block, FMB
Group A		
1000 – 1020	Visit the Department of Physiology and the Multidisciplinary Laboratories	4/F, Laboratory Block, FMB
1020 – 1025	Leave FMB and depart for QMH <i>(Transportation from FMB to QMH provided by the Faculty)</i>	
1025 – 1045	Visit the Department of Microbiology	University Pathology Building, QMH
1045 – 1100	Visit the Surgery Admission Ward <i>(Groups A & B will gather for the subsequent visit programme)</i>	Main Block, QMH
Group B		
1000 – 1020	Visit the Department of Anatomy, Dissecting Laboratory and Anatomy Museum	1/F, Laboratory Block, FMB
1020 – 1025	Leave FMB and depart for QMH <i>(Transportation from FMB to QMH provided by the Faculty)</i>	
1025 – 1045	Visit the Department of Pathology	University Pathology Building, QMH
1045 – 1100	Visit the General Medicine Ward <i>(Groups A & B will gather for the subsequent visit programme)</i>	Main Block, QMH

Time	Description of Activities	Venue
Day 2 Visit Programme on Thursday, November 13, 2008		
1100 – 1110	Leave QMH and depart for the Ap Lei Chau Clinic <i>(Transportation from QMH to ALCC provided by the Faculty)</i>	
1110 – 1200	Visit the Family Medicine Unit	3/F, Ap Lei Chau Clinic
1200 – 1215	Leave the Ap Lei Chau Clinic and depart for QMH <i>(Transportation from ALCC to QMH provided by the Faculty)</i>	
1215 – 1245	Post visit meeting at QMH	McFadzean Library, Dept of Medicine, 4/F,
1245 – 1345	Working Lunch Visiting Team and HKU Faculty Representatives:	

	Professor SP Lee, Dean of Faculty Professor Mary Ip, Associate Dean (Education) Professor NG Patil, Assistant Dean (Education) Professor Annie Cheung, Assistant Dean (Education) Dr HJ Ballard, Assistant Dean (Education) Dr GL Tipoe, Assistant Dean (Academic Networking & Student Affairs)	Professorial Block, QMH
1345 – 1400	Leave QMH and depart for the Blue Care Medical Centre <i>(Transportation from QMH to the Blue Care Medical Centre provided by the Faculty)</i>	
1400 – 1420	Visit the Blue Care Medical Centre	See address below
1420	Completion of Day 2 Visit Programme	

*Blue Care Medical Centre, Room 1902-03, 19/F, Wheelock House, 20 Pedder Street, Central, Hong Kong

Annex IV

The following is an extract taken from The Chinese University of Hong Kong's Submission to the MCHK, 2008.

I. Executive Summary

The Faculty of Medicine is one of the seven Faculties in The Chinese University of Hong Kong. Its mission is to serve the community through quality education, caring practice, and advancement of health science. Teaching in the medical undergraduate programme is provided by 208 full time academic teaching staff, comprised of 37 full time teaching academics in four preclinical departments, 25 in three pathology departments, 141 in twelve clinical departments and 5 in two other academic units. An additional 1,282 honorary and adjunct teaching assist with teaching approximately 650 students who are enrolled throughout the five year undergraduate programme.

Clinical teachers are registered with the Medical Council of Hong Kong and normally hold the Fellowship of the Hong Kong Academy of Medicine or an equivalent specialist qualification from overseas. Non-clinical teachers normally have doctorate qualifications. Staff development facilitated by faculty enhancement workshops, teaching development grants, paid conference and special leave characterize a process of providing continuing quality improvement for the teaching staff.

Admission to the undergraduate medical programme is determined by academic standing and interviews. Primarily, there are three types of applicants: (i) JUPAS (i.e., those who graduate from Form 7 in Hong Kong and apply under the Joint University Programmes Admissions System), (ii) non-JUPAS (i.e., students who have high school senior matriculation and/or earned an undergraduate or higher degree outside the Hong Kong educational system) and (iii) Early Admission Scheme (i.e., Hong Kong Form 6 students with exceptionally good academic credentials). The total number of applicants each year that have acceptable academic records greatly exceeds the Faculty's quota for intake. During the last 5 years, the grade point average of admitted students has risen (in comparison to previous years), while the number of admissions has reduced (the reduction being in line with government policy).

Teaching facilities for medical students are located on the main campus of CUHK as well as across several public hospitals in Hong Kong. The Faculty's main teaching hospital is the Prince of Wales Hospital. With administrative clustering of hospitals under the Hospital Authority, hospitals in the New Territories East are also being used as teaching facilities.

Given the exponential development of medical technology and rapid changes in the demands for health care in Hong Kong, the Faculty of Medicine replaced its traditional curriculum beginning with the first cohort entering the medical programme in 2001/02. The revised curriculum was designed to help medical students address the challenges of the (i) explosive growth in medical knowledge; (ii) changing expectations by patients and the general public for health services; (iii) changes in disease patterns; (iv) changes in health economics and financing of health services; (v) improvements in medical practice; (vi) increased importance for the role of health promotion vs disease treatment; and (vii) advances in adult learning theories and related instructional and assessment designs.

The curriculum design now used is integrated and system-organ based. Teaching of clinical and communication skills, ethics, professional attitudes, life-long learning, information technology and research begins in year one and continues throughout the five years. These modifications have been systematically monitored and evaluated for purposes of quality assurance for informing efforts of continual improvement. As of this date, three cohorts have been educated and graduated under this revised curriculum.

The Faculty seeks feedback from the community and responds appropriately to societal and professional priorities. The Faculty has active involvement in all major organizations within Hong Kong's health care system. Its continuing development remains focused on assisting Hong Kong and the surrounding region to meet the health care needs of the resident population.

Annex V

The following is an extract taken from The University of Hong Kong's Submission to the MCHK, 2008.

I EXECUTIVE SUMMARY

In 2007, the Medical Faculty of The University of Hong Kong celebrated 120 years of medical education in Hong Kong, and the 10th anniversary of the medical curriculum reform. For more than a century, the Faculty and its predecessors have been playing a pioneering role in medical education and training. To meet the challenges of the fast changing healthcare delivery as well as social and ethical conditions in the new epoch of biomedical and technological advancement, we introduced a thorough reform to our medical curriculum in 1997. The commendations made by the Visiting Team of the Medical Council of Hong Kong in 2003 acknowledged our achievements in the right direction of curriculum development, as well as the unity of purpose demonstrated in the endeavour. Over the past 10 years, a tremendous amount of work has been put into curriculum management and refinement, development of staff and students, and promotion of scholarship in medical education. The Faculty has made serious attempts to address the recommendations of the Medical Council of Hong Kong, and has taken conscientious efforts to scale new heights in medical education and influence the training of medical professionals in the region through sharing of good practices.

Whilst this document provides a detailed account on the work of the Faculty in undergraduate medical education and training, the following table gives a brief summary on actions taken by the Faculty in response to the specific recommendations made by the Visiting Team in the 2003 report:

Recommendations in the 2003 report	Actions taken by the Faculty
To ensure the sustainability of success in implementing the MBBS curriculum by augmenting the curriculum management personnel.	An Institute of Medical and Health Sciences Education (IMHSE) established with its own academic staff, including a Deputy Director, all under joint appointment with departments.
To further develop the teaching/service network of the Faculty, including the development of Family Medicine.	Teaching network expanded to and consolidated at the Hong Kong East Cluster.
To expand the Family Medicine Unit and allow students more exposure to family medicine.	Students' exposure to Family Medicine and Primary Care increased by 30% with longitudinal extension of coverage; staff establishment of the Family

	Medicine Unit (FMU) strengthened at all levels of seniority.
To encourage co-operation between the Department of Community Medicine and Family Medicine Unit to further strengthen student preparation to cope with emerging social needs.	The Department of Community Medicine and the FMU cooperated on running a Family Medicine and Primary Healthcare curriculum spreading throughout 5 years.

VISION AND MISSION OF THE FACULTY OF MEDICINE, HKU

The Medical Faculty aspires to become a world leader in research, education and healthcare. It is the mission of the Faculty 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; and establish Hong Kong as a biomedical capital of Asia through the application of life, physical, and chemical sciences.

Driven by its vision and mission, the Faculty is committed to produce medical graduates who are 'fit for purpose' by meeting the demand of the community for quality medical and health service, contributing to the development of Hong Kong into a biomedical research hub, and fulfilling their responsibilities as global citizens with commitment to improve human conditions.

ADMISSION CRITERIA AND PROCEDURES

The medical programme of HKU continues to attract the best candidates in terms of their pre-entry academic performance, which is on average the highest among all undergraduate programmes offered in Hong Kong. By competition, most of the students admitted are 'strict A' candidates in public examinations, or university graduates or undergraduate with first-class honours equivalent standard. The Faculty adopts a holistic approach in the assessment of applicants through rigorous interviews as well as review of their individual portfolios which reflect their long-term personal development and achievements in non-academic areas. Admission criteria and procedures are well-documented and followed. The current intake to the medical programme is 125 per year. About 3/4 of candidates admitted are through the Joint University Programmes Admissions System (JUPAS) (including both Secondary 7 and Secondary 6 'Early Admissions Scheme' candidates) and 1/4 are through the non-JUPAS.

STRUCTURE AND STAFFING OF THE FACULTY

The Medical Faculty is one of the ten faculties of The University of Hong Kong. It is headed by an appointed Dean, who steers the strategic direction and executes policies of the Faculty. Check and balance is provided by the Board of the Faculty which has the highest authority in the Faculty's policies and development and is chaired by an elected Chairman. The Dean is assisted by the Associate Dean (Education and Student Affairs) in the formulation and execution of policies in relation to undergraduate education. Within the Faculty, there are 17 teaching departments, 2 schools, 2 institutes and 2 academic units, and all of them are involved in the management and teaching of the MBBS programme. The integrated institutional responsibility for the planning, development, and management of the medical programme is overseen at the Faculty level by the MBBS Curriculum Committee, which presides over 11 sub-committees and 13 planning groups responsible for different components and strands of the medical programme.

The Faculty has 217 full-time academic/professoriate staff (53% clinical and 47% non-clinical), 98% of whom possess doctoral degrees and/or professional/specialist qualifications. Teaching of the MBBS programme is also assisted by 1,400 honorary teachers, most of them being Hospital Authority staff and private practitioners. Recruitment of academic staff follows the standard procedures prescribed by the University and external assessments are obligatory for professorship appointments. Academic staff members are assessed on the basis of their contribution to teaching, research and scholarship, clinical services (for clinical staff only) and administration and service. Greater emphasis is being put on performance and scholarship in teaching as a criterion for promotion and tenure.

Staff development programmes are being offered by the Faculty to help develop Faculty members into effective educators. There are both staff induction programme for new staff and regular training programmes. Honorary teachers are also encouraged to participate in the training. Faculty members are supported to attend international and regional meetings/conferences/workshops on medical education, some of which being organized by the Faculty to provide a platform for sharing of good practices. Research grants are made available to staff members to undertake projects on medical education. Teaching performance of staff is evaluated by students and by peer review. Outstanding performance in teaching is recognized by the award of Faculty Teaching Medals and University Teaching Fellowships.

EDUCATIONAL FACILITIES FOR UNDERGRADUATE TEACHING

Most of the teaching and learning activities of the MBBS programme are conducted at the Faculty of Medicine Building on Sassoon Road and at the Queen Mary Hospital on Pokfulam Road. The Faculty of Medicine Building is a state-of-art architectural piece providing a gross floor area of 48,250m² of sophisticated learning environment for students

and staff. The Medical Campus is well endowed with equipment and facilities and purpose-built teaching venues for various learning activities (e.g. PBL tutorial rooms, Clinical Skills Training Centres, virtual reality laboratories, telemedicine conference room, CAL laboratory, multidisciplinary laboratories, dissecting laboratory). Teachers and students have access to a well-maintained Medical Library and information facilities with 200,000 books and bound volumes, 1,000 current journals, and over 30,000 e-resources items on health sciences. Undergraduate teaching and learning is also supported by a bank of PBL video triggers and reusable learning objects produced by the Faculty, as well as CAL programmes and skills demonstration videos. A significant part of clinical teaching is conducted at the network hospitals, in particular Pamela Youde Nethersole Eastern Hospital, Tung Wah Hospital, Kwong Wah Hospital, Queen Elizabeth Hospital, Caritas Medical Centre and Princess Margaret Hospital.

CURRICULUM/TEACHING AND LEARNING PROCESS

The MBBS programme is an integrated curriculum built on the four refined themes of 'Human Biology in Health and Diseases', 'Professional Skills: Diagnostic, Problem-solving, Effective Communication and Clinical Management', 'Population Health, Health Services, Economics and Policy', and 'Medical Ethics, Professional Attitudes and Behaviour'. The structure of the first two years is system-based, and gradually moves towards specialty-based starting from the third year, with integration still persisting in the multidisciplinary clerkship modules. Apart from the core curriculum, students can opt for modules according to their interest as Special Study Modules, and undertake the intercalated Master of Research in Medicine programme and even the intercalated PhD.

The MBBS curriculum is characterized by the following longitudinal strands running all the years: early clinical skills exposure, structured acquisition of clinical interpersonal skills, community-based and primary care exposure, medical ethics and law, practice of scientific research, broadening and diverse learning opportunities, and leadership development. The emphasis of learning has gone beyond basic and clinical sciences to medical humanities, and personal and professional development.

Multiple learning approaches are being adopted to provide students various educational experiences and engage them coherently in their acquisition of knowledge, skills and development of professionalism: from Problem-based Learning (PBL) 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 bedside and in the community, all leading to the final stage of their learning as Assistant Interns during Specialty Clerkship that prepares them holistically for the subsequent internship and postgraduate development.

Structured mechanisms for quality assurance are established to evaluate the standard of teaching and measure the learning outcomes. Various channels such as on-line evaluation system, paper-form evaluation, and staff-student consultative meetings are regularly used. Different feedback loops are followed for minor refinement to the curriculum, major structural changes, and periodic review of the whole programme. Regarding outcomes, longitudinal comparison of performance of graduates during internship has been done which reflects notable improvement of 'new curriculum' graduates in multiple domains.

STUDENT ASSESSMENT

Approaches to assessment are chosen based on the criteria of 'Validity', 'Impact on education', 'Core and challenging', 'Acceptability' and 'Reliability' (VICAR). Examination content matrices (with core and non-core items identified) are used to ensure the validity of content examined, while different modes of assessment are adopted to measure different constructs of candidates reflecting their competency in knowledge and skills and their professionalism. Besides the four year-end summative assessments, continuous assessment plays a significant part in the overall assessment to enhance the reliability of assessment and to promote continuous learning. A tight quality cycle made up of chief examiners and individual examiners, Board of Examiners, Assessment Subcommittee and external examiners is in operation to monitor the student assessment system. Quality assurance of assessment is enhanced with the provision of clear format and instructions on setting questions, regular feedback to departments, and standardized practices across specialties. International benchmarking of quality is achieved through the participation of the external examiners from question setting to the actual examination of candidates, and the engagement of the Faculty in the International Consortium of Sharing Question Bank.

INTERNSHIP TRAINING

The Faculty works closely with the Central Internship Committee of the Hospital Authority in providing a well-structured, educationally effective and closely monitored internship programme for medical graduates. The initiatives of the Faculty in using logbooks to document the training of interns and offering a pre-internship programme to prepare prospective interns for their placements have proved to be effective practices. The Faculty has developed a mechanism to provide timely and proactive support to interns and to offer them personal and career counseling. Quality of intern training and supervision is being constantly evaluated through intern feedback and hospital visits.

MEDICAL EDUCATION VS PUBLIC PRIORITIES OF MEDICAL SERVICES

In the past five years, the Faculty has introduced some significant changes to the programme to reinforce the efficacy of medical graduates in meeting the future needs of

health service in Hong Kong, for instance, enhancement of the Family Medicine and Primary Care curriculum, introduction of a structured Emergency Medicine Specialty Clerkship, strengthening of the teaching and learning of Ophthalmology, and reinforcement of students' exposure to medical ethics. Other priorities of medical services have also been identified and ways are being explored by which they be further enhanced in the undergraduate medical programme.

In order to keep abreast of the development of health services, the Faculty has been relying on a number of channels and mechanisms through which consultation with policymakers, health service authorities, professional bodies and academics take place, e.g. the Dean's representation in various Hospital Authority committees and Hospital Governing Committees, the Faculty's close connection with the Hong Kong West Cluster and its other network hospitals, formal and personal representation of Faculty members in professional bodies, etc.

The development of the medical curriculum is a constant evolutionary process. Changes or new approaches introduced to the teaching and learning have been based on reflections drawing upon global good practices and on informed decisions after critical evaluation of the need of the community in medical services. The medical education and training provided by the Faculty gears towards meeting the priorities of health service of the local community, while at the same time serving the needs of humanity in a wider context beyond Hong Kong, with embedded core values applicable to patient care across the board.

OTHER NEW DEVELOPMENTS IN MEDICAL EDUCATION OF THE FACULTY

The past five years have seen many new developments in medical education of the Faculty that go beyond curriculum refinement and development.

In 2004, the Institute of Medical and Health Sciences Education (IMHSE) was established to promote excellence, professionalism, innovation and collaboration (EPIC) in medical and health sciences education. In the past few years, it has offered series of staff development programmes for Faculty members, promoted and supported research projects on healthcare education, published monographs on the curriculum work of the Faculty, organized international symposium and conferences on healthcare education, provided train-the-trainers programme to medical educators from the Mainland, and consolidated the network of collaboration with international and national partner medical schools.

A Programme for Effective Transition and Student Support (PETSS) has been introduced to provide continuous and timely support to students from admission up to graduation or pre-registration for comprehensive development of their intellectual and personal strength,

with particular emphasis on addressing their specific needs as individuals who are to be trained as health service providers.

Building on the success in running the MBBS/Master of Research in Medicine programme for 6 years, the Faculty started taking students into the intercalated MBBS/PhD programme in 2007. The aim of the programme is to groom clinician-scientists by capturing talents at a suitably early stage. The structure allows students entry to PhD after completion of the first three years of MBBS and multiple exits with appropriate academic qualifications.

The Faculty has been actively preparing for the transition into a six-year MBBS programme which is to be introduced in 2012 under the territory-wide academic structure reform. Members of the Faculty have come to the consensus on how to make the best use of the 'extra year' to achieve our educational aims. Important elements to be instilled or strengthened in the students have been identified and the consolidated template of the new MBBS curriculum will be worked out in 2009.

The Faculty is, as always, well prepared to rise to the challenges in the upcoming period of new advancement and opportunities for academic development, and to position itself as a centre of excellence in medical education and training in the global community.