

中国全科医学发展的挑戰和機遇

General Practice Development in China

Challenges and Opportunities

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A well-to-do society cannot be built without good health of all the people
没有全民健康，就没有全面小康

In December, 2014,

President Xij Jinping visited a
healthcare center of Shiye County,
Dantu District, Zhenjiang City of
Jiangsu Province

2014年12月

习近平主席参观镇江市丹徒区世业镇卫生院



WHO Hello General Practitioner



Hello General Practitioner!

China has over 170,000 general practitioners (GPs) serving communities across the country. By 2020 the Government plans to double this number. But what do they do? And what services can they offer you, your family and your community?

GPs, unlike specialists who only attend to a specific set of health issues, offer a wide range of health services. They can treat both acute and chronic illnesses and provide preventative care and health education to patients. **GPs essentially play a fundamental role in primary health care (PHC) and can be found in Community Health Centers (CHCs) across the country.** In many countries with a mature GP system, visiting a GP is the first step for people who want to seek medical service – and only when they truly need specialist care will they go to a large tertiary hospital to seek assistance, with the help of their GP. This therefore relieves pressure on the larger hospitals and allows for more personalised care in the communities.



Health for all relies on the strong basis of primary care 全民健康立足于强大的基层医疗卫生服务

A top down approach from State Council

● 2015



The General Office of the State Council issued “Guideline for Facilitating the Construction of Tiered Care System”

● 2011



The State Council’s “Guideline for Establishing General Practitioner System”

● 2016



National Health and Family Planning Commission issued “Notice of the Guideline for Promoting GP Contractual Service”



Order from the State Department



To deepen medical reform

深化医改

To promote the construction of “Healthy China”

推进健康中国建设

To better maintain health of the public

更好地维护民众健康

General practice and general practice education needs to be developed urgently

极需发展全科医学和全科医学教育



中国梦·健康梦
THE CHINESE DREAM
THE HEALTH DREAM



Content

概要



1

The history of GP development and education in China
中国全科医学教育发展历程

2

Training of GPs in China
中国全科医生培养

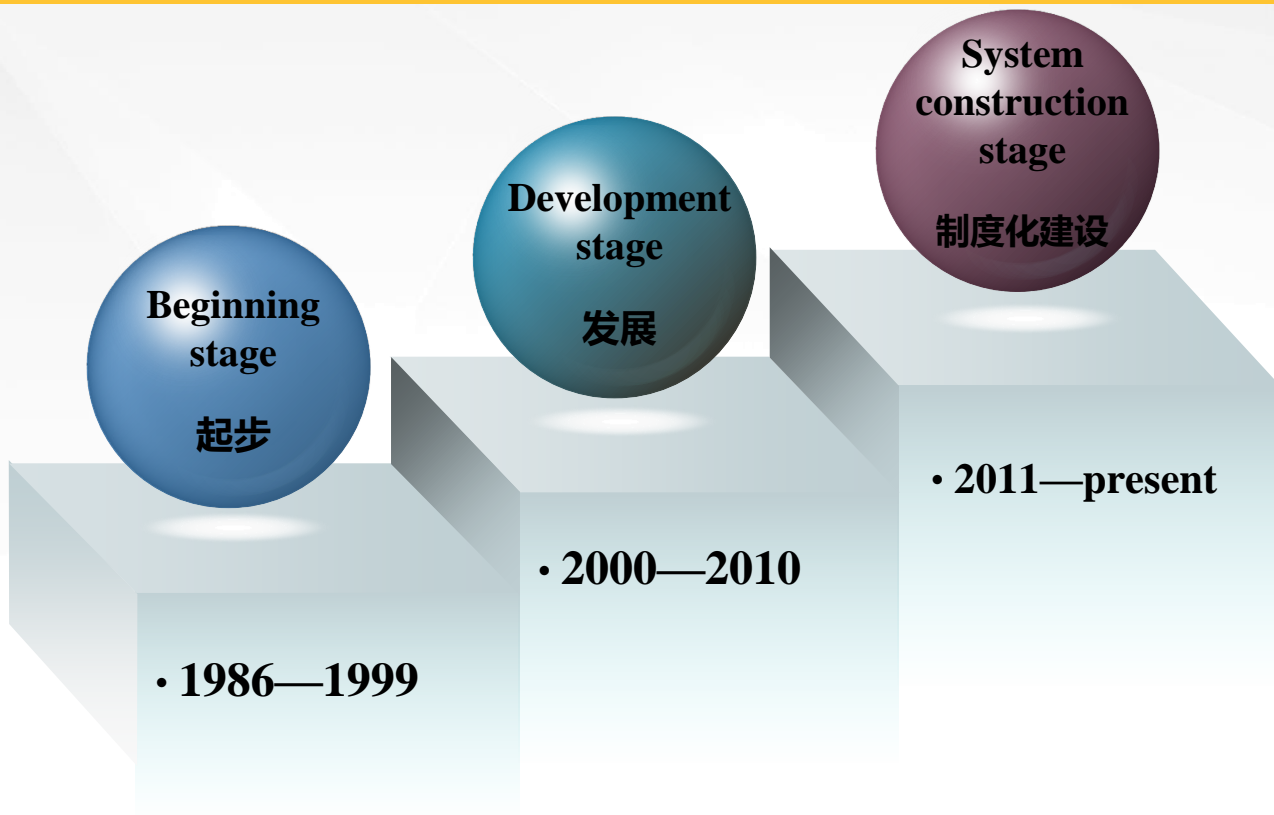
3

Opportunities and challenges of GP education in China
中国全科医学教育的机遇与挑战



The history of GP education in China

中国全科医学教育发展历程





History: Beginning stage (1986-1999)

起步阶段



1986

Dr. MK Rajakumar, the President of WONCA, visited China
时任WONCA主席拉加库玛博士访问中国

1989

GP Training Centre was set up in Capital Medical University. **It was the first GP education institution in mainland China.**
首都医科大学成立全科医学培训中心，是中国大陆首个全科教育培训机构

1992

Various forms of pilot study of exploratory GP education were conducted in Beijing, Tianjin, Zhejiang, Jiangsu, Shanghai, Henan and other areas.
北京、天津、浙江、江苏、上海、河南等地开展了不同形式、探索性的全科医学教育试点工作

1993

GP Branch of China Medical Association was established.
中华医学会全科医学分会成立



History: Beginning stage (1986-1999)

起步阶段



1994

Zhongshan Hospital of Fudan University took the lead in **setting up GP Department in tertiary hospitals**.
复旦大学附属中山医院率先在**三级医院成立全科医学科**

1997

The Decision on Health Reform and Development by Chinese Communist Party and State Council was issued, proposing speeding up the development of General Practice and promoting training of general practitioners.
《中共中央、国务院关于卫生改革与发展的决定》颁布，提出“要加快发展全科医学，大力培养全科医生”

1999

The National Health and Family Planning Commission organized a conference on China's GP education works, **which symbolized the formal start-up of GP education in mainland China**.
原卫生部召开全国全科医学教育工作会议，**标志着中国大陆全科教育工作正式启动**



Development stage (2000-2010)

发展阶段



Former Ministry
of Health
原卫生部
2000

Proposal for Developing General
Practice Education / Training
《关于发展全科医学教育的意见》

General Practitioner Vocational
Training Outline
《全科医师规范化培训大纲》

GP on-the-job Training Outline
《全科医师岗位培训大纲》

- To form GP education / training system in line with China's national characteristics. **It focuses on postgraduate education**
构建适合中国国情的全科医学教育体系，**以毕业后教育为核心**
- General practitioner vocational training is the core of GP education system, **and is the main way to train GPs**
全科医师规范化培训是全科医学教育体系的核心，**是培养全科医师的主要途径**
- General practitioner on-the-job training, which emphasizes on job-transformation training of employed professionals, is urgently needed for carrying out community healthcare service.
以在职人员转型培训为重点的全科医师岗位培训，是开展社区卫生服务的迫切需求



Development stage (2000-2010)

发展阶段



2000

The Ministry of Health established a GP training center in Capital Medical University.

卫生部成立全科医学培训中心—首都医科大学

Zhongshan Hospital of Fudan University took the lead in GP vocational training

复旦大学附属中山医院率先开展全科医生规范化培训

China Medical University set up GP training center and GP Teaching and Research Division.

中国医科大学成立全科医师培训中心和全科医学教研室

2002

Fudan University established the first GP Department affiliated to the Clinical Medical College

复旦大学建立首个隶属于临床医学院的全科医学系



Development stage (2000-2010)

发展阶段



2003

Shanghai Medical College of Fudan University experimented on postgraduate education of General Practice (clinical) for granting a degree

复旦大学医学院探索全科医学（临床）研究生学历学位教育

2004

RunRun Shaw Hospital under Medical College Affiliated to Zhejiang University established a General Practice Department

浙江大学医学院附属邵逸夫医院成立全科医学科

2006

The Shanghai GP Faculty Training Centre was established

上海市全科医师师资培训中心成立



Development stage (2000-2010)

发展阶段



The State Council issued “Guideline for Developing Urban Community Health Services” in 2006

2006年国务院出台《国务院关于发展城市社区卫生服务的指导意见》

In 2006, Ministry of Personnel, Ministry of Health, Ministry of Education, Ministry of Finance, State Administration of Traditional Chinese Medicine jointly issued a “Guideline for Strengthening Development of Urban Community Health Professional Team”

2006年人事部、卫生部、教育部、财政部、国家中医药管理局联合颁发了《关于加强城市社区卫生人才队伍建设的指导意见》

➤ This further pointed out that **General Practice should be the priority discipline** to develop in medical colleges and universities.

进一步明确全科医学应作为高等医学院校重点建设的学科



Development stage (2000-2010) 发展阶段



In 2009, the Communist Party Central Committee and the State Council issued “
A Proposal for Deepening Medical and Health System Reform”.
2009年《中共中央国务院关于深化医药卫生体制改革的意见》

In 2010, six ministries/commissions jointly issued “Notice of Planning for Development of Basic-
Level Medical & Health Professional Team with Focus on General Practitioners”
2010年，六部委联合印发《以全科医生为重点的基层医疗卫生队伍建设规划》的通知



六部门:建设以全科医生为重点的基层医疗卫生队伍

中央政府门户网站 www.gov.cn 2010年04月01日 来源:发展改革委网站

【字体: 大 中 小】【E-mail推荐 发送】 打印本页 关闭窗口

近日,国家发展改革委、卫生部、中央编办、教育部、财政部、人力资源社会保障部联合印发了《以全科医生为重点的基层医疗卫生队伍建设规划》(以下简称《规划》)。这是推进医药卫生体制改革的一项重要举措。



Systems Development Stage (2011 to present)

制度化阶段



中华人民共和国中央人民政府
The Central People's Government of the People's Republic of China
www.GOV.cn

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中央政府门户网站 www.gov.cn 2011年07月07日 来源: 国务院办公厅

【字体: 大 中 小】 打印本页 关闭窗口

国务院关于建立全科医生制度的指导意见

国发〔2011〕23号

各省、自治区、直辖市人民政府, 国务院各部委、各直属机构:

为深入贯彻医药卫生体制改革精神, 现就建立全科医生制度提出以下指导意见:

一、充分认识建立全科医生制度的重要性和必要性

(一) 建立全科医生制度是保障和改善城乡居民健康的迫切需要。我国是一个有13亿多人口的发展中国家, 随着经济发展和人民生活水平的提高, 城乡居民对提高健康水平的要求越来越高; 同时, 工业化、城镇化和生态环境变化带来的影响健康因素越来越

In 2011, the State Council issued "A Guideline for Establishing GP System"



Systems Development Stage (2011 to present)

制度化阶段



2012

National Health and Family Planning Commission issued "Standard for General Practitioner Vocational Training (Trial)", "Implementation Proposal for General Practice Faculty Training (Trial)"
国家卫生计生委《全科医生规范化培养标准(试行)》、《全科医学师资培训实施意见(试行)》

2013

Zhongshan Hospital of Fudan University was recognized as China's first **state-level (regional) GP faculty training demonstration base**.
复旦大学附属中山医院被认定为中国第一个**国家级(区域性)全科医学师资培训示范基地**

2014

National Health and Family Planning Commission issued "Criterion for Recognizing Vocational Resident Training Base (Trial)- Detailed Rules for Recognizing General Practice Base"
国家卫生计生委《住院医师规范化培训基地认定标准(试行)—全科专业基地认定细则》



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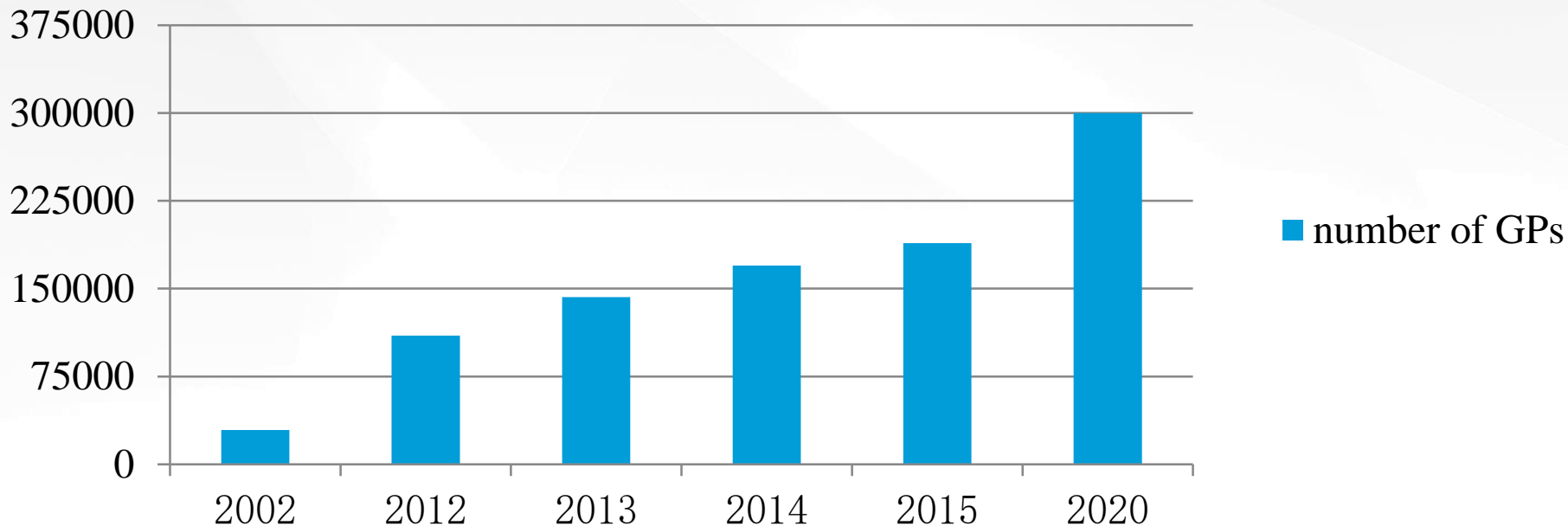
3

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Gradual increase of the number of trained GPs

全科医生数量逐步增长



(目标
Target)



Number of GPs in 2012

2012全科医生的数量



Number of GPs in 2012

		Number of Registered GPs	Number of GPs with GP training qualification certificate
Total	109794	37173	72621
Those Working in hospitals	21074	5817	15257
Those Working in community healthcare	47863	18502	29361
Those Working in health clinics in rural areas	38557	12304	26253

Note: The total number of GPs is the number of registered GP plus the number of GPs (including assistant GPs) with GP training qualification certificate.



Number of practicing doctors (including assistants) and General Practitioners categorized by regions and types, 2012



2-3-5 2012年各地区分类别执业(助理)医师和全科医生数

Total

地区	执业(助理)医师数					全科医生数			每万人口全科医生数
	合计	临床	中医	口腔	公共卫生	合计	注册为全科医学专业的人数	取得全科医生培训合格证书的人数	
总计	2616064	2023435	368264	116225	108140	109794	37173	72621	0.81
东部	1174399	910350	153299	60908	49842	66401	24033	42368	1.19
中部	779643	618552	101821	29431	29839	22192	7544	14648	0.52
西部	662022	494533	113144	25886	28459	21201	5596	15605	0.58
北京	74380	51810	13196	6223	3151	8137	4106	4031	3.93
天津	30690	22747	5345	1553	1045	1095	174	921	0.77
河北	142989	114438	19955	5262	3334	3493	815	2678	0.48
山西	87319	66717	13383	4082	3137	2552	755	1797	0.71
内蒙古	59528	42683	10669	2703	3473	1679	539	1140	0.67
辽宁	100972	78648	11499	6150	4675	3304	1322	1982	0.75
吉林	61400	47026	7893	3850	2631	1231	409	822	0.45
黑龙江	78589	61884	9041	4902	2762	2081	661	1420	0.54
上海	55797	42352	6183	3887	3375	5323	3324	1999	2.24
江苏	157902	125039	17457	7224	8182	15068	5520	9548	1.90
浙江	129973	101142	16696	7354	4781	12251	3828	8423	2.24
安徽	92061	75201	9970	2837	4053	3191	1298	1893	0.53
福建	66740	49324	10710	3643	3063	2594	745	1849	0.69
江西	67077	52388	9353	1831	3505	2081	697	1384	0.46
山东	200465	159484	22980	8418	9583	6775	1242	5533	0.70

Beijing

Eastern provinces

Shanghai

—based on China Health Statistical Yearbook 2013

TCM GPs in Clinical Practice
Dentists
Public Health



How to achieve the goal of training 300 thousand GPs

实现培养30万名全科医生的途径



1. Resident vocational training of GPs
全科住院医师规范化培养

2. Training of assistant GPs
助理全科医生培养

3. Training of GPs in special-post 全科医生特岗项目

4. Job-transformation training of GPs
全科医生转岗培训

5. Free training of medical personnel who will enter into contractual work
订单定向医学生免费培养



(1) Ladder / Step up training of GPs

全科医生的阶梯式培养

GP

continuous
education /

CPD

全科医生继续
教育

- Take periodical examinations by National Health and Family Planning Commission
国家卫生计生委医师定期考核
- Attend national continuous-education program and earn credits required
参加国家继续教育项目，获得规定学分
- Attend national, provincial and city/regional GP faculty training courses
参加国家级、省市级师资培训中心授课

GP vocational
resident
training

全科住院医师规
范化培养

- Theory curriculum
理论课程
- Clinical rotation
临床轮转
- Community practice
社区实践



education for
undergraduates

临床医学本科教
育

- Popularize the learning of the course, Introduction to General Practice
普及《全科医学概论》课程学习
- Enhance GP theory and practice education
加强全科医学理论和实践教学





GP Education in the Undergraduate program of clinical medicine (5 year)

临床医学本科阶段（5年）的全科医学教育



- **Conduct GP basic education in the undergraduate program of clinical medicine
在临床医学本科阶段进行全科医学基础教育**
- **A clinical medicine undergraduate student takes the course of “Introduction to General Practice” in his fourth year. The course has become compulsory for clinical medicine undergraduate students in Medical School of Fudan University.
临床本科四年级学习《全科医学概论》课程；复旦大学医学院临床医学学生的必修课**
- **The textbook for “Introduction to General Practice” has become designated textbook of GP education nationwide for medical undergraduate students.
《全科医学概论》作为全国医学本科生全科教学的指定教材**



GP Education in the Undergraduate program of clinical medicine

临床医学本科阶段的全科医学教育



- Classroom theoretical teaching combined with community practice serves to enable trainees understand GP principle of **care for all people, all families, all the community.**

采用课堂理论教学结合社区实践的方法，让学生到全科医生实际工作的环境中去体悟全科医学“全人、全家、全社区照顾”理念





GP vocational resident training (+3 years) 全科住院医师规范化培养 (+3年)



Enrollment criteria

Those medical school graduates with bachelor's degree or above in medicine (clinical medicine, oral medicine, Chinese traditional medicine and combination of Chinese traditional and western medicine) or those on clinical post, who have obtained doctor's qualification certificate and need training.

招收对象

拟从事临床医疗工作的高等院校医学类专业（指临床医学类、口腔医学类、中医学类和中西医结合类）本科及以上学历毕业生，或已从事临床医疗工作并取得执业医师资格证书，需要接受培训的人员



GP Resident Vocational Training

全科住院医师规范化培养



- Training is offered in government certified GP vocational resident training bases / centres
在国家认定的全科医生规范化培养基地进行
- It is stipulated by the clinical training bases that the duration of rotation in different departments shall not be shorter than 2 years in principle.
临床培养基地规定的科室轮转培训时间原则上不少于2年
- A duration of time is arranged for rotation in basic-level training bases and public health institutions.
并安排一定时间在基层实践基地和专业公共卫生机构进行服务锻炼

In accordance with — the State Council's Guideline for establishing General Practice System in 2011
— 2011年《国务院关于建立全科医生制度的指导意见》



Course arrangement— Study of theory

课程安排—理论学习



- Study of theory is focused on clinical needs, which covers mainly:
理论培训内容以临床实际需要为重点，主要包括：
 1. medical ethics, doctor-patient communication 医学伦理与医患沟通
 2. related laws and statutes 有关法律、法规
 3. design and methods of clinical scientific research 临床科研设计与方法
 4. related theory of clinical medicine 临床专业相关理论
 5. General Practice, community healthcare, public health 全科医学、社区卫生服务和公共卫生
- Courses on theory can be fixed in a certain fixed time period or spread over 3 years of training.
时间安排可集中或分散在3年培训过程中完成
- The courses can take the form of face-to-face teaching, distance learning, clinical lectures, special lectures, case discussion, journal report meeting, etc.
采用集中面授、远程教学、临床医学系列讲座、专题讲座、临床案例讨论、读书报告会等多种形式进行



Curriculum -arrangement of rotations

课程安排—轮转安排



Department of rotation	Period (months)	
clinical departments(27 months)	Internal Medicine	12
	Neurology	2
	Pediatrics	2
	Surgical Department	2
	Gynecology and Obstetrics	1
	Emergency Department	3.5
	Dermatological Department	0.5
	Ophthalmology	0.5
	Otolaryngological Department	0.5
	Infectious Disease Department	0.5
	Psychiatry	1
	Rehabilitation Department	0.5
	Traditional Chinese Medicine Department	0.5
	Elective Department	0.5
Basic-level practice(6 month)	Basic-level practice base	
Total		33



Assessmewnt Methods 考核方式



The qualification
“Certificate of GP
vocational
training“ is issued
by the health
authority

Upon passing of
examination
考核合格，获卫计委
颁发的全科医生规范
化培训合格证书

MCQ exam、OSCE
Graduation thesis
毕业论文

Bedside assessment 家床考核
Assessment on outpatient consultation
门诊病人接诊考核

Examination during rotation
轮转考核
Test on completion of work in a
department 出科考

Written examination 笔试
test of clinical skills
临床技能操作考试





GP Resident Vocational training certification

全科住院医师规范化培养



- Those who attend examination set by the training base according to national standards, and demonstrates the ability to manage the required types of diseases, number of medical cases with basic clinical skill, basic public health knowledge and fulfill the required credits is entitled to be granted the **“Qualification certificate of GP vocational training”**.

经培养基地按照国家标准组织考核，达到病种、病例数和临床基本能力、基本公共卫生实践能力及职业素质要求并取得规定学分者，可取得全科医生规范化培养合格证书





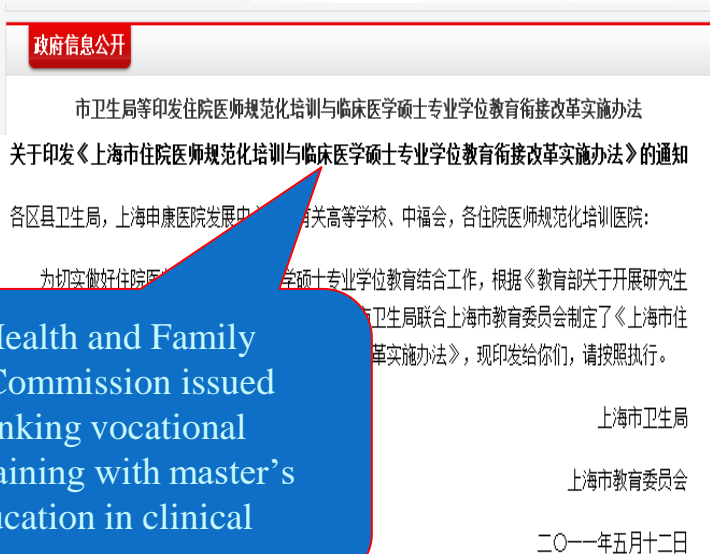
Criterion for awarding a Master's degree in GP

全科医学专业学位授予标准



Students with bachelor's degree in clinical medicine (completing 5 year program) or above, who take GP vocational training and qualify, match the requirement for degree awarding will be **Awarded a Master's degree** by the government.

具有5年制临床医学本科及以上学历者参加全科医生规范化培养合格后，符合国家学位要求的授予全科医学领域硕士学位



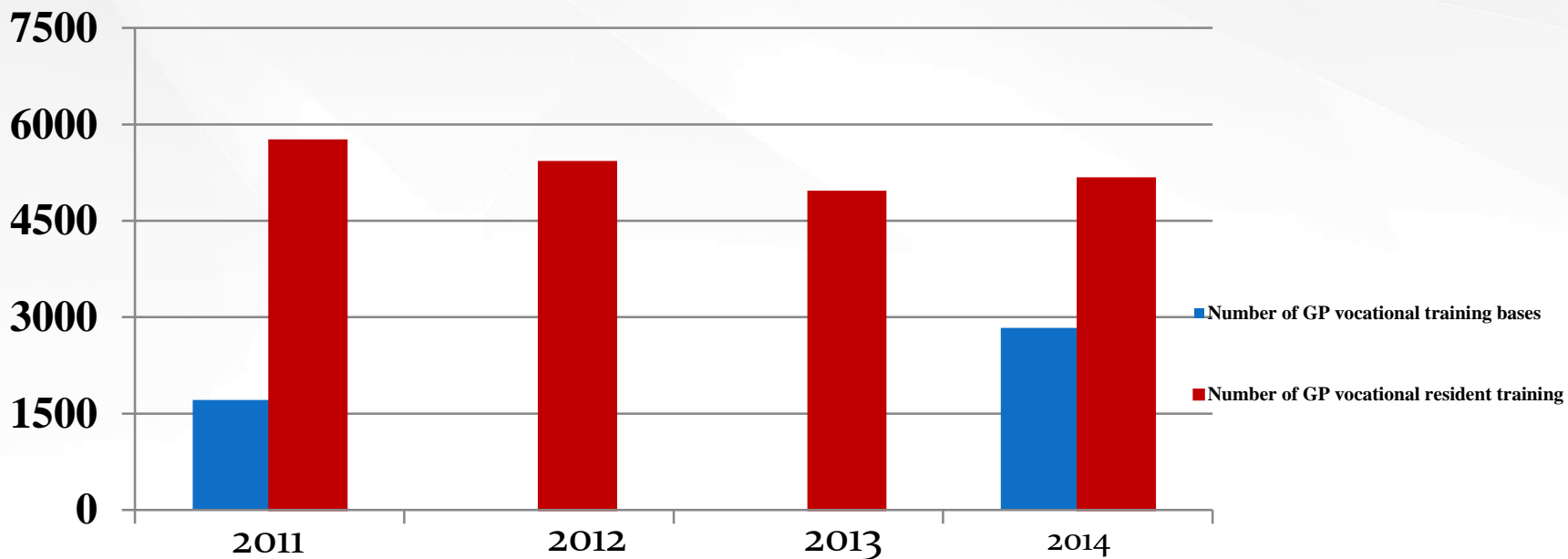
Ministry of Education, State Commission of Health and Family Planning and other government department, issued the Proposal for Deepening Reform of Clinical Medicine Talents Training.

National Health and Family Planning Commission issued rules for linking vocational resident training with master's degree education in clinical medicine



Achievements in GP Resident Vocational Training

全科住院医师规范化培养成果



21,272 doctors attended GP vocational resident training in 4 years.

4 年间，全国共有21,272名医生参加了全科住院医师规范化培训



Achieving International standards



热烈欢迎各位领导莅临指导



In 2014, the GP Vocational Resident Training Program of the Department of General Practice by Shanghai Medical College of Fudan University was accredited by WONCA. And the college became the first training organization accredited as per WONCA standard in the world.

2014年复旦大学上海医学院全科医学系开展的全科住院医师规范化培训项目通过WONCA认证，并由此成为国际上第一个通过WONCA标准认证的培训机构



This certificate confirms that the family medicine training program of
Department of General Practice, Shanghai
Medical College, Fudan University
has been accredited by World Organization of Family Doctors (WONCA)
as meeting the WONCA Standards
for Postgraduate Family Medicine Education
for a period of five (5) years from the date below



Qualifications to practice as a General Practitioner

全科医生执业准入条件



During training, trainees may make medical diagnosis and provide treatment, carry out disease survey, and other clinical works, and go on duty in hospital.

在培养阶段，参加培养人员在导师指导下可从事医学诊治、疾病调查、医学处置等临床工作和参加医院值班

By regulation, Must attend the national qualification examination
按规定参加国家医师资格考试

To register as a GP, one needs to take 3-year GP vocational training to obtain the "certificate of qualification", and pass the “ national GP attending physician’s qualification examination”.
注册全科医师必须经过3年全科医生规范化培养取得合格证书，并通过国家全科主治医生考试



GP Continuous medical education CME



全科医学继续教育

Object: Those who have obtained GP qualification certificates. The national regulations require that each one should have 25 credits of CME each year in total, irrespective of subjects. **对象：**已经取得全科医师资格证书者，全国的标准是每年完成25学分，但是不分科





GP CME in various forms

形式多样的全科医学继续教育





Broadening our views and participating in international exchange

放眼世界，参与国际交流





Periodic examination on doctors - Revalidation

医师定期考核



中央政府门户网站 www.gov.cn 2007年03月13日 来源: 卫生部网站

【字体: 大 中 小】

卫生部关于印发《医师定期考核管理办法》的通知

卫医发〔2007〕66号

各省、自治区、直辖市卫生厅局，新疆生产建设兵团卫生局，卫生部直属有关单位，卫生部部属、部管医院：

为了加强对医师执业的管理，规范医师的执业行为，提高医师素质，保证医疗质量和医疗安全，根据《中华人民共和国执业医师法》和相关规定，我部组织制定了《医师定期考核管理办法》。现印发给你们，请遵照执行。

- **Doctor's periodic examination shall be given once every 2 years**
医师定期考核每两年为一个周期
- **Periodic examination shall cover professional skill, job performance and rating of professional ethics**
内容包括业务水平测评、工作成绩和职业道德评定



Training of assistant GP– Shanghai

助理全科医师培养-上海



- In 2012, Jiading District of Shanghai started pilot study of the clinical training mode reform of rural doctors in the (3+2) mode (3 years of clinical-medicine major education +2 years of off-the-job training). In the same year, Jiading took the lead in launching assistant GP vocational training on trial basis.

2012年，上海嘉定进行了乡村医生培养的“3+2”（3年专科学习+2年职后脱产培训）临床医学培养模式改革试点项目的探索。同年，上海市助理全科医生规范化培训在嘉定试点开展

- Up to April, 2016, a total of 160 students had attended training of assistant GPs in 4 batches. 89 of them have graduated and have been awarded state qualification certificate for assistant GP.

截止2016年4月，已有4批160名学员参加培训，其中89人顺利结业，且均获得国家执业助理医师证书



Training of assistant GP– Beijing

助理全科医师培养-北京



- **In Feb, 2013, Beijing started training of assistant GPs, undertaken by Capital Medical University. The first group of 122 medical students from 7 suburban districts/counties received 2-year vocational training.**

2013年2月，北京市助理全科医师规范化培训试点工作启动，由首都医科大学承办。首批来自七个郊区、县的122名医学专科毕业生接受了为期两年的规范化培训

- **In 2015, 97 people completed 2-year assistant GP vocational training and successfully passed national examination to acquire the qualification of licensed GP assistant.**

2015年，97人顺利完成了2年的助理全科医师规范化培训的全部内容并通过了国家助理执业医师资格考试



Training of assistant GP–Zhejiang

助理全科医师培养-浙江



- In 2011, Zhejiang Province issued “Program for Vocational Training of Assistant General Practitioners in Zhejiang (draft)”, “Criteria for Vocational Training of Assistant General Practitioners in Zhejiang (draft)”

2011年，浙江省出台《浙江省助理全科医师规范化培训方案(试行)》及《浙江省助理全科医师规范化培训标准(试行)》

- In November, 2015, a total of 3132 people from 11 districts and cities attended vocational training for assistant GP. 870 of them have completed the training and started to work in primary care. They have enriched the resource of GPs.

截止2015年11月，全省参培人数达3132人，涉及11个地市；有870人完成培训，至省内基层卫生医疗单位工作，有效弥补了全科医师的人力不足



(3) Training GPs through multiple ways— special-post project 多渠道培养全科医生—特岗项目

Notice of Issuing Provisional Rule for Carrying out Pilot Work of General Practitioner Special Post Project, issued by Personnel Div., National Health and Family Planning Commission



Encourage excellent medical talents to engage in GP work at basic-level medical and health institutions
引导和鼓励优秀医疗卫生人才到基层医疗卫生机构从事全科医疗工作

GP trainees are managed by the county, work for township “县管乡用” 模式

Good payment, professional training
待遇从优、职业培训

4-year contract for GP under the special-post project
特岗全科医生聘期为4年

After the term expires, priority is given to employment or promotion to higher posts, or leadership position
聘期满后，优先聘用/领导岗位

Training trial was conducted in Anhui, Hunan, Sichuan and Yunnan Province, covering 1080 trainees, working for 828 health clinics in towns and townships.

2013年首先在安徽、湖南、四川、云南试点，共招聘1080人，涵盖828个乡镇卫生院



GP Special-Post Talent Program to fulfill needs



In 2015, the Central Committee of Chinese Peasants and Workers Democratic Party, GP Branch of China Medical Association jointly launched demonstration project of Tongxin GP Special-Post Talent Program. It aimed at providing each special-post general practitioner with a tutor.
2015年，农工党中央、中华医学会全科医学分会启动“同心全科医生特岗人才计划”示范项目，为特岗医生配备一对一导师





(4) Training GPs through multiple ways – Transformation training

多渠道培养全科医生—转岗培训



Provide 1-2 year job-transfer training on demand to basic-level practicing doctors who match Conditions
对符合条件的基层在岗执业医师或执业助理医师，按需进行1~2年的转岗培训

To enhance the ability of primary care and public health service
以提升基本医疗和公共卫生服务能力为主

Training is offered in state-authorized GP vocational training bases
在国家认定的全科医生规范化培养基地进行

The trainees, after completing the training, shall attend examination organized by provincial-level health authorities.
培训结束参加省级卫生行政部门组织的统一考试

obtain qualification certificate for GP job-transformation training.

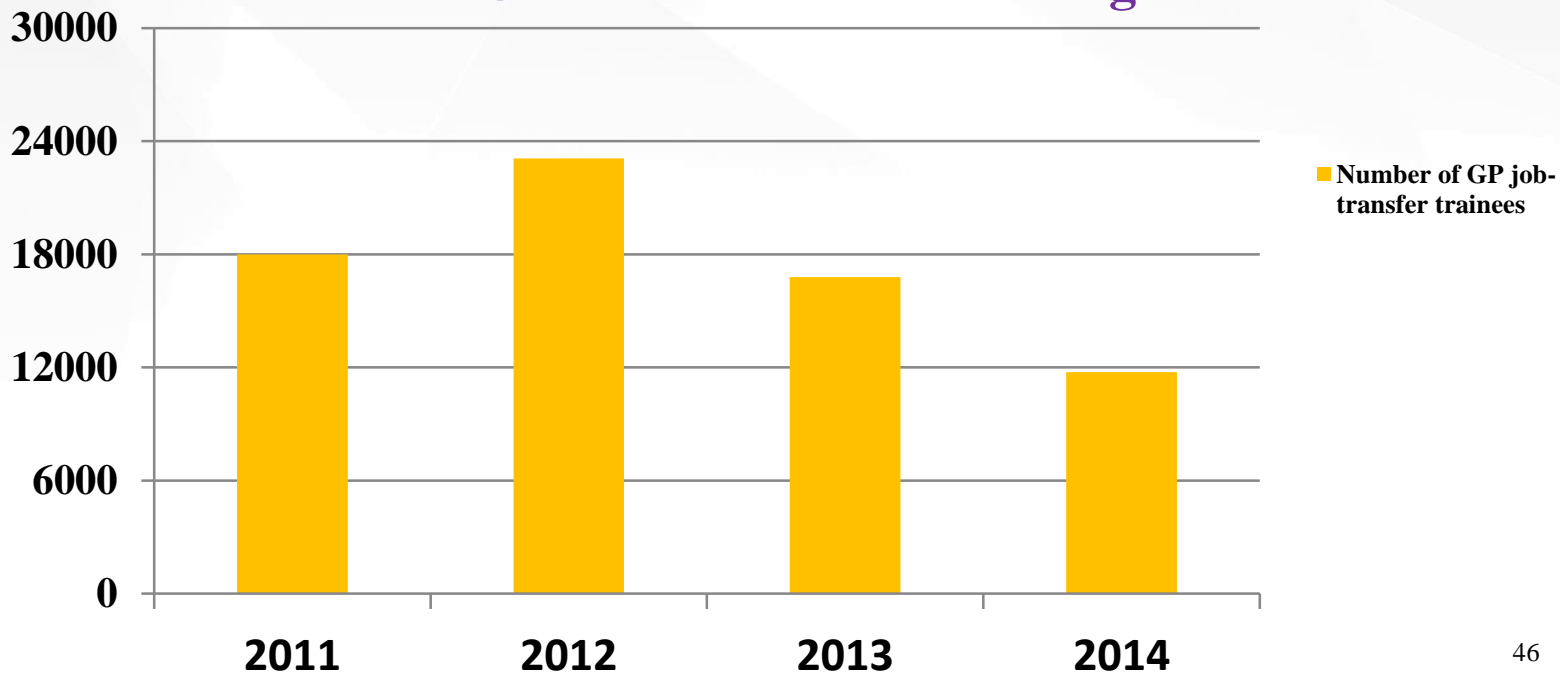
获得全科医生转岗培训合格证书

licensed as GP or GP assistant

注册为全科医师或助理全科医师



From 2011 to 2014, a total of 69620 people attended GP transformation training





Tuition waived for training of GPs who will be contracted for service in rural areas



国家卫生计生委科技教育司

“Proposal for Improving Free Training of Rural Contract-directed Medical Students” jointly issued by Ministry of Education and other government departments

教高〔2015〕6号

各省、自治区、直辖市教育厅（教委）、发展改革委、卫生计生委、财政厅（局）、人力资源社会保障厅（局）、中医药管理局，新疆生产建设兵团教育局、发展改革委、卫生局、财务局、人力资源社会保障局，兰州大学：

2010年，国家发展改革委等部门启动实施了农村订单定向医学生免费培养工作。为贯彻落实《国

- From 2010 to 2014, a total of 32519 medical students from 22 provinces were enrolled as “contract-directed tuition-waived”

2010-2014年累计为22个省定向招收32519名免费医学生



Support Talent Development in General Practice



中共中央印发《关于深化人才发展体制机制改革的意见》

Based on the “Proposal for Deepening Reform of Talent Development System” issued by the CPC Central Committee

publication of thesis, etc. shall not be deemed as the prerequisite for if judging applied talent. Talent assessment mechanism that matches middle and primary school teachers, GP, etc. shall be established.

应用型人才的限制性条件，符合中小学教师、全科医生等岗位特点的人才评价机制。

(十六) 改革职称制度和职业资格制度。深化职称制度改革，提高评审科学化水平。研究制定深化职称制度改革的意见。突出用人单位在职称评审中的主导作用，合理界定和下放职称评审权限，推动高校、科研院所和国有企业自主评审。对职称外语和计算机应用能力考试不作统一要求。探索高层次人才、急需紧缺人才职称直聘办法。畅通非公有制经济组织和基层一线人才申报参加职称评审渠道。清

For innovative talents, foreign language competence and computer application skill examination shall not be used as the prerequisite for judgment.

增加基层医疗卫生机构高级职称比例



Content

概要



1

The history of GP education in China
中国全科医学教育发展历程

2

Training of GPs in China
中国全科医生培养

3

Opportunities and challenges of GP education in China
中国全科医学教育的机遇与挑战



Tiered diagnosis and treatment - triage

分级诊疗



到2020年，分级诊疗服务能力全面提升，保障机制逐步健全，**基层首诊、双向转诊、急慢分治、上下联动**的分级诊疗模式逐步形成。

By 2020, the capacity of tiered diagnosis and treatment will be greatly enhanced, the process gradually strengthened and tiered diagnosis and treatment covering first consultation at primary care level, dual-referral, division of treatment of acute and chronic diseases, linkage between top and bottom will be built step by step.

到2017年，分级诊疗政策体系逐步完善，优质医疗资源有序有效下沉，就医秩序更加合理规范。

By 2017, the policy mechanism for tiered diagnosis and treatment will be gradually allocate high-quality medical resources effectively downward to the primary care level, hence creating more effective medical treatment priorities.

- 2015年，所有公立医院改革试点城市和综合医改试点省份都要开展分级诊疗试点
- 以高血压、糖尿病、肿瘤、心脑血管疾病等慢性病为突破口，开展分级诊疗试点工作，重点做好高血压、糖尿病分级诊疗试点工作
- 探索结核病等慢性传染病分级诊疗和患者综合管理服务模式

In 2015, all cities that carry out state-run hospital reform and all provinces trying out comprehensive medical reform carried out pilot practice of tiered diagnosis and treatment.

Using diseases like hypertension, diabetes, cancer, cardiovascular diseases etc. as a breakthrough, they carried out pilot runs of tiered diagnosis and treatment focusing on hypertension and diabetes management.

There were further exploration of tiered diagnosis and treatment of chronic diseases such as tuberculosis and modes of comprehensive management and service of patients.



Tiered diagnosis and treatment 分级诊疗



以强基层为重点完善分级诊疗服务体系



升级各类医疗机构
功能定位。

focus on strengthening
primary care



加强基层医疗卫生人才
队伍建设。

Strengthen the
construction of a
primary care medical
and health team



大力提高基层医疗卫生
服务能力。

Greatly enhance primary
care medical and health
service capability



全面提升县级公立医院
综合能力。

整合推进区域医疗资源
共享。

加快推
化建设。



GP contractual service 家庭医生签约服务



家庭医生签约服务



推进家庭医生签约服务，对促进医疗卫生工作重心下移、资源下沉，实现人人享有基本医疗卫生服务的目标具有积极意义。

Promoting continuity

要重点在签约服务方式、内容、收付费、考核、激励机制、技术支持等方面实现突破。



【优先覆盖重点人群】



老年人 Elderly

Pregnancy 孕产妇

慢性病患者

Chronic illness

结核病等慢性传染病患者

儿童



Chronic infectious diseases

Children

残疾人



Disabled

严重精神障碍患者

Serious mental illness



Seizing the opportunity—Beijing

抓住机遇—北京



- Since 2012, Beijing has explored the mode of tiered diagnosis and treatment. Using Chaoyang Hospital as the first experimental unit, Beijing took the lead in setting up medical complex unit, namely Beijing Chaoyang Hospital Medical Complex, to provide tiered service.

2012年起,北京开始探索分级诊疗模式,朝阳医院作为首个试点,率先成立医联体—“北京朝阳医院医疗联盟”,推出分级诊疗服务

- Up to Nov. 2015, Beijing has set up **38 regional medical complex units, covering 38 core hospitals, 382 cooperative medical institutions**. The construction of medical complex units has improved **dual referral “green channel”**.

截至2015年11月,北京已成立了包括38家核心医院、382家合作医疗机构的38个区域医联体,通过医联体的建设完善双向转诊绿色通道

- Up to the end of 2014, all community healthcare service center in Beijing had conducted **GP contractual service** covering 4330 thousand households or 9.39 million people

截至2014年底,北京市所有社区卫生服务机构均已开展家庭医生式服务,累计签约433万户、939万人



Seizing the opportunity—Shanghai

抓住机遇—上海



- In 2015, Shanghai experimented in **contractual medical service** Called “1+1+1” in 65 community healthcare Centers of 16 districts/counties all over Shanghai. Resident chooses to sign a service contract with a GP from community healthcare center on a volunteer basis and then chooses a district-level medical institution and a municipal/provincial-level (Class III) medical institution as contractual service provider.

2015年，上海在16个区县、65家社区卫生中心试点推行“1+1+1”签约服务带动分级诊疗，即居民在自愿选择社区卫生中心家庭医生签约的基础上，再选择一家区级医疗机构、一家市级医疗机构签约

- By June, 2016, the first batch of 65 community health centers have arranged contractual service (1+1+1 mode) with 230.9 thousand residents, including 197.9 thousand senior citizens over 60(accounting for 12.83% of elderly people served by the community healthcare centers.**78.55% of residents with service contracts go to the hospitals within the regional medical complex unit.60.8% of them go to community healthcare centers contracted.**

截至2016年6月25日，首批65家试点社区已签约“1+1+1”居民23.09万人，其中60岁以上老人19.79万人，占上述社区卫生服务中心60岁以上老人的12.83%。签约居民在医疗机构组合内就诊的占78.55%，在签约社区卫生服务中心就诊占60.8%



Seizing the opportunity—Zhejiang

抓住机遇—浙江

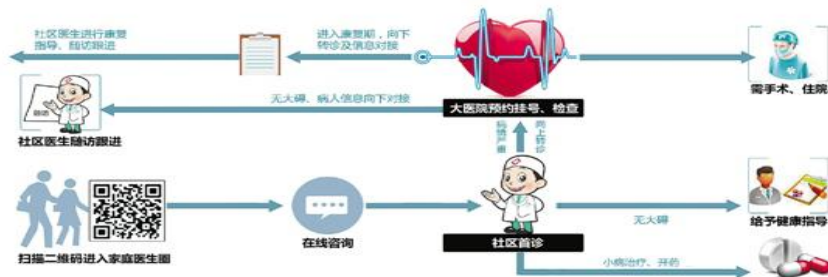


- For **tiered diagnosis and treatment**, dual referral , Zhejiang integrated three approaches, i.e. tiered diagnosis and treatment, allocation of medical professional and urban hospital resources to basic-level, raising county-level medical and healthcare service capability and public satisfaction, having responsible doctors to offer contractual service.

浙江省的分级诊疗、双向转诊体系采取的是分级诊疗、双下沉两提升、责任医生签约服务三位一体的设计

- By the end of 2014, 91% of basic-level medical institutions carried out **contractual GP service** and 6550 thousand people signed contract.

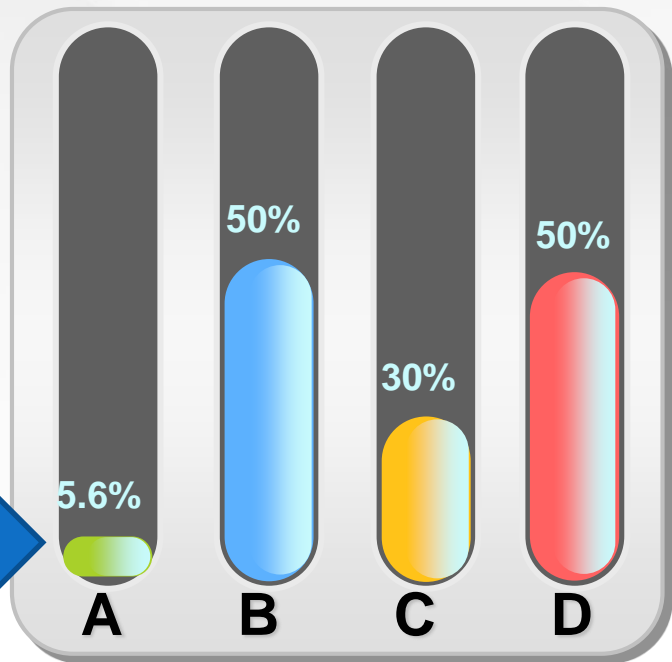
截至2014年年底，全省开展全科医生签约服务的基层医疗卫生机构达91%，规范签约人数达到655万人



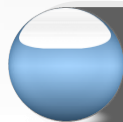


Challenges

挑战



A. 中国China



B. 英国UK



C. 美国USA



D. 加拿大Canada

Number of GPs vs. total number of doctors
全科医生占医生总数比例



Challenges

挑战



➤ **Slow increase in the number of GPs**

全科医生数量增长缓慢

➤ **From 2010 to 2014, the average annual increase of primary care health staff is 1.9%, which is lower than that of national annual average (5.7%) of healthcare workers**

2010-2014年，基层卫生人数年均增长率为1.9%，低于全国卫生人员的年均增长水平（5.7%）

➤ **Difficulty in Enrolling GP trainees**

全科培训招收难

➤ **In 2014, the national GP vocational resident training program planned to enroll 10 thousand trainees, but they enrolled only about 5000. Most provinces did not achieve the enrollment target.**

2014年，全国全科专业住院医师规范化培训共计划招收1万人，实际只招收到5000名左右，绝大多数省份未完成招收任务



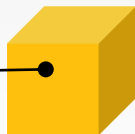
Challenges – problems in attracting trainees

挑战



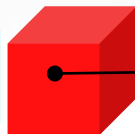
- **Low income**

收入待遇低



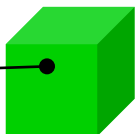
- **Difficult to get promotion**

职称晋升难



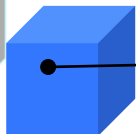
- **Unclear career development prospect**

职业发展路径不清晰



- **Lack of supporting measures**

相关配套政策欠完善



the post has low attraction

岗位吸引力弱





Challenges

挑战



- **Strength of the GP faculty team is still weak**
全科师资队伍力量尚薄弱
- **Fewer than 10 out of 166 medical colleges and universities have established GP departments (school)**
166所高等医学院校中建立全科医学系（院）的不足10所
- **Most comprehensive teaching hospitals have no independent GP department, GP clinical teaching bases are only affiliated to the geriatric department or emergency department.**
大多数综合性教学医院未设立全科医学科，全科临床教学基地多数挂靠于综合性教学医院的老年科或急诊科
- **Lack of trainers / faculty and teaching capacity in the clinical and community bases.**
临床及社区基地师资数量少，带教能力弱



Prospect 展望



- **China's GP system has only just begun, and at an early development stage, compared with overseas with established general practice**

与国外几十年经验与成熟做法相比，中国全科医生制度才刚刚起步

- **Nonetheless, the Chinese government and GP educators have made significant effort in exploring how to improve GP talent training system**

中国政府和全科医学教育者在完善全科医学人才培养体系方面已经做出了有益的探索

- **Government is determined, and a new round of health reform will give strong impetus to GP education development in China.**

新一轮医疗卫生改革为全科医学教育带来强劲发展推动力



Prospect – People-Centered Integrated Care 展望



FIGURE 3.1.1 What's been linked before care?



BOX 2.1 Defining People-Centered Integrated Care

People-centered care is “an approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways.”

Integrated care consist of “health services that are managed and delivered in a way that ensures people

involve a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs throughout their life course.”

WHO, 2015a; pgs. 10-11.



Prospect – GP is the backbone of People Centered Integrated Care

展望



188

INTEGRATED HEALTH SYSTEM IN CHINA

ANNEX 1 Issues and Recommendations

Issue	Key Action Item
Shaping Planned Health Care Delivery Options to Support the People-Centered Care Model Enable delivery of care in the home	1. Primary health care should be predominantly delivered in the home 2. Develop and test home care services 3. Expand range of home care services to include hospital inpatient services 4. Increase long-term care services 5. Develop a continuum of care services including hospital, ambulatory care, primary care and home care that will be patient- and disease-oriented and holistic 6. Increase use of telehealth
Improving Quality of Care to Support All People-Centered Care Model	1. Promote an integrated approach that integrates patient and professional perspectives in development of strategies to improve care quality 2. Regularly measure clinical quality of care and work conditions for continuously improvement
Empowering Clinicians to Support the People-Centered Care Model	1. Redesign management policies to improve quality of care in home settings 2. Develop incentives
Enhancing Public Health and Promoting Basic Healthcare	1. Develop and implement policies to help patients manage their conditions 2. Develop and implement patient education 3. Develop and implement patient education
Enhancing Public Health and Promoting Basic Healthcare	1. Develop and implement policies to improve public health and primary care 2. Increase capacity of primary care services 3. Increase public awareness and participation in community public health and primary care services 4. Apply financial incentives, objectives and accountability 5. Strengthen and formalize public health and primary care
Developing Incentives, Funding and Flexible Payment	1. Study the impact of incentives and accountability of public health and primary care services and other related services 2. Develop policies to ensure public health and primary care services are financially sustainable in the long term 3. Create a package of policies to ensure the financial sustainability of public health and primary care services 4. Calculate and demonstrate impact of financial incentives to make them more effective and sustainable
Strengthening the Workforce for PCC	1. Develop a strategy to address the need for development of public health and primary care workforce to support the PCC model 2. Address the competition for health professionals in the public health and primary care workforce 3. Address the professional status of public health and primary care workforce 4. Address the professional status of public health and primary care workforce
Strengthening Primary Care Engagement and Delivery of Health Services	1. Develop a strategy to address the need for development of public health and primary care workforce to support the PCC model 2. Address the competition for health professionals in the public health and primary care workforce 3. Address the professional status of public health and primary care workforce 4. Address the professional status of public health and primary care workforce



BOX 2.2 Impacts of PCC-like models

The lessons learned in Annex 1 above

- Lower hospitalization and emergency care rates**
 Reviews of a wide variety of PCC approaches, including FICE and the VA's PACT, highlight reductions in ED visits, unscheduled visits, hospital days, admission rates for Ambulatory Care Sensitive Conditions, and inpatient costs.
- Improved process of clinical care**
 Improvements in patient safety and treatment, adequacy of medication therapy, adherence to prescriptions, use of care plans, and patient education. For example, of the 44 items of process studied in the VA's PACT, 41 improved.
- Improved outcomes and patient satisfaction**
 PCC interventions decrease pain, and improve quality of life and depression severity. Benefits include greater cost and lipid profiles, and improvements in physical function, functional status, and physical balance. Where assessed, patient satisfaction about disease increases.
- Mixed impacts on costs**
 While reviews do find cost savings in the US and Europe, which generally involve the use of primary care providers or paraprofessionals, and a handful of case studies in the UK, many studies reported that their impact on costs.



WHO DG Margaret Chan on GP in China

My Chinese Dream

My Chinese Dream is that when I retire from my current job and return to live in China, I want to have a well-trained, respected and properly paid GP to take care of my health needs. And only if it is needed, I want my GP to help me navigate further specialist assistance in a tertiary hospital, and then see me again when I am better."

Yes is the vision WHO Director-General, Dr Margaret Chan, shared with President Xi when she visited Beijing 1 July of this year. As Director-General of WHO, Dr Chan knows that health systems in which GPs and primary health care services are at the centre, playing a leading ("primary") role in providing health services to their local communities, are the most effective and efficient health systems for providing quality health care to their populations.



As well as being more effective and efficient, health systems in which everyone has access to a high quality GP or primary health care service close to where they live are better for people. This is what Dr Chan was talking about when she explained her Chinese Dream: by going to see a GP as her first port-of-call in the health system, she can develop a bond with her health care provider, who looks out for all of her healthcare needs on an ongoing basis. Her GP will also help her manage any existing conditions or risk factors, to prevent her from getting sick in the first place. Then, if she needs a more specialised service, her GP can help her to navigate the hospital system.

We talked to one GP in Beijing about her work, and this is how she described the important relationship she has with her patients: "During the treatment process, I establish a tight personal connection with my patients. I understand their feelings and it is true the other way around."

China's health care system faces many important challenges for the future – including the ageing population and a rapidly escalating burden of chronic, noncommunicable diseases such as cancer, cardiovascular disease and diabetes (many of which are the result of lifestyle factors like smoking, unhealthy diet, and not enough exercise). No health system in the world can cope with the tsunami of chronic disease that is heading towards us, unless we get much better at managing chronic, long-term health conditions, as well as keeping people healthy before they get sick. GPs and primary health care services can play a leading role in addressing these challenges.



WHO DG Margaret Chan on GP in China



Why are GPs important for China's health care system? China is facing both an ageing population, and a rapidly escalating burden of chronic diseases such as cancer, cardiovascular disease and diabetes. No health system in the world can cope with these challenges without a properly functioning tiered health care system: as the population ages, and more and more people are living longer but with chronic, long-term health conditions, hospitals will be overwhelmed if they remain the main providers of health care. But more than this, hospitals are designed to provide specialised, acute care when people are really sick – they are not best placed to manage chronic, long-term health conditions. But GPs are! That's why GPs have a key role to play.



WHO DG Margaret Chan on GP in China



So why would patients choose to visit their GP rather than a specialist in a tertiary hospital? For many people, going to see a GP allows them to have a more thorough and personalised health check up by someone who knows your medical history. GPs are also trained to work with patients to focus on prevention of ill health, rather than just treating the symptoms of diseases when they occur.



This is how one patient in Beijing describes the experience of seeking medical advice from her GP at her local Community Health Centre:

"Here at the community health centre, I can see the doctor, get a diagnosis, and get my medicine. It's a one stop shop." This is in contrast to the experience of going to the hospital: "The departments in tertiary hospitals are so specialized, that the many people do not have enough time or capacity to figure out which department to go to."

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World Health Organization

in collaboration with US Department of Health and Human Services

A WORLD HEALTH ORGANIZATION HEALTH DIALOGUE

BUILDING HIGH QUALITY PRIMARY HEALTH CARE THAT THE POPULATION USES AND TRUSTS

Challenges and Lessons from China and the United States



Presiders:

Ms. Kay Hokenfeldt, U.S. Acting Deputy Secretary of Health and Human Services

Dr. Donald Li, President of the Hong Kong Academy of Medicine

Dr. ZENG Yixi, Director of General Practitioner Education and Training Registration Committee, Chinese Medical Board Association

Dr. WAN Hongsheng, Director of Beijing Baisheng Community Health Center

The event will be conducted in English and Chinese with simultaneous translation. A reception will follow the event.

Time: 19th October (Wed), 10:00 – 11:30
Venue: WHO China Country Office – 401, Hongwan International Office Building, 24, Dongzhimenwai Dajie, Chaoyang District, Beijing.



WHO Dialogue on Quality Primary Care in China



- GPs are key to providing people-centred health care, but they also need a system and infrastructure that supports them to do this – the right training, financing and resource allocation between the different tiers of healthcare.
- GPs are best placed to deal with mental health issues – and by dealing with them at the community level they care help reduce stigma.
- More can be done to raise the profile of GPs in the eyes of the public. TV series about the role of doctors in the US and Hong Kong have played a key role in building knowledge and understanding on the value they can add.

A sailboat with a large blue sail is sailing on the ocean. The sun is setting in the background, creating a warm glow. The boat is white and has several people on deck. The water is dark blue with white waves.

机遇与挑战并存

Opportunities and challenges coexist.
Prospect of GP development in China
is bright

谢谢!

Thank you for your attention