



China's General Practice Conference highlights review

Editorial

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China's General Practice Conference 2015 & The 13th Academic Annual Meeting of the General Practice Branch of the Chinese Medical Association were jointly held in September 2015 in Beijing, China. As part of our China Focus it was decided to publish some key commentaries delivered at the event. This year, 2015, is a crucial period for China's health care reform; although radical change is already underway, work is also starting for the next "Five-Year Plan" in relation to health care. The major objective this year is to put a hierarchical treatment classification system into practice, which will have a functioning Primary Health Care (PHC) system at its core. The problems associated with the development of a Primary Health Care system in China have been well documented. In our last issue Drs. Xu and Wang [1] explained how an incorrect translation of the concept in China contributed to many negative consequences for PHC in China. They listed a number of the problems such as:

- Minimal or zero health insurance coverage for primary care
- Serious investment shortages in the PHC delivery system because it was seen as an inferior low cost system not worthy of further investment
- Lack of highly trained Primary Care Practitioners with many health workers in the sector not even having degree level health qualifications but many still using the title of doctor thus devaluing the title.
- Low income, low social status and prestige associated with working in PHC thus difficult to recruit top experts and candidates, with students more interested in studying specialisms as opposed to choosing General Practice GP as a career
- Lack of trust amongst the general public in PHC doctors driving them to seek out specialist care
- Predominance of advanced and hospital specialty care driving up costs relative to health outcomes
- Geographical concentration of health care funding, medical facilities, and medical-school – trained physicians in large cities and in tertiary hospitals that should be focused on specialty care but are often engaged in primary care issues driven by commercial reasons
- Resistance from medical schools and tertiary hospitals to set up a GP/family medicine (FM) department to train general practitioners (GPs)/family physicians (FPs)
- Resources of tertiary hospitals stretched because of demand while community health centers and township hospitals are often empty
- Lack of standardized GP Training Curriculum, and lack of primary care research and funding for same



The commentaries published in this issue point to the awareness of the challenges faced by China and how different stake holders are attempting to address them. The contribution by Dr. Margaret Chan [2], Director-General of the World Health Organization gives an international view of the challenges and progress being made in China in the area. Dr. Chen Zhu [3], Vice Chairman of the National People's Congress discusses the level of political engagement with the issues. Finally, the piece by Dr. Wang Zhengguo et al. [4] and 12 other leading academics at top institutions in China points to increased buy in from the specialist care centers and tertiary hospitals. These articles are good examples of the importance of focusing health professional's attention in China Health Care Reform towards continuing efforts in finding ways of improving China's health care service across countryside as well as urban locations. These articles are good examples of how Chinese health care professionals' attention during the process

of Health Care Reform is increasingly focused on improving health care delivery in rural as well as urban areas.

References

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