Quantity or quality? Implications for postgraduate medical training system in China

Postgraduate medical training is an important part of the doctor training process. It is an essential requirement to ensure doctors are competent for their profession.\(^1\) In most developed countries, postgraduate medical training is a well-established system, such as the Residency and Board examination in the USA and the Foundation and College examination in the UK. In addition, those training programmes are often very well regulated to reflect the knowledge for different specialties by their professional bodies.

In contrast, such a system in China is not established, and the academic training system is used in lieu. A research degree such as master’s or doctoral is considered as a formal professional training due to many historical reasons.\(^2\) Traditionally, the training obtained after doctors have graduated is totally dependent on where they are working, and whom their supervising doctor is. Despite the reformation

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**Figure 1.** Number of licensing physician, publication, RSR and DAR in China (2002–11). Number of licensing physician, RSR and DAR (pathological to clinical) were retrieved using the Chinese Annals of Health Statistics (in Chinese) 2003–12, DAR available from 2007 onwards. Number of publication was retrieved using PubMed giving the search criteria of ‘author affiliation’ contains ‘China’ in a particular year. Compound annual growth rates (CAGR) for each category were calculated using the formula:

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\text{CAGR} = \left( \frac{\text{Ending Value}}{\text{Beginning Value}} \right)^{\frac{1}{\text{# of years}}} - 1.
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being made, there are still challenges.²,³ And publication of research paper remains a high priority for doctors.⁴

Although the Ministry of Health of China has launched a regulation for the Standardized Residency Training programme in the late 20th century, there is no training available prior to 2003.³ Moreover, the programme is not available to every graduate, yet the training quality varies from centre to centre. To better understand the issue, we analyse the number of publication and licensing physician. We also include the resuscitation successful rate (RSR) and the pathological to clinical diagnostic accordance rate (DAR), which reflect health service quality. We found despite the consistent increasing in licensing physician and publication number, RSR and DAR are fluctuating and with the least compound annual growth rate (Figure 1). The dissociation between the increasing number of publication and RSR/DAR implies that the current system is not working properly in terms of promoting health service quality, but rather a publication-making machine.

We therefore suggest that a more structured and comprehensive system should be developed nationwide. It suits the best interest of not only the doctors but also for the patients in terms of equity and safety. We expect that this would reflect the reform of the health care system in China.⁵ And the training curriculum should be developed and regulated by different professional bodies to reflect the most up-to-date art of medicine. We also propose that international collaboration between learned societies from China and overseas should be encouraged to promote training and education.

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