

The Postgraduate General Medicine Training Program in Taiwan

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As the result of over-emphasis on specialty training in postgraduate setting, we were defeated in the “Campaign of SARS”. It is incredibly ridiculous that most of the residency training programs in Taiwan had totally neglected general medicine education in the last several decades. To rectify this drawback in those postgraduate medical training programs, the Department of Health (DOH) decided to sponsor a national project named “The Postgraduate General Medicine Training Program” in 2003.

In June 2003, a crucial meeting for set up this project was hold in DOH. The attendees included representatives from 22 medical associations of different specialties and several medical schools. Four conclusions were drawn at that meeting: (1) this project had to be conducted as soon as possible; (2) all the first-year residents ought to receive the same training program; (3) the length of training was determined to be 3 months, and (4) the learning subjects had to include internal medicine, surgery and community medicine.

The implementation of the project was coordinated by the Taiwan Joint Commission on Hospital Accreditation (TJCHA). A taskforce for this project was established in the TJCHA for further design of the project’s details. The training program’s infrastructure provided by DOH is consisted of three 1-month courses, i.e., internal medicine, surgery and community medicine courses. In addition, a 36-hr basic curriculum, including medical ethics and related laws, evidence-based medicine, infection control and medical care quality, was also enforced into this training program.

In the first year, 96 hospitals participated in this project. Most of them started the training program in August or September of 2003. As the preparation of the project was taken place in hurry, i.e., less than 2 months between the beginning of planning and the execution of the project, some hospitals showed disarray. At that time, the TJCHA recognized that there were still plenty of jobs to be accomplished.

All reform projects may have their own objection populations; the Postgraduate General Medicine Training Program is not an exception. Actually, the project’s resistance is originated from multi-sources. Firstly, some of the trainees were not happy because they had to spend 3 months to learn something that they did not consider important. Secondly, some of the senior physicians did not appreciate the project because they ought to drop more effort on teaching. And finally, some of the hospitals were not grateful for this project because they might consume much more resources on education. However, this project has been supported by most of the teachers and their affiliated institutions. It is because more and more teachers who have ever contributed to this project understood the role and importance of this project. This project is essential for development of competent physicians that their abilities are in accordance with the requirements of the society.

An old Chinese proverb says, “it takes ten years for a tree to reach maturity but it takes one hundred years to develop a sound education system.” Three years has promptly passed, and it is impossible to see how many trainees have changed their behavior on medical practice after they had finished this three-month training. However, this project had achieved several of its goals. Firstly, for this project, we have been holding the largest faculty development program in the country. On the other hands, we have set up the norm that all core curricula of medical education should be designed by experts invited from most of the medical school affiliated teaching hospitals. Other important issues that we have emphasized in the project and gained positive response from the teachers and teaching hospitals included: (1) importance of evaluation and feedback in educational projects; (2) practice and promotion of medical ethic education, medical laws, communication skills and empathy; (3) encourage the senior physicians to teach; (4) encourage the hospitals to invest more hardware and resources on medical education.

This not the end, oppositely, it is only a beginning of a difficult and endless mission. We realize that there are still a lot of tasks to be fulfilled and a lot of problems to be solved. We will continue to contribute our effort to improve and develop this project and we have confidence that this project will dramatically change the behavior of the trainees and significantly improve the quality of health care in our country.

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