

PLENARY English

Residency Reform in China 2016: Major Developments in Asia's Largest Health Care System

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In a stunning series of policy changes over the past decade, the Central Government of the People's Republic of China (PRC) has taken bold action to respond to major inequities in health care quality and accessibility that characterize the rural/urban divide in that nation. Lacking any semblance of a national health insurance, the PRC has developed health insurance for residents of rural localities, undertaken development of health care facilities at a village and district level, and sought to increase output of clinicians from its university schools of medicine (MDs) and junior medical colleges (Masters degree clinicians). The most recent reforms emphasize the need for assuring quality of care by requiring a three-year graduate training experience (residency) at an accredited teaching hospital as a capstone experience for all graduates of medical schools before being permitting them to enter the independent practice of medicine or surgery. This so-called "5+3 program" enrolls high school graduates into 5 years of university-based medical education and then finishes basic education and training with a 3-year hospital-based supervised residency training experience. The 5+3+R has now been designated the official national standard for preparation for a career in medicine, at least in urban areas, and may be followed by training of variable length for pursuing a career in subspecialties of medicine and surgery. The PRC has committed massive financial resources to implementing this new standard at all university medical schools, supporting the salaries of all 5+3 residents at 554 newly designated accredited teaching hospitals, strengthening supports for training at these hospitals and establishing a network of 24 'demonstration hospitals' where innovations are expected to show the way forward for this new training requirement.

The challenges of this reform are many, including developing a national process and organization for training hospital accreditation, uniform certification of university medical school graduates who seek residencies at leading hospitals, developing a process and organizations for matching interested applicants for residency training with hospitals who need residents, and assuring uniform quality of residency training across the nation. Finally, it seems unlikely that the 5+3 standardized residency training process itself can have a major effect on the deficiency of qualified physicians for delivering primary care to the countryside. Will the PRC continue to permit a two-track system (MD and masters degree) for physician education to prevail? Will the junior medical schools preparing masters-level doctors continue to serve as de facto system for providing primary care needs? And, will the Chinese people themselves be satisfied with this situation?

Curriculum Vitae

Thomas S. Inui is a Professor of Medicine at Indiana University School of Medicine and a Senior Investigator at IU's Regenstrief Institute. A primary care physician, educator, and health services researcher, he previously held leadership positions at the University of Washington, Harvard Medical School, and as President and Chief Executive Officer of the Regenstrief Institute. He is the immediate-past Director of Research, IU Center for Global Health and the Joe and Sarah Ellen Mamlin Chair of Global Health Research.

Dr. Inui's special emphases in teaching and research have included physician-patient communication, professionalism, health promotion and disease prevention, chronic disease control, the social context of medicine, and medical humanities. He has participated in the publication of more than 325 peer-reviewed articles as well as 8 books and monographs. His honors include elected membership in Phi Beta Kappa, Alpha Omega Alpha, the Johns Hopkins University Society of Scholars, a USPHS Medal of Commendation, serving as a member of Council and President of the Society of General Internal Medicine, election to membership in National Academy of Medicine and its Executive Council, and election to Mastership in the American College of Physicians.