

## Research Committee News

Dear Colleagues,

In order to explore Family Doctors' understanding of the District Health Centre (DHC) and to collect opinions from family doctors to enable the DHC and the primary healthcare team to fulfil their mission and vision, the Hong Kong College of Family Physicians (HKCFP) conducted an online survey "Family Doctors' Perception of the District Health Centre in Hong Kong" in January 2021.

We want to take this opportunity to thank College members for their participation in the survey. Without their time in completing the survey, the research work would not be possible.

Attached please find a summary of the findings. A manuscript has been drafted by the research committee and our plan is to submit it to the Hong Kong Practitioner such that the findings can be disseminated to more primary care doctors. The findings will also be shared with the Food and Health Bureau.

Professor Samuel Wong  
Chairman, Research Committee

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### Summary of findings on the online survey "Family Doctors' Perception of the District Health Centre in Hong Kong" by the Hong Kong College of Family Physicians

*(Prepared by the Research Committee of the Hong Kong College of Family Physicians)*

In order to explore Family Doctors' understanding of the District Health Centre (DHC) and to collect opinions from family doctors to enable the DHC and the primary healthcare team to fulfill their mission and vision, the Hong Kong College of Family Physicians (HKCFP) conducted an online survey "Family Doctors' Perception of the District Health Centre in Hong Kong" in January 2021. A total of 1706 HKCFP members were invited and 321 respondents (18.8%) provided a complete and valid response to the survey, of which 164 (52.7%) were Family Medicine (FM) Specialists and 278 (86.6%) were practicing full-time. A total of 144 (44.9%) respondents worked in private sector; 171 (53.3%) worked in public sector; 6 (1.9%) worked in both sectors. A total of 22 (7%) respondents worked in Kwai Tsing District, where the DHC was running in Hong Kong at the time of survey.

More than half of the respondents knew what DHC was (69.8%), while less than half of the doctors knew the objectives of the DHC (45.5%). Respondents thought the services DHC provided were appropriate with a mean score of 3.3 (1= Very inappropriate; 5=Very appropriate) and would recommend other medical practitioners to join the DHC as a Network Medical Practitioner (NMP) (a mean score of 3.3 with 1= definitely not recommend; 5= highly recommend). Eleven (3.4%) respondents have joined the DHC as a NMP and they worked in the private sector; no public doctors have joined the DHC. Among the 133 private doctors who have not joined the DHC, 71 (49.3%) did not consider to join. For private doctors, the most common reason of not considering to join the DHC was that DHC was unhelpful to their existing practice. For public doctors, the most common reason was that they worked in public healthcare.

Only 4 out of 321 doctors have enrolled in the Training Funding Scheme (1 was public doctor; 3 were private doctors and one of them was NMP). Among the 141 private doctors who did not enroll in the Training Funding Scheme, the main reasons were 1) they were FM conjoint fellows/ AM fellows (31.9%); 2) they were not NMP (27.7%). For the 10 NMPs who did not enroll in the funding scheme, the most common reason of not enrolling was that they were FM conjoint fellows/ AM fellows. Most doctors (92.6%) agreed training subsidies offered by the government could act as an incentive to encourage more healthcare professionals to enroll in related training to support primary healthcare development in Hong Kong.

For private doctors, the main difficulties encountered in practice when managing patients with chronic conditions were: 1) lack of financial subsidies from the government (55.9%); 2) lack of allied health support (48.3%). Respectively, 61.8% of private doctors and 82.5% of public doctors viewed the government's financial subsidy of \$250 per consultation to the NMP for diabetes mellitus (DM) or hypertension (HT) screening a reasonable amount. Most doctors (79.8%) rated DHC as useful (5-10) with a mean score of 5.8 (1= Not useful at all; 10= Very useful). They thought DHC could benefit the general public based on the following reasons: (1) DHC provided comprehensive care or higher quality services to patients and provided an alternative option for the public; (2) increased access to allied health services. Age was found to be associated with the usefulness rating of the DHC. Doctors who aged 65 or above tend to think the DHC was useful for the public. Apart from age, no statistically significant association was found between DHC usefulness and other demographic factors. Regarding to the likelihood of using DHC services (social work services, cognitive function assessment, fall prevention assessment & class), mean scores of doctors in private sector were statistically significantly lower than those of doctors in the public sector (3.8 and 4.0; 3.9 and 4.1; 3.8 and 4.0 for private and public doctors respectively).

DHC is an important initiative to strengthen district-based primary healthcare services in Hong Kong. Most primary care providers found DHC useful and findings from the current survey provide information on areas of improvement to further increase the utilization of DHC by primary care doctors.