

Editorial

Academic dermatology in Hong Kong: my view point

Having been the only full time academic dermatologist that had worked in both Universities, I would like to share and add my views on the issues facing dermatology development in Hong Kong today.

For those who criticised the lack of a track record in dermatology research in Hong Kong, I would like to point out that in the field of cutaneous laser surgery, Hong Kong has not only published more than any nearby countries in Asia but also in the category of laser/light source used in dark skin patients, we have outdone any other center in the world. Nevertheless, in terms of general dermatology output, Hong Kong is behind other countries. I share the view of many regarding the lack of University commitment in developing dermatology, particularly the importance of academic development in Hong Kong.

The general public and non-academic clinician may have a different understanding of the true role of an academic. While research and development are important for individual career promotion and specialty development, given the fact that both medical schools received public funding by the University Grants Committee (UGC), the primary role of academic clinicians in Hong Kong is actually teaching. The funding priority of the UGC can be seen at its website (<http://www.ugc.edu.hk/eng/ugc/activity/fund/funding.htm>). As stated in the website, for recurrent grants which constitute the bulk of University's funding, "determination of the grant is largely based on a methodology developed by the UGC, which comprises four elements: teaching (about 68%), research (about 20%), performance and role related (about 10%) and professional

activity (about 2%)". Therefore, for any academic, the primary responsibility is not to perform research but to teach our undergraduates. In fact, I do not believe that any medical school without dermatology undergraduate teaching can have their curriculum accepted by funding body such as UGC or medical regulatory authority such as Hong Kong Medical Council.

It is important to realise that although the above statement from UGC is applicable to most academics; it is not totally applicable to academic clinicians as the salaries of academic clinicians are much higher than non-clinical staff due to an agreement with the Hospital Authority whereby all clinical academics are offered the Hospital Authority pay package. In return, they have to spend 60% of their work providing clinical services to the public. Therefore, the primary roles of an academic clinician are to teach undergraduate students and to provide clinical services. While research and development will make or break an academic's career, teaching and clinical services are the basic criteria that the public paid for. It is not difficult for one to imagine the minds of prominent academic leaders in our universities and that is for any specialty, the two basic needs of teaching and service must be fulfilled.

In the specialty of dermatology, honorary dermatology staffs are providing all the undergraduate teaching at present. For skin services, the policy of the HKSAR government is to have the services remain in Department of Health after the SARS outbreak. As the agreement of both medical schools is with the Hospital Authority, there is simply no urgent

need for dermatology!! Indeed, the reason behind my own resignation is due to limited resources from the University and Hospital Authority. There is no point to be a full professor in dermatology when one still has to do general medical ward rounds and only have one full time and one part time medical officers (both still need to do general medical duties).

The way forward is to persuade our University colleagues to establish not just posts but academic department in Dermatology. First of all, teaching need is one clear-cut indication. If honorary staffs withdraw their support in a set time frame, Universities have to fund perhaps even a joint department (such as with ophthalmology). Service need is another issue: a public-private model is one option forward.

As pointed out in the editorial published in Summer 2006, human resource issue is critical in our field at this moment and that is largely due to the significant pay discrepancies between public and private sector. A University funded private dermatology institution can easily be done but what is more difficult to achieve is to review Universities' human resource policy whereby staffs working in such institutions will have incentive to stay. In doing so, although they will have slightly lower pay than those in full time private practice, they are rewarded by academic activities that many of us enjoy.

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