



Redesigning healthcare: an interview with Dr Fei-chau Pang

Dr Pang with Dr Libby Lee, the Under Secretary for Health promoting the Life Course Preventive Care Plan in primary healthcare

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<https://doi.org/10.12809/hkmj-hc202412a>

Dr Fei-chau Pang is the Commissioner for Primary Healthcare at the Health Bureau in the Hong Kong SAR Government. He is the current President of the Hong Kong College of Community Medicine and was a Clinical Associate Professor at the School of Public Health of The University of Hong Kong until 2022.

As we began our interview with a question about his past achievements, Dr Pang humbly redirected the conversation and said, 'Let's not focus on achievements; let's chat more about Hong Kong's primary healthcare system instead.' Throughout the interview, his passion for improving our healthcare system through system-level changes was evident, reflecting the drive that has persisted throughout his career.

This conversation raised important questions about our primary care system, such as, 'What committed role should primary care doctors take in Hong Kong?' and 'How effective is our healthcare system in improving the general health of our population?' Our dialogue with Dr Pang prompted deep reflection on the importance of developing strong primary healthcare in Hong Kong and how we, as a community of healthcare professionals, can collectively improve the accessibility and sustainability of our healthcare amid increasing fiscal pressure and disease burden.

Dr Pang's involvement in primary healthcare began early in his life. During secondary school, he volunteered as a student health leader for the Department of Health, raising public awareness about smoking cessation. His advocacy continued in

medical school as a council member of the medical society by organising community exhibitions for cancer screening. As he pursued specialty training in geriatrics, he developed a deeper appreciation for providing holistic care for patients. These experiences inspired him to further his training in medical administration, which led him to pursue various impactful projects over the years.

In 2004, Dr Pang was actively involved in setting up Hong Kong's first batch of public Chinese medicine clinics, focusing on quality assurance and information system development. This initiative operated under a tripartite collaboration model involving the Hospital Authority, a non-governmental organisation, and a local university to provide research-oriented care to the public. This administrative model was an innovative approach at the time, though was proven successful, with over 18 service centres in Hong Kong as of 2024. Later, Dr Pang became the Chief Manager of the Hospital Authority's Quality and Safety Division, where he led the hospital accreditation programme in both the private and public sectors and successfully assisted in the accreditation of five public hospitals by the Australian Council on Healthcare Standards (ACHS). The aim was to create a quality improvement system for public hospitals and develop Hong Kong's first set of hospital standards based on the Evaluation and Quality Improvement Program (EQuIP 4) standards adopted in Australia. Dr Pang also led the redevelopment project of the Grantham Hospital, which involved the planning of the design, facilities, and services. Subsequently, Dr Pang was transferred

to the Head Office of the Hospital Authority and spearheaded the development of the myHR App to enable direct electronic communication with all staff across over 40 hospitals.

When asked about his motivation for pursuing systemic change, Dr Pang responded, ‘Often, it is easy to go on with your day-to-day work without making much effort in improving the current workflow. However, is there indeed nothing we can improve within our existing system? I find purpose in identifying and addressing pressing issues by building major, system-level changes in our healthcare system. Though developing holistic solutions involving multiple stakeholders is not without challenges, my guiding principles in life motivate and drive my work.’

Since 2022, having come full circle, Dr Pang has combined his passion for community care and administration in his new role as the Commissioner for Primary Healthcare in the Health Bureau.

One major problem in Hong Kong’s healthcare system is the lack of sustainability in its specialist-led model. Many chronic diseases are managed under the Hospital Authority with limited primary care services and there is a reduction of focus on disease prevention and a lack of continuous care. As a result, patients with chronic diseases may not be well-managed and present with complications as their first encounter with the healthcare system. For instance, many conditions being treated in the hospital currently, such as myocardial infarction, end-stage renal failure, and vision loss in adults, are linked to modifiable risk factors, including poorly managed hypertension and diabetes mellitus. This healthcare model increases reliance on specialist care and exacerbates waiting times for all.

Currently, healthcare expenditure accounts for approximately 19% of the government’s total spending in 2024/25, and this figure is expected to rise if the system remains unchanged. Such a trajectory renders Hong Kong’s healthcare system unsustainable. Recognising that the lack of emphasis on primary healthcare is closely linked to issues of accessibility, quality of care, and the overall sustainability of the healthcare system, Dr Pang is committed to supporting the government in reforming Hong Kong’s primary healthcare system.

Dr Pang explained that the main reason for these healthcare challenges stems from limited public understanding of primary healthcare and guidance of its role among healthcare workers. Many patients seek care only when symptoms arise and may be reluctant to undergo preventative screenings suggested by doctors due to high cost and a lack of understanding about their benefits. Some patients might seek primary care at the emergency department instead of primary care clinics, while others might engage in ‘doctor shopping’. These behaviours hinder

the development of the continuous doctor–patient relationship that is important for comprehensive care.

In both primary healthcare and specialist doctors, consultations often focus on the patient’s chief complaint rather than the health of the whole person. For instance, during a primary care consultation for an upper respiratory tract infection, the primary care doctors may not, in their routine practice, advise on screenings for colorectal cancer or chronic diseases like diabetes and hypertension. On the other hand, specialists may only focus on diseases related to their expertise and may not think about referring patients to primary care for long-term follow-up and management of chronic diseases. These issues reflect just a few of the ‘hotspots’ in the current healthcare system, as noted by Dr Pang. He emphasises the need for change, ‘We need to promulgate and encourage our professionals to take up new commitments on continuity of care and responsibilities on chronic disease management, especially in the private sector.’

To address the main challenges, Dr Pang, as the Commissioner for Primary Healthcare, is leading the Primary Healthcare Commission in its implementation of the measures set out in the *Primary Healthcare Blueprint*, which was unveiled in the Chief Executive’s 2022 and 2024 policy addresses. The team has spearheaded the development of District Health Centres (DHCs) in all 18 districts, which aim to develop a community-based service network and serve as a pivotal hub for primary healthcare services, providing health promotion, health assessments, and chronic disease management, whilst also bridging the gap with secondary care through development of the eHealth system.



Dr Pang and our student reporters, Bethany and Hei-yue

Among the initiatives coordinated by the DHCs is the Chronic Disease Co-Care Pilot Scheme. This scheme provides subsidies for diagnosing and managing hypertension and diabetes mellitus in the private sector. It includes subsidised laboratory tests, a specialised drug list at significantly discounted prices, and multidisciplinary care. The DHCs assist citizens in pairing with family doctors and provide multidisciplinary support in managing patients. They also empower people to manage their own health by providing blood pressure monitoring, weight management, and health promotion.

Another initiative is the development of the Life Course Preventive Care Plan, which is a set of guidelines for both public and primary healthcare professionals on the recommended preventative care measures based on an individual's age and sex.

It includes guidelines on immunisation, women's health, mental health support, cancer screening, chronic disease management, and more. Ultimately, this initiative hopes to better guide family doctors in providing care to patients and improve the public's understanding of the role of primary care whenever they encounter their family doctors.

Our conversation with Dr Pang encourages us to be courageous in bringing about meaningful changes, whether big or small, and he inspires us to focus on what truly matters to us rather than seeking validation from others. By the end of our interview, despite Dr Pang's modesty in acknowledging his work as an accomplishment, it is undoubtedly clear to us that he is passionate about reform and hopes that it will have a substantial impact on our society.