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Reflections on Several Issues in the Development of General Practice as a Discipline in China (Postprint)

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Abstract

General practice is a core secondary clinical discipline serving the construction of primary healthcare systems and the implementation of tiered diagnosis and treatment. Its high-quality development is aligned with the requirements of the “Healthy China 2030” Planning Outline and is key to addressing major public health challenges such as population aging and the high prevalence of chronic diseases. This paper systematically examines the disciplinary positioning and core characteristics of general practice, its driving forces for development, and its current status. On this basis, it puts forward concrete recommendations for promoting the high-quality development of general practice from six dimensions: theoretical innovation, methodological breakthroughs, improvement of service quality, enhancement of education and training, focus of research directions, and strengthening of academic exchange, with a view to providing theoretical support and practical reference for building a basic medical and health system with Chinese characteristics and achieving the strategic goals of Healthy China.

Full Text

Perspectives on Key Issues of the General Practice Discipline Development in China

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Abstract

General Practice is a core secondary clinical discipline that serves the construction of the primary healthcare system and the tiered medical care system. Its high-quality development aligns with the requirements of the “Healthy China 2030” initiative and is crucial for addressing major public health challenges such as population aging and the high prevalence of chronic diseases. This paper systematically explores the disciplinary positioning, core characteristics, development drivers, and current status of General Practice. Furthermore, it proposes specific recommendations to advance the high-quality development of the discipline across six dimensions: theoretical innovation, methodological breakthroughs, service quality improvement, education and training enhancement, focus of research direction, and intensification of academic exchange. The aim is to provide theoretical support and practical references for building a basic healthcare system with Chinese characteristics and achieving the strategic goals of Healthy China.

Keywords: General practice; Healthy China; Discipline development; Tiered diagnosis and treatment system; Primary healthcare system

The “Healthy China 2030” Planning Outline, reports from the 19th and 20th National Congresses of the Communist Party of China, and the Third and Fourth Plenary Sessions of the 20th CPC Central Committee have all explicitly called for strengthening the primary healthcare system and regarding the general practitioner workforce as the “safety net” for implementing the tiered medical care system. Currently, China is accelerating its response to public health challenges such as population aging and the high prevalence of chronic diseases, while residents’ demands for healthcare accessibility, continuity, and comprehensiveness have significantly increased. These background factors collectively highlight the urgency and importance of strengthening General Practice discipline development.

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1. Core Elements and Essential Characteristics

1.1 Core Elements

General Practice is a secondary clinical discipline with profound academic foundations, possessing a clear disciplinary system and unique development logic

that evolves alongside other specialties. Its core elements are manifested in four aspects. First, the theoretical system: General Practice has a unique and self-contained theoretical foundation, upholding a service philosophy of “family-centered, community-based” care that integrates the bio-psycho-social medical model. It emphasizes patients’ holistic needs rather than single disease management, covering preventive medicine, health promotion, disease management, and chronic disease prevention and control, with both integrative and continuous characteristics. Second, the methodological system: It emphasizes problem-oriented diagnostic thinking, employing methods such as initial diagnosis management, early identification, health assessment, and referral collaboration, combined with evidence-based medicine and individualized treatment. It focuses on multi-disease co-management, continuous service, and population health management, with research and practice methods distinct from other medical disciplines. Third, application scenarios: General Practice primarily serves primary healthcare institutions, is community-based, and undertakes functions such as first-contact care, chronic disease management, and health promotion. It plays a critical hub role in tiered diagnosis and treatment as well as health management, meeting specific health needs in particular contexts with unique service targets and environments. Fourth, the academic ecosystem: General Practice has gradually formed a complete chain of research, teaching, and training systems encompassing curriculum construction, textbook development, faculty training, and research mechanism establishment. China has established standardized residency training bases and faculty training mechanisms for General Practice. In recent years, General Practice research has grown significantly, covering multiple interdisciplinary fields such as primary chronic disease management, elderly care, and medical humanities, promoting the integrated development of General Practice with public health and sociology, and constructing a relatively complete disciplinary 闭环.

1.2 Essential Characteristics

In terms of disciplinary positioning, General Practice, as a secondary clinical discipline, has distinct interdisciplinary and composite characteristics. Its clinical service targets cover the entire life cycle with a broad disease spectrum, emphasizing continuous, comprehensive, and coordinated services. Its core concept relies on a large number of general practitioners rooted in communities serving the public through clinical medicine and preventive medicine, making basic healthcare services more accessible, comprehensive, and effective. This guides the transformation of the traditional healthcare system toward a people-centered, health-focused direction that benefits people’s livelihoods. Its service model differs from single-disease specialist care by emphasizing person-centered holistic services that embed individual health within family, community, and social structures. It advocates for family-centered, community-based, prevention-oriented care medicine, reflecting the deep integration of public health and clinical medicine.

2. Development Drivers for General Practice

2.1 Era Strategic Demand Driving High-Quality Development

Under major national strategic deployments such as Healthy China, health priority development, rural revitalization, and active response to population aging, the functional positioning and development logic of General Practice have been endowed with new era connotations, with national strategic demand becoming the core driving force for its high-quality development. From the perspective of national strategic demand, the Healthy China and health priority development strategies require healthcare resources to sink to the primary level. As the core carrier of primary healthcare services, General Practice needs to construct a full-chain service model of “prevention-diagnosis-rehabilitation-health management” to serve as residents’ health gatekeeper. The rural revitalization strategy focuses on balanced allocation of urban and rural healthcare resources, requiring General Practice to fill rural healthcare gaps through technology 下沉 and extended service radius. The active response to population aging strategy requires strengthening capabilities in comprehensive geriatric assessment, collaborative chronic disease management, and long-term care to provide full-cycle health support for the elderly population. From the perspective of healthcare system construction, reform goals such as building an integrated health system, creating a “positive triangle” pattern for orderly medical care, advancing tiered diagnosis and treatment system construction, and promoting collaborative governance of “medical care-medical insurance-pharmaceuticals” have placed higher demands on General Practice. It needs to strengthen primary healthcare capacity through a “generalist-specialist combined” model and break service barriers through multidisciplinary collaboration mechanisms to support integrated system construction, while using medical insurance payment reform and pharmaceutical supply guarantee policy 衔接 as entry points to promote the 落地 of the “three medical linkages.”

2.2 Residents’ Health Needs Calling for General Practice Development

The multidimensional upgrading of residents’ health needs constitutes the core driving force for the high-quality development of General Practice. From the perspective of demographic changes, the parallel trends of intensified aging and low fertility rates have led to explosive growth in demands for elderly chronic disease care and health support for empty-nest families. General Practice’ s continuous care model based on “community-family” service scenarios can fill the health service gap after the weakening of family care functions through mechanisms such as family doctor contracts and long-term care services. In terms of disease spectrum transformation, the high incidence of chronic diseases and prominent needs for comorbidity management have placed higher demands on the integrative and long-term nature of medical services. Upholding the “whole-person care” concept and relying on multidisciplinary collaboration networks, General Practice can effectively address the dual challenges of multi-disease collaborative control and patient quality of life protection. From the perspective of health

concept upgrading, residents' health concepts have shifted from a "disease perspective" to a "health perspective," spawning higher requirements for healthcare accessibility, appropriateness, and effectiveness. Through personalized health management and health risk screening services, General Practice can precisely match residents' upgraded needs from "passive disease treatment" to "active health." Its development level directly relates to residents' sense of health gain and primary healthcare service quality. The 协同 transformation of population structure, disease spectrum, and health concepts jointly drives General Practice to evolve toward a full-cycle, full-population, and all-round service model from the perspectives of service scenarios, technical capabilities, and value orientation, making it an inevitable choice for responding to residents' health needs.

2.3 Medical Field Development Requiring Deep General Practice Participation

The high-quality development of the medical field urgently requires the deep participation of General Practice, with its value 贯穿 the dual chains of clinical service and scientific research innovation. In clinical practice, General Practice, with its unique clinical thinking and multidimensional clinical perspective, possesses full-system assessment capabilities for complex health issues such as undifferentiated clinical signs and multiple disease coexistence, filling the comprehensive diagnosis and treatment gap after the subdivision of specialist medicine. As the primary portal and health gatekeeper, it optimizes resource allocation through the tiered diagnosis and treatment mechanism, achieving efficient 衔接 between community management of common and chronic diseases and precise referral of acute and severe diseases, making it a key force in promoting medical-preventive integration. In scientific research innovation, General Practice's service network rooted in primary care provides high-quality cohort resources and real-world research sites covering the entire population and full cycle for medical research, supporting epidemiological and translational medicine practice. Its "last mile" service advantage close to residents provides critical "landing scenarios" and "data 闭环" for cutting-edge health technologies such as digital therapeutics, telemedicine, and AI-assisted diagnosis, accelerating the transformation of research results into clinical application. Additionally, the industry has reached high consensus on the strategic value of General Practice in integrating resources and addressing aging and chronic disease challenges, driving its deep participation in healthcare system reform and health policy formulation, making it a core fulcrum and key engine for the transformation of the medical field from "disease treatment" to "health maintenance."

3. Current Status of General Practice Development in China

3.1 Development Achievements

China's General Practice discipline has constructed a multi-dimensional development 格局, achieving breakthrough progress at the system, education, talent, and policy levels. At the system construction level, the disciplinary system of General Practice has been basically established, with a disciplinary architecture adapted to primary healthcare needs basically taking shape. Its hub value in tiered diagnosis and treatment and medical-preventive integration has gained widespread industry recognition, with continuously rising academic influence and clinical service effectiveness. At the education system level, a "value shaping-knowledge transmission-capacity building" 三位一体 training paradigm has been established, organically integrating professional quality cultivation, General Practice theory teaching, and clinical practice capacity training. Relying on carriers such as standardized residency training and continuing medical education, a full-chain training ecology of "undergraduate education-postgraduate education-lifelong education" has been formed. In terms of talent reserves, through a dual-track strategy of "incremental expansion + quality improvement of existing stock," a General Practice workforce with both scale and quality has been built. Meanwhile, a batch of national and provincial General Practice education and training bases and specialized faculty teams have been created, laying a solid human foundation for sustainable disciplinary development. From the policy environment perspective, the support system for disciplinary development has been gradually optimized, with multiple supporting documents issued by the National Health Commission, Ministry of Education, and other departments, providing institutional guarantees for the expansion and capacity enhancement of the General Practitioner workforce. By broadening career development channels and improving salary incentives and position management mechanisms, professional attractiveness has been enhanced, promoting a leapfrog growth in the number of General Practitioners and injecting core momentum into primary healthcare safety net construction.

3.2 Realistic Dilemmas

The development of China's General Practice discipline still faces multiple dilemmas that constrain high-quality advancement and long-term sustainable development. First, there are competitiveness 短板: core competitiveness, brand influence, and industry attractiveness are insufficient, as it has not been included in "national key disciplines," with low student application willingness, employment selection tendency, and social recognition. Second, there are defects in development mechanisms: weak 动力 mechanisms, unclear disciplinary construction paradigms, and low degree of disciplinary differentiation have resulted in relatively lagging position salary treatment and promotion channels, serious talent loss, and severely insufficient high-end training scale, leading to talent 梯队断层. Third, there are positioning and norm deficiencies: the "in-

tegrative” disciplinary positioning has caused General Practice to encounter a profound “identity crisis,” with unclear disciplinary positioning in large hospitals, imperfect standards and norms, and insufficient functional boundaries and disciplinary discourse power. Fourth, there are bottlenecks in research and education: unclear research priorities, lack of irreplaceability in education and training products, coupled with high occupational stress and prominent burnout among General Practitioners. Additionally, General Practice residency training requires rotation through multiple clinical departments in general hospitals and relevant departments in community health service centers, requiring more human resources, materials, and time than other specialties. However, due to the short establishment time of General Practice departments, imperfect talent 梯队, and staff shortages, the substantial time investment by General Practitioners in talent cultivation has to some extent compressed their time for clinical and research work, affecting medical service volume and research output.

3.3 Challenges and Opportunities

The main challenges facing General Practice in China include: intensified disciplinary competition pressure, as the interdisciplinary integration of medical disciplines and the “下沉” of specialist medicine pose competitive challenges for General Practice in boundary identification and core function 发挥; insufficient policy support, as education, science and technology, and talent policies have not yet formed synergy, with insufficient matching with General Practitioners’ growth paths and career aspirations, affecting overall disciplinary development momentum; and prominent talent supply-demand contradictions, as General Practitioners account for a low proportion of practicing physicians, with insufficient total numbers and slow growth rates, making it difficult to meet the construction needs of the primary “gatekeeper” system. However, current national strategic demand-driven, technology-empowered, and Chinese characteristic advantage 发挥 and institutional construction advancement have brought unprecedented opportunities for General Practice development. The triple demand 牵引 from era strategy, social needs, and medical development is driving accelerated General Practice development. Artificial intelligence, big data, and other information technologies provide technical support for optimizing diagnosis and treatment decisions and individualized health management. The unique advantages of Traditional Chinese Medicine in community prevention and chronic disease 调养 can be deeply integrated with General Practice. Meanwhile, the establishment of General Practice departments in large hospitals and the creation of General Practice faculties in universities are forming a strong support system for institutionalized development, laying a solid foundation for disciplinary development.

4. Recommendations for General Practice Discipline Development in China

4.1 Promote Theoretical Innovation and Development

Integrate Traditional Chinese Medicine to construct a theoretical system by deeply 挖掘 the essence of TCM theory and organically integrating it with General Practice theory to build a General Practice theoretical system with Chinese characteristics. Expand the connotation of care medicine theory by drawing on international experience and combining it with China's actual conditions to 拓展 the connotation of care medicine and health management theory from multiple dimensions.

4.2 Promote Methodological Breakthroughs and Applications

Draw on research methods from related disciplines by systematically learning research methods from epidemiology, health economics, and other disciplines, introducing and applying them to General Practice research and practice. Promote interdisciplinary integration and reasonable differentiation by actively promoting the integration of General Practice with psychology, sociology, and other disciplines, and conducting reasonable differentiation according to disciplinary development needs to expand the connotation of General Practice. Rely on information technology empowerment by vigorously promoting the application of artificial intelligence, big data, and other information technologies in the field of General Practice to optimize diagnosis, treatment, and health management.

4.3 Enhance General Practice Services

First, adhere to core service characteristics and guarantee service quality by always adhering to core characteristics such as people-centered and comprehensive services, establishing strict quality control mechanisms to ensure medical service quality. Second, build diversified medical service brands by cultivating influential General Practice medical service brands through institutional construction, personnel training, and project innovation. Third, cultivate five-star professional talents by developing scientific training programs to cultivate five-star doctors with medical, preventive, educational, management, and self-development capabilities. Fourth, conduct in-depth community diagnosis work by using professional methods to comprehensively grasp community residents' health status, disease distribution, and health needs to provide a basis for precise services. Fifth, solidly promote medical-preventive integration by deeply integrating disease prevention concepts and measures into clinical medical services and establishing a sound medical-preventive collaboration mechanism. Sixth, actively integrate into community health governance by fully utilizing community and family resources to actively participate in community health-related policy formulation, resource allocation, and activity organization to enhance community health governance levels.

4.4 Improve the Education and Training System

First, optimize education and training curriculum settings by adjusting the ratio of theoretical to practical courses and updating course content according to industry needs and disciplinary development trends. Second, strengthen faculty capacity building by enhancing teachers' professional knowledge and teaching skills through regular training, academic exchanges, and practical exercises. Third, optimize faculty structure by attracting talents from different disciplinary backgrounds with rich practical experience to build a diversified and complementary faculty team. Fourth, promote teaching and training base construction by increasing capital investment, improving teaching facilities and practical venues to create standardized and modern teaching and training bases. Fifth, innovate textbook compilation models by integrating the wisdom of industry experts, frontline teachers, and clinicians to compile General Practice textbooks with novel content and strong practicality. Sixth, explore diversified teaching methods by adopting case teaching, simulated diagnosis and treatment, group collaboration, and other methods to stimulate students' learning interest and initiative. Seventh, construct a scientific assessment and evaluation system by establishing assessment indicators covering theoretical knowledge, practical skills, and professional 素养, providing timely feedback on teaching effectiveness.

4.5 Focus on Priority Research Directions

Priority research directions include: basic research exploring primary healthcare service theories and methods, developing appropriate tools, and studying AI empowerment pathways and application scenarios; clinical research focusing on diagnosis and management of common health problems, comorbidity management, special population healthcare, environmental health impacts, and positioning of General Practice departments in tertiary hospitals; health services research on family doctor contracts, service processes, service quality, doctor-patient relationships, and team building; health systems research on health policies, financing and payment, referral mechanisms, incentive assessments, and service accessibility and effectiveness; and education and training research optimizing educational plans, curricula, teaching methods, and faculty competency. Additionally, we should 发挥 the role of the Chinese General Practice academic community to build a General Practice academic research network and lead independent academic research.

4.6 Promote Academic Exchange and Cooperation, Strengthen Academic Leader Cultivation

Based on an international perspective and adhering to the "One Health" concept, expand international cooperation fields. Build influential brand exchange platforms, focus on talent exchange and cultivation, and help young and middle-aged talents grow rapidly. Tilt medical resource allocation toward General Practice departments, clarify academic leaders, optimize disciplinary technical teams, expand team scale, improve academic leader structure, and enhance academic

leadership and team synergy. Improve academic leader 素养 by strengthening their self-confidence and innovation capabilities.

General Practice is an important cornerstone for improving the basic health-care system with Chinese characteristics. Currently, the discipline is at a critical period of high-quality development. We should firmly grasp the policy and technology transformation window, systematically promote disciplinary system reconstruction, talent team quality improvement, and service model optimization to drive the high-quality development of General Practice and provide solid support for achieving the “Healthy China 2030” goals.

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