By Prof Chee Yam Cheng

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There appears to be much angst on the ground regarding changes made to the postgraduate training scheme in Singapore.

In the UK, with the formation of the Postgraduate Medical Education and Training Branch (PMETB), more changes are to be expected. The Royal Colleges and the Academy will see how best to meet the new requirements of educationists and government in the training of doctors. To me as an outsider looking in, it is about maintaining standards in the face of European competition, and of course, cutting wastage and increasing the number of specialists soonest possible.

But back on the local scene, what do we hear from the ground, blogs and coffee-shop talk? There are three matters I would like to address.

OVERSEAS GRADUATES

We have opened our doors to overseas graduates from a multitude of medical schools. Are they better treated than locals? Sure they will be if they are given expatriate terms of employment. Foreign talent does not come willingly if not for certain carrots enticing them here. But for postgraduate training, the rules that apply to locals also apply to them. There is no reason to discriminate against our own local graduates.

We have a one-year housemanship similar to the UK and Australasia, but in the UK, it will be renamed as a two-year foundation course for the first two years after graduation. So is it a two-year housemanship? Or is it just semantics? Remember that not long ago in Singapore, we allowed entry into traineeship after completion of one year as Medical Officer after internship. But today, directly after internship, you can start traineeship.

Overseas graduates may not be Singaporeans. If they join our workforce, it is really by choice. As for Singaporeans trained overseas, they need not come back to practise. After all, they would have completed National Service before proceeding to overseas medical school and they have no bond to the Singapore government to

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serve. Again, if they return, it is a conscious choice to do so. Of course, there are family bonds, culture, food, weather and other non-medical reasons. But they could have chosen to stay on and be trained as specialists overseas. No competition for these posts overseas? You must be kidding.

Some overseas graduates decide to come to Singapore after obtaining examination success, but before completing their Certificate of Completion of Specialist Training (CCST) because there are no training jobs. Others make a distinct difference between a training post and a locum or service job. They apply for training numbers to be on the training scheme, but separately, they need to apply for training jobs ever so often. This may mean moving from city to city, county to county, England to Scotland or Wales, and where have you. Yes, there are certainly inconveniences.

If they are Singaporean, we try to take them back and fit them into our local system where, whatever the posting, it is still within this island state and they do not have to shift house every six or twelve months. Do we give them an advantage? Rarely so. Each doctor and his/her training record are given due consideration and merit. But it is usual to ask that they fit into our local work ethic and culture for one year before we accept them into any training programme on a competitive basis.

EXAMINATION PASSES

Is it advantageous to return to Singapore from the UK with a MRCP or MRCS but with an uncompleted training programme, that is, no exit point reached? Locally, there are two requirements to complete Basic Traineeship. The exam is only one of them; necessary but insufficient. So the gripe from overseas graduates is that they are so good and they pass the exam so quickly, yet are held back from entering Advanced Training. This is because the second requirement is not met: that of supervised training in relevant training posts.

In the UK, not all jobs are training posts. In Singapore, this has appeared to be so, that is, every institutional job in the public sector gives you training. But we need to change this. All jobs give you training – on-the-job training. As junior doctors, you can apply for training courses. But if you are not a basic trainee on the national programme (that is, given a training number in the UK system), then your training is not supervised and recognised towards specialist training. It does not matter if your Consultant or Department Head gives you a glowing report. I have yet to see a bad testimonial. If you are not a trainee or on a training programme, it is not counted for specialist accreditation. This is done everywhere; more so with those I have seen from overseas. If a testimonial were indeed to be below par, the Consultant would probably have declined to write it. And if the Consultant did write a bad testimonial, the doctor concerned would most likely not submit it to the present employer, much less to the Training Committees.

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The challenge for us in the local scene is to make the differentiation between a trainee and another doctor who is not a trainee, really stark. There must a difference in the privileges of being a trainee. The Ministry of Health (MOH) has gone some way to lay down what these differences should be. Hopefully, with proper implementation of these changes, for example,

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four hours of protected time per week for educational activity rather than service work, the supervised trainee will be better trained than me and in a shorter time frame.

WHY BE A TRAINEE?

This is the last matter I would like to address. We have heard that some doctors have chosen not to become trainees in the national programme. Some have opted for institution-based training outside of, and parallel to, the national programme.

Alas, while they may succeed to some extent in getting by and passing the relevant examinations, at some later point in their training, in order to meet the stringent requirements of the Specialist Accreditation Board for training, their individual cases and training records (or lack of such records and documentations including non-traineeship status) are referred back to the Specialist Training Committees (STC) for a decision. As they are outside the national training system, though they have tried to gain entry to the Specialist Register by other means, most of the time, they fail.

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So it is important from all systems go, for doctors to be officially and properly appointed as trainees, by due process, as set up by MOH for Singapore. Towards this end, MOH will further mandate changes to better train specialists for the future, and for those who can do it faster, to make that possible, that is, training periods need not be time-based. This will be a challenge for the STCs.

A look at the revamped log books and syllabi show that improvements are continually being made to ensure proper training programmes and assessments. To this end, supervisors on the ground, under the guidance of the Associate Dean, are critical players to help trainees realise a wonderful training experience.

For those who choose to be outside the national training programme, it is obvious that their training will not be recognised. Another obvious conclusion from the foregoing is that retrospective accreditation of postings is a non-starter. For if you were not yet appointed a trainee, how could you have been in a training programme; and if you were not in a training programme, why should that experience (however pleasant that may have been) be recognised and counted as specialist training? It is counted as part of life's clinical experience and nothing more. It helped you grow older, mature, and hopefully become a better clinician. But a better specialist? Maybe – after you have completed the prospective training requirements. But the training programme cannot be shortened because of your past *non-trainee* clinical experience.

CONCLUSION

Knowledge is a fleeting thing. Medical knowledge is more so as advances occur at an ever-increasing pace. Teach doctors the basics. Thereafter, they search and use the latest information from whatever sources are available. Clinical experience and patient/relative interactions are a different ball game. These should be properly supervised from the start to ensure a firm and strong foundation. This is where the emphasis on skills will be.

If we want to improve ourselves as doctors and train the next generation to be better than ourselves, then we need to change the way we do things. Doing things the way we always have will give the same results. To realise the results of better doctors, we change the system of training. No change, no improvement. But change is uncomfortable, change is painful. The voices from the ground are not unexpected. They need more explanation. Hopefully this article helps do that. Let us each do our part, for the system is made of parts. Let us accept the changes and make it less painful for everyone involved, including ourselves. ■