

HEARING FROM A FOREIGN TRAINEE

TEXT BY DR VERONICA ALCANTARA

After seeing Filipino doctors in various local hospitals, some Singaporeans might wonder how medical training and practice is like in the Philippines. I was raised and surgically trained in Metropolitan Manila, the National Capital Region of the Philippines. There, I rotated through numerous hospitals, from far-flung government institutions to semiprivate and private healthcare facilities. However, being in a country composed of more than 7,600 islands, comprising cities and provinces with variations in geography, financial means, culture and available facilities, my experiences only constitute a small fraction of what medical practice in the Philippines is like.

For basic medical education, there are several schools scattered across the country that offer postgraduate medical courses: four years of basic education and a fifth year which we refer to as "internship". Out of the five years, the first three years are mostly didactic while the last two years are based on various rotations in a hospital, which are similar to the postings in Singapore.

After completion, it is a requirement for us to pass the Philippine Physician Licensure Examination in order to practise independently as a general medical practitioner or proceed into residency training.

In my case, I decided to branch out to general surgery. I chose to train in a private institution, as it offered the facilities and an ideal management that were oftentimes lacking in the government hospitals during that time. The set-up was more or less similar to my current workplace here in Singapore, although we attended to more private than subsidised patients. In the Philippines, it is a requirement for private hospitals to have a subsidised ward in order to obtain accreditation for their surgical training programme. The general surgery residency programme takes five years; after which, subspecialisation or fellowship training (equivalent to the Health Manpower Development Programme) is encouraged. An exit examination held by the Philippine Board of Surgery, composed of a written and an oral

portion, is necessary for accreditation as a general surgeon. A subsequent post-fellowship examination may be required depending on the chosen subspecialty.

My colleagues and superiors paid much more attention to surgical knowledge, skills and technique, than research. Research was not viewed as a requirement for graduation in our institution while I was in training, although there were some who emphasised on it. During my posting to a government regional institution, I remember clearly how we had to maximise a strand of suture to avoid wastage and adding cost to the patient if a second one was opened. Being a third world country where resources are limited, diagnostics were kept to the minimum to avoid having our patients spend excessively on laboratory and radiologic investigations, only to end up without any money left for definitive treatment. Instead of these expensive devices, we sometimes had to improvise using simple sterile materials, mainly due to absence of said



expensive device or the patient's lack of means to pay for it.

In spite of these shortcomings, I won't forget how particular and dedicated our mentors were with anything pertaining to surgery – from the correct pronunciation of the eponym to the clinical application of various surgical methods and instruments. The small things such as the way we hold the instruments to the way we set up our slides for presentation, may end up with us receiving a scolding due to improper execution. These experiences truly made us the surgeons we are today and I am thankful for the scoldings we received, for they were done out of concern for our future well-being.

Now in Singapore, as I step into the operating room and have easy access to a vast array of supplies for our subsidised patients, I sometimes wonder if I would live to see the time the Philippines reaches a state where even the government hospitals are Joint Commission International accredited. Occasionally, I would dream

that even very far flung areas can have fast access to a tertiary hospital, so that the Hartmann's procedure does not have to be done every time we encounter certain situations. For example, a patient who has been stabbed may have to travel for more than a day to a tertiary hospital as he or she lives on a very distant island. In Singapore, I experience the medical system that I seek and hope for in my country. To work in a nearly ideal situation such as this gives me hope that it is possible in my country, even in at least a part of it, simply because it is attainable. It might take some time before it can be applicable to the Philippines, but at least it is a reality and I am currently happy to be a part of it. ♦

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