

For Doctors of Tomorrow

Key Points from SMA Doctors in Training (DIT) Committee's Meeting with Director of Medical Services (DMS) A/Prof Benjamin Ong

Dr Teresa Marie Wong, Member, SMA Doctors in Training (DIT) Committee

In 2011, specialist training was revised from the traditional BST/AST system to the current residency system, the aim of which was to plug a perceived gap in the number of specialist doctors in Singapore. Less than a decade later, the Ministry of Health (MOH) made a rapid about-turn and revised their policy to encourage junior doctors to pursue a more generalist approach. The DIT committee had the opportunity to meet with DMS A/Prof Benjamin Ong on 25 May 2018 to address some of the concerns that junior doctors have over these changes.

(These FAQs are subject to artistic license.)

What is a “generalist”?

The opposite of a “specialist”. While specialists are trained to know a lot about very little, “generalist” specialties such as Family Medicine (FM) and Geriatric Medicine are geared toward a broader competency and wider breadth of practice.

Why is MOH promoting generalists rather than specialists?

The move towards “generalists” is driven by Singapore’s ageing population and rising chronic disease incidence, as well as the increasing burden of healthcare costs.

To that end, MOH has set out three key shifts for our healthcare system. First, moving beyond healthcare to health through more effective health promotion and disease prevention. Second, moving beyond hospital to community by shifting the centre of gravity of care from the acute hospital setting to the primary care, community and home settings, while maintaining care outcomes. And finally, shifting beyond quality to value through ensuring appropriate and cost-effective care.

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In short, as Singaporeans get older, DMS emphasized that all doctors should be competent in practicing basic Geriatric Medicine principles regardless of specialty. Primary physicians should also be able to handle simple geriatric issues.

The glory days of FM are here once more...

Previously, Singapore had a relatively young population that required mostly episodic care, which could be provided by acute hospitals. However, our ageing population now requires more consistent and longitudinal care. With the aim of making primary health the backbone of our healthcare system, MOH has been increasing the number of FM training positions, as well as offering funding for postgraduate doctors to take up the Graduate Diploma in Family Medicine and Master of Medicine programmes. But beyond the numbers game, traditional primary care practices also need to evolve – with the complexity of care required for elderly patients, singleton practices of traditional GPs are likely to be phased out in favour of team-based practices.

But it's not all a bed of roses...

A key challenge in expanding FM and the role of FM physicians is the public's apparent preference for specialists. With the relative accessibility and affordability of specialists, many Singaporeans insist on seeing a specialist even if it is not warranted, and loathed the discharge from specialist care once their chronic conditions have stabilized. DMS agreed that changing the public's mindset would not be easy, and felt that specialists could play a role in tackling this challenge. For example, having specialists take the initiative to build ties with and reach out to partnering FM physicians within their Regional Health Clusters would ease the transition of care for patients from the acute to primary care facility.

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Will there be a job for me?

Over the last decade, the number of medical schools in Singapore has tripled, and the intake of medical students per batch increased. A major concern among junior doctors is whether the changing healthcare system can sustain the large numbers of local medical students and returning medical graduates. DMS explained that the increase in medical school intakes addressed the junior doctor manpower shortage of the past. DMS highlighted the evolution of hospital manpower over the last few decades to the current reasonably sized medical teams who maintain the ward requirements and clinic needs. He confirmed that there is no intention to flood the healthcare industry with doctors, as that would be counterproductive to what the industry should strive towards. Yet, reducing the number of local and overseas returning graduates entering the profession abruptly could result in issues for hospital operations further downstream. MOH is constantly reviewing manpower projections, and medical school intake numbers are but one piece of this dynamic balance.

Will it be a job I want?

Singaporeans being a pragmatic lot, it is not surprising that the dearth of specialist positions has resulted in many junior doctors choosing to pursue primary health not out of interest but necessity. This may result in a loss of potential specialists for the next generation. DMS felt that it is important for younger doctors to choose their career path based on their aptitude as much as possible, instead of solely on predictions about future healthcare needs as these will vary over time. He also stressed the importance of attracting persons with the right mindset for the profession. However, he noted that the career choices and aspirations of doctors had to be tempered with the needs and demands of our population.

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Bastille day

The day is coming when the hierarchal structure of medicine could topple. Although manpower staffing at each level is currently sufficient, the system as it stands is inefficient. With the decreasing number of junior doctors, higher levels of medical management may soon be required to help out with care on the ground.

For better or worse, it would seem that the heyday of specialists has passed, and the time of generalists has come. But the only constant in life is change; give it another decade or so, and who knows what will come to pass.