The Finer Details in Local Healthcare
– Interview with Permanent Secretary (Health) Mrs Tan Ching Yee

By Dr Tan Yia Swam, Editor, and Dr Toh Han Chong, Editorial Board Member

Mrs Tan Ching Yee has been Permanent Secretary at the Ministry of Health (MOH) since April 2012. She joined the civil service in 1986 and has worked at various government bodies such as the Ministry of Education (MOE) and the Ministry of Trade and Industry. In this interview with SMA News, Mrs Tan shares her insights on issues pertaining to medical education and training, the delicate balance between the public and private sectors, as well as future healthcare challenges that are close to the heart of both young doctors and senior clinicians.

This is the full version of the *SMA News* interview with Mrs Tan. The contents of this interview are not to be printed in whole or in part without prior approval of the Editor (email news@sma.org.sg). (For the version published in our July 2014 issue, please see http://goo.gl/DGKf6N.)

Looking out for doctors in training

Dr Tan Yia Swam – TYS: Thank you for agreeing to this interview with us, Mrs Tan. We noticed that there have been some worries on the ground that young doctors are not as well trained, and that they have different motivations for entering Medicine, like money, and not primarily to look after patients. Based on your experience, do you think we need to review the current admission processes for the three local medical schools?

Mrs Tan Ching Yee – TCY: I do not want to second guess the people who design admission systems, but would like to point out a couple of interesting facts about admissions.

Medical schools around the world have enjoyed, or suffered from demand that outstrips the number of places available by a huge margin. I think this is not a peculiarly Singaporean phenomenon. In any country, medical school is about the most competitive school you can get into. Therefore, it is not surprising that no matter what admission system, criterion or process is designed, prospective applicants will try to make themselves the right person you're looking for. That's a big challenge for every admission panel, but particularly so for medical schools since their applicants are extremely intelligent and have the ability to fit into any admission criterion you can set.

Some other professions may give people the opportunity to shadow those in the profession for a short period of time, to experience what the job entails. It is not really mentoring per se because mentoring suggests that you have already gained admission, and that you are seeking help. What if you're applying to medical school because someone told you that it was a good idea, or you have been harbouring a romanticised notion of what being a doctor might be? Therefore, that misguided applicant needs a dose of realism as to what a career in Medicine is really like – on both the good days and bad days. I recognise that it may not be practical to give every prospective applicant such opportunities, but giving some of them a chance to do so, complemented with frank heart-to-heart talks with current medical students and junior doctors, may help to identify those who are pursuing a career in Medicine for the right reasons. However, I cannot predict how an applicant's motivations will change from the point of admission into medical school till his graduation. There's only so much the admission process can do.

For those who are chosen to enter medical school, you need to appreciate that for every candidate chosen, there are a few equally qualified applicants who didn't get a chance. In other words, you're very lucky and privileged to be among the chosen few. When the going doesn't turn out to be as rosy as you expected, perhaps you owe a bit of moral obligation to the rest of us who think very highly of those who study Medicine, to make the best out of the opportunity given to you. Of course, if you find something else that occupies your time and efforts in other related fields, that's fine.

During my previous stint at MOE, I had opportunities to interact with various university admissions deans and directors, and they told us they face the same challenge. In fact, I still remember one piece of advice from the rector of a renowned university in the UK. He said that the best determinant for university admission would be an honest report from the student's previous headmaster. However, he acknowledged that this could only work if the headmaster did not have a stake in it, or else he would not be too honest about his student. If not, it would turn into a competitive writing competition among teachers and principals, who would then try to promote their students. If every headmaster could write an honest report, it would have been good enough, if not better, to identify the best candidates than any tests we can devise. But because we can't, and because people like some degree of objectivity in admissions, we depend on assessment tests, mini exercises and panel interviews. We hope that through these admission criteria, we are able to reduce the chances that the candidate is a one-shot deal or that his inability to complete a particular task is temporary. Various schools have different admission criteria and exercises, and I don't think

any one of them is better than the other. If medical schools, their alumni and current students can initiate their own outreach efforts, they could give prospective students a realistic appreciation of how Medicine is really like. At the end of the day, we need to recognise that we can never really devise the perfect admission system.

TYS: Moving on to the residency programme. Medical students in Years 3 and 4 are starting to think about where they want to apply to and by the time they reach Year 5, a lot of them have already chosen their subspecialty. We have seen Year 3 and 4 students dropping out of the programme along the way, citing reasons such as wrong career choices and early burnout. As a mother and career woman, what advice do you have for young doctors when they choose their careers and how should they balance it with family life?

TCY: You mentioned that medical students should know what programme they want to get into by the last year of their undergraduate career. Is that a programme requirement, or is it because they're afraid of losing out?

If it's a requirement, I'd say we may need to relook the programme, whether such an early selection process is needed because training is very long and residents want to start early. If it's a question of losing out, then we need to work together as a fraternity on how to give people sufficient time to think about their career choices.

Doctors in the old training system felt that they had a little bit more time to consider their options. The first reason is that they go through different institutions and experience their organisational cultures, which may then help them pick the kind of setting they would want to work in. The second thing is that many of us hope to meet a mentor or someone we can look up to. The choice of specialty is not always based on your innate competency, like wanting to become a surgeon because you have good hands. Sometimes you decide that you want to be more like someone you admire.

As we gradually move towards the residency programme, it's not inherent in its design that you must hurry up and make a choice about specialisation. But because it allows earlier decision making, many of us fear that if we didn't put our tissue paper on the table, somebody else will come along and take our place. We should relook whether the incentive to *chope* can somehow be blunted. There are many different ways of doing so, but I wouldn't come up with too many ideas partly because it's a professional matter on which I know very little.

We recently had a transition in Director of Medical Services as well, which means that new perspectives are being brought into the healthcare leadership. At the same time, the Ministry and healthcare leaders have made a clear decision to adopt the good points of the American residency programme that help and suit us, and if there are elements from the old training system that are very good, there's no reason why we shouldn't retain them. I think that's a smart way of doing things.

TYS: With large numbers of residents per cohort, junior doctors are concerned that there will be a lack of consultant jobs once they exit.

TCY: I would like to assure our young doctors that the public healthcare system alone is expanding. Health Minister Mr Gan Kim Yong has announced that we will be opening a new general or community hospital, on average one per year, until 2020. Given the growing capacity for healthcare services, we will need more doctors for existing institutions as well as new ones that we will be setting up to meet the needs of populations who live in areas with less convenient access to a general or community hospital. Given that we are working on expanding the health and aged care industries, employment opportunities are available; they may not be in the specific institution in which you trained in, but at new institutions or other institutions instead.

TYS: There are worries on the ground that if newly exited consultants enter a new hospital, they would be the most senior there, which may not be very fair for patients. Hence, we look towards the Ministry's advice on the distribution of senior and junior specialists in these new institutions.

TCY: This is a very good point. The Ministry will not be able to centrally dictate this to the last doctor, but we can certainly facilitate. However, since new institutions are opened under the banner of an existing cluster, they are able to deploy or recruit more senior doctors to these new institutions so that they do not start out with a zero base. For example, the upcoming Ng Teng Fong General Hospital has a core group of senior clinician leaders there, along with doctors of different seniorities. You're absolutely right in saying that we shouldn't start a new institution with only brand new guys, and we will not. Our advantage is we'll always have a mix of talents – both more experienced doctors from established institutions and younger ones.

TYS: In your opinion, what are some of the challenges young doctors will face in the next five years?

TCY: Their experiences will be no different from other young people who are starting out in their career – whether they will get a good mentor, be able to exit, and secure a good job. Many people will plan to start a family, and quite rightly worry about material things as well. Interestingly, I do hear stories of doctors saying, "oh it's not that I don't want to stay in the public sector", but their wives wanted this or that. I think they're trying to express that they need to provide for their families in a way that is commensurate with their perception of what their social positions in life ought to be, which is a reasonable aspiration. However, everyone's personal aspirations are pegged differently. For example, some people think that having a car is already good enough for them; others may think that they need a particular type or that they have to change it every so often. Individuals' personal aspirations are things that none of us – whether it is the Ministry, SMA, or employers – can tell people what to want.

I was very touched when I visited the wake of the late Dr Tan Chee Beng, who was the Chief Executive Officer of SingHealth Polyclinics. Dr Tan's widow told me that he believed that one should not be attracted to three things – power, money and women. The bottom line is that you need to know your purpose, and not be either attracted or intimidated by what are ultimately distractions. Of course, not everyone can live life this way or will choose to do so. I think it's up to you to make the final decision. However, we need to have enough doctors who are more like Dr Tan in the public healthcare system.

The future of Medicine in Singapore

TYS: Family Medicine (FM) specialists' decision to enter private practice is often multifactorial – some are motivated by higher salaries, while others are attracted by shorter working hours. One major push factor that most FM specialists cited was the heavier workload they needed to take on to train residents, on top of seeing patients.

TCY: I'm not sure whether this is exclusive to FM or not, but training does add to a public sector doctor's workload. In a way, our public healthcare institutions do not just provide high quality clinical services, we also have a very strong education and research mission. The public sector's education mission gives us a unique value proposition for people to join us. It's something that has always been part of the public sector. Ironically, the education mission is partly what makes the public sector attractive, but if you don't like to do this kind of work, you'll find it a chore.

When we start a new programme like the FM residency, it will inevitably be filled with some degree of unfamiliarity, coupled with a period of high demand for healthcare services. Doctors have to shoulder heavy responsibilities today, and I must really pay tribute to all doctors in the hospitals and polyclinics for ensuring that we have been able to step up to the role across different domains. I know it has been hard on individuals, but for those who choose to stay on, kudos to you for having done it! When we invest in medical education and training, we nurture juniors who will then help us with our work and move on to become the next generation of professionals – that's part of the job satisfaction.

Although I've worked in MOE for many years, I didn't realise how revered healthcare educators are until I joined MOH. I saw how our doctors find great pride in education. Moreover, when doctors talk about their teachers and professors, they speak of them with great reverence and respect. I think that tells you how strong that teacher-learner bond is. For doctors who have been part of the teaching faculty, they will proudly tell you where their various trainees have been. When I tell them that we're going to start a new initiative and ask them for the necessary manpower, they'll say, "No problem, I have trainees all over. I just have to ask around and they will come!"

We should keep in mind that the public healthcare system is the only training system in Singapore, so the only way the private sector can ever get its trained doctors is through the public system. Every year, there will definitely be a certain outflow of doctors into the private sector, which is not a good or bad thing in itself. As long as we keep a fair share of talent within the public sector, some outflow into the private sector is in fact something that we have accepted over the years.

TYS: How strong is the need to retain talent in the public sector?

TCY: The public sector has a social responsibility to look after the needs of those less well-off through the availability of subsidised healthcare services, so we do need to keep a fair share of talent in the public healthcare institutions. The need to retain talent is further enhanced as these institutions experience high volumes of patients and a more complex case mix that tend to require more care and for longer periods of time. Given that, I would say I would like the public sector to retain a fair share of talent – people who identify with the social mission and want to treat patients regardless of their paying status.

I also want to acknowledge that we do have a strong private sector in Singapore, with doctors who are doing good work for people who live here as well as those who come here to seek

medical attention. If you look at any geographically large country, they always have referral centres in a big town or a major metropolis. Singapore is a geographically small country. However, if you look at the Southeast Asian region as a whole, then it's natural that there will be certain numbers of referrals into Singapore's public and private healthcare institutions. We shouldn't see this phenomenon as a bad thing because if we are not a medical referral destination, it means that the standards of our healthcare services must be very low.

Keeping in mind that Singapore has limited resources, we have to be very careful about the volume of medical tourism in our country so that we're able to retain our edge as a referral centre while making sure that Singaporeans' needs are looked after. We're constantly trying to negotiate that delicate balance. The correct balancing point today may be different from what it was five years ago, and it will likely be different five years from now. Therefore, we can't set a switch and leave it to run by itself; the switch needs to be constantly adjusted.

TYS: Is having more doctors in the local healthcare industry a real need or a perceived one?

TCY: I think that there is no objective measure to determine how many doctors are enough, partly because the demand for doctors' expertise is not completely fixed. For example, if there are more doctors available, they could stretch the consult a little bit longer than usual and perhaps order one or two more tests.

What is important for us is ensuring that we look at our overall healthcare needs, and design an appropriate care model. Going forward, we do need more doctors to cater to an ageing population. However, I think we would need more allied health professionals to surround the doctor and deliver the kind of care that an older population needs. For example, some patients who present with the same illness may need a longer rehabilitation period that require medical attention from the physiotherapist, instead of the doctor, to help them regain their full functional independence. Medical care does not stop at the completion of a surgery or the end of a hospital stay, it comprises rehabilitation and efforts to restore functional ability. Although these elderly patients' fractures caused by falling have been fixed, they still reduce their amount of walking and refrain from going back to their old daily routine for fear of falling again. Over time, these patients' functional ability decline, and they have the inaccurate perception that decreased mobility is part of ageing, when it could be avoided with proper rehabilitation.

Rehab work involves assistance from healthcare professionals, requires therapy aids, and cooperation from patients' family members. For example, a patient may want to go to the market like he had done so many times before the fall, but he now needs someone who can help him relearn how to walk that same route. You can help the patient regain some functional independence via stimulated walkways, but he still needs to practise how to walk that route in real life because there may be some steps along the way or perhaps a lift button to press. The elderly must never feel that reduced mobility is normal with ageing.

I would therefore say that it's probably not that we don't have enough doctors, but we need to watch what kind of doctors, how many of them and in what specialties. But adding more doctors and allied healthcare workers is not the answer to our healthcare problems because it will not help us to keep people healthier and regain their functional independence. In fact, the population's healthcare needs are dependent on combined efforts by other professionals as well, such as behavioural scientists who can design intervention programmes.

TYS: As more foreign-trained doctors are joining local healthcare institutions at various levels of training, how do you think SMA can help to integrate them into our workforce?

TCY: In my previous interactions with some SMA Council Members, they expressed interest in helping to assimilate these doctors into our healthcare workforce by organising various workshops and keeping in touch with them.

Some of these doctors could be Singaporeans who have studied abroad and decided to return to Singapore, which makes it easier to reintegrate them since they have not been away for long. The second group consists of Singaporeans who have studied and practised overseas for a while before returning, and may require more hand-holding since Singapore had undergone rapid developments in the meantime. Lastly, there are of course doctors who are non-Singaporeans who were trained overseas – this group probably needs the most adjustments to the local healthcare system.

If SMA as a professional association can open your hearts to these doctors and help to include them in your activities, it would definitely be beneficial to them. Assimilation is not something that can be accomplished solely through machinery, it is done through friendships.

Dr Toh Han Chong – THC: What are your views on how Singapore can stay ahead of the game and remain a world-class healthcare system in the next ten years?

TCY: We have been able to stay ahead because we have always been looking around the world for good examples and ideas to learn from. The idea to look outward is not a bad one to have, so that we are not ignorant and assume our system is perfect and therefore does not need to change.

Doctors in Singapore should recognise that they have the ability to come up with innovations of their own if they are dissatisfied with the status quo or there is a problem that needs to be solved. Increasingly, we would have to be very discerning about learning from other countries' healthcare systems, partly because some of these systems are also suffering from issues of non-sustainability in the long run. The biggest worry everywhere in the world is the juxtaposition of an ageing population, which means the somewhat reduced ability to continue to pay taxes at a certain level, with increasingly higher expectations of what the healthcare system can do. Whether it is a tax-financed system like Hong Kong or a social insurance system like Germany, the dominant worry is how to pay for it while giving services to people who need it.

Singapore policy planners from generations past have been very far-sighted and have put in place various elements to avoid getting into this bind. We should continue to review which elements are worth keeping and which ones need to be changed. We need to keep moving forward, and the key is to have productive dissatisfaction about the current situation. It's when you think that the status quo is not good enough that you'll either look outwards or inwards for inspiration.

Personally speaking

TYS: If you could choose your career path again, would you have decided to become a doctor instead?

TCY: I could tell you why I didn't choose to become a doctor back then. Thinking back, it was really out of ignorance and bad luck. When I was a student, Biology was the prerequisite to do Medicine at the National University of Singapore. I had my first contact with Biology in upper secondary, but did not find either the syllabus or teaching very inspiring. You must remember that I studied this subject at a time when it was still rather descriptive, which is not bad, but when coupled with not so great teaching, I found myself not loving it very much.

Ignorance was because career guidance was really patchy then. Therefore, while a lot of people wanted their children to become doctors, very few of us went on to find out more about it.

Biology was such a chore for me that when I had a choice to study it or not in junior college, I definitely chose to give it up. By doing so, I foreclosed my options to study Medicine.

I'll tell you one or two interesting things – when I was still going to school, communication sciences was still relatively new. I did take the communication science aptitude test, but I didn't take up that major in the end. The irony is that by not taking up communication sciences or Medicine, I eventually had a posting to Infocomm Development Authority and I am now with the Ministry of Health.

In a way, you could say that life works in mysterious ways such that I now come close enough to healthcare, but I didn't have to go through the rigours of medical school and specialist training. Therefore, I'm not a doctor. When I look back at my decisions that brought me further away from Medicine, it was really out of ignorance, lack of career guidance and sheer bad luck.

THC: Do you have any role model whom you admire greatly?

TCY: I find it a bit difficult to single anyone out because those mentioned will be very happy while others will feel left out. If you have been working for a long time like me, you'll meet bosses who are very inspiring and you'll notice how they get things done through people. You should also keep your eyes open to learn not just from your bosses, but also your peers who seem to get their way at the workplace or those whom others like to work with. The third area is very interesting – they're your subordinates or junior staff. I've realised that some of them are very systematic and organised, and some are not. I suppose the *kaypoh* in me has tried to look around and absorb some of their strengths because you'll be surprised that you do not just learn from your superiors, but also your peers and the people who seem the less likely candidates, like the support staff in your office or your subordinates. Sometimes, you'll find in some of them a certain spark or perseverance that you wished you had, and maybe you could then try and internalise that. You may not succeed right away but at least you now know where you fall short.

TYS: Based on your own experience, what are the three main qualities you want your doctor to possess?

TCY: Honestly, when push comes to shove, I hope he's super competent. Although I'd appreciate it if my doctor has good communication skills, in situations where I need his expertise for let's say a brain surgery, his competence is the number one criterion.

Besides that, it definitely helps if he is able to explain things very well, so that I can understand.

The third one is that the doctor should not only administer the science of Medicine, but also to the patient and his family's emotions. It takes more time for doctors to cater to the emotional side of Medicine, which is perhaps the most difficult aspect to accomplish, especially when they're dealing with intangible things. Although it boils down to the doctor's competence in urgent medical situations, most patients' complaints are about their doctors' lack of communication skills. If the wrapping paper is not so nice, you lose a bit of credit in patients' eyes.

TYS: Thank you for taking time out of your busy schedule to answer some of our questions, Mrs Tan. We're sure that both young doctors in training and senior clinicians will gain clarity through your insights on the topics we've discussed.