TRAINING OVERSEAS, RETURNING HOME

Three Singaporean doctors, who pursued or are pursuing medical qualifications overseas, share their experiences with *SMA News*.

Dr Felicia Chua is a 2013 MBBS graduate from Monash University. In Melbourne, Felicia founded and became President of both the Singapore Medical Society of Australia and Singaporeans of Victoria, among involvement in other societies. She is currently working in Tan Tock Seng Hospital as a Transitional Year resident.

Dr Julian Kenrick Loh graduated from Trinity College, Dublin in 2008. He undertook his house officer training in St James's Hospital, Dublin. He completed his basic specialist training (BST) as well as the MRCP (Ireland) and MRCP (UK) in 2011. He returned to Singapore thereafter and joined the Department of Internal Medicine, Singapore General Hospital. He is currently a senior resident with SingHealth Cardiology.

Dr Low Yinghui graduated from Duke-NUS Graduate Medical School in 2011, and is currently in her fourth year of residency in Anaesthesia at Duke University in Durham, North Carolina.

Going overseas

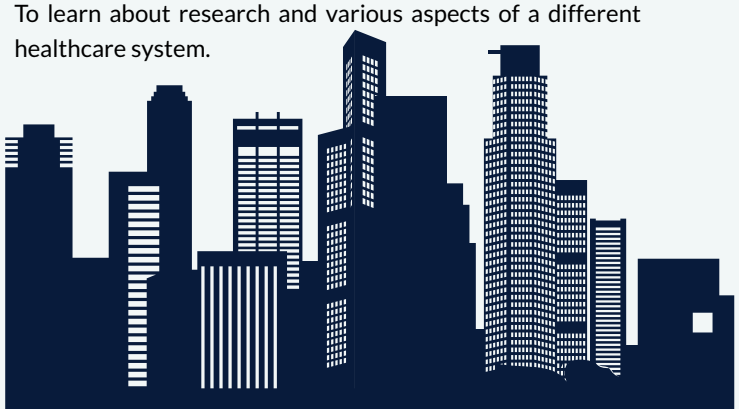
Why did you choose to train abroad?

Dr Felicia Chua, who studied in Australia – FC: I actually didn't plan to train overseas initially, but by the time I received my reply from the Yong Loo Lin School of Medicine, the only universities left to apply for Medicine in that academic year were in Australia.

Dr Julian Kenrick Loh, who studied in Ireland – JKL: Studying abroad is very enriching. You immerse yourself in a different culture and are introduced to other perspectives. You also learn to prioritise resources as well as to fend for yourself. All these occur during a period in your young adult life where you have no responsibilities other than studying and training well to become a competent professional. You have been transported to a completely new environment from which you have the time and energy to explore your new surroundings. The education goes far beyond the academic.

I tell people I chose Trinity College, Dublin mainly because of its rich history: it was founded in 1592 by Queen Elizabeth I, and is one of the seven ancient universities of Britain and Ireland. What really swung me toward Trinity, truth be told, is that my favourite author, Oscar Wilde, did his undergraduate degree there. It is not the most reasoned of choices, but by such whims are life-changing decisions made. The fact that it was a good base to explore most of Europe with easy access to the US (one can avoid the long immigration queues there) was but a bonus.

Dr Low Yinghui, who is currently studying in America – LY: To learn about research and various aspects of a different healthcare system.



How does the focus of medical training in the country you studied in differ from Singapore's?

FC: Australia is very hands-on in their training and has a lot less spoon-feeding of information, whereas Singapore has a greater focus on academic knowledge. For example, in Australia, the tutorial sessions were student led, and we would usually discuss a main topic, like diabetes. A doctor moderator would be listening in, but would not interrupt unless our facts were wrong. During our clinical years, students were expected to be more involved in managing patients, carrying out procedures like taking blood and setting plugs, sitting in on clinics, and seeing our own patients, where feasible. There are pros and cons in each system. While I wished there was more structure in the teaching style in Australia, I truly enjoyed the practical experience it allowed.

JKL: Broadly, postgraduate medical training in Singapore is more centred on didacticism, and arguably therefore more structured, whereas medical training in Ireland is more self-directed.

LY: I think they are very similar and both focus on the delivery of good patient care.

Dr Felicia Chua (first from right) celebrating a friend's birthday at a pub in Melbourne

What were some of the challenges you faced when commencing medical training overseas, whether personally or professionally?

FC: There was a greater difficulty interacting with patients at a personal level, less so on a professional one. It was more of a cultural factor, akin to how overseas doctors feel when they work in Singapore.

JKL: I was blessed with many supportive colleagues and understanding consultants. I do not recall facing any major problems, professionally or personally, in my medical training.

When my grandmother passed away in Singapore, I was serving my three-month rotation with the Professor of Surgery in the Upper Gastrointestinal Unit at St James's, the largest university teaching hospital in Ireland. It was a busy rotation with two interns (house officers) sharing a 40-patient load. Prof John Reynolds told me to get on the earliest flight I could and to take as long as I needed. My co-intern, Will Shields, took on the extra 20-patient load as well as my Sunday call with only two days' notice, supported by our other classmates. The Irish are generally friendly and caring people. It helped that we were a small class of 100 who had spent five years of school together and were strong friends. We always tried to look out for each other, and with their support, I had no problems at all during my medical training.

LY: Initially, I had to learn how to assume a slightly more gregarious style of communication to facilitate both personal and professional interactions.

After Singaporean doctors finish their training overseas and return home, they often encounter difficulties in sourcing for attachments in local hospitals and also find the learning curve steeper here. Do you think this is true? How should these challenges be overcome?

FC: I had requested to start in a posting that I was more familiar and comfortable with, General Surgery, hence it was less difficult adapting to work when I returned to Singapore. In addition, during my university years, I took up local hospital electives during every holiday break. This really helped me to familiarise myself with the hospital systems like Aurora or Computerised Patient Support System, as well as the working environment and pace of work in Singapore.

JKL: I am not sure that it was difficult for me to source for attachments in local hospitals. Like many other industries, we are facing a shortfall in healthcare staff and I was pretty much able to start work once my credentials were verified and the administrative forms sorted.

Medical practice is in general quite universal. While disease spectrums may vary geographically, the relevant investigations and management should not, barring local resource capabilities, digress to a great degree.

But the learning curve can potentially be steeper here, as the degree of assumed responsibility is quite high in our local practice. For example, where I practised in Dublin, cardiac arrests were managed by a specialised resuscitation team led by an anaesthetist. To the individual who has never taken point in leading a resuscitation, however, this can naturally be a challenge. I suppose like most things in life, you just learn to get on with it.

LY: I believe there will be a set of new challenges and new things to learn regarding how to practise effectively, when I return.

Returning home

Dr Julian Kenrick Loh (fourth from left) celebrating Christmas with fellow registrars from the National Heart Centre

What was your main motivation to return and practise in Singapore?

FC: Family and also familiarity with the environment in Singapore.

JKL: As it is in most cases, I came back mainly because of family. After completing my BST programme, it would take a further seven to eight years (for advanced specialist training, fellowship and an MD or PhD), before I could make consultant. When I conveyed this to my parents one Sunday morning, they gently suggested to me that I might want to consider coming back to Singapore to train. I had been in Ireland for eight years at that stage, and sensed their reluctance at my spending a further eight years away. That, coupled with the shorter training times, greater clinical exposure and resources available in Singapore, were the push and pull factors for my leaving Ireland in 2011.

LY: My family and friends are in Singapore, and I look forward to the opportunity to serve the community I grew up in.

Having studied and worked in a different healthcare system, what do you think are some of the strengths and weaknesses in the Singapore system?

FC: Singapore's strength is that there are great facilities and resources in every healthcare institution – emergency departments, operating theatres, high dependency units, intensive care units, pharmacies, microbiology labs, and radiology departments. This fundamental structural support is integral for establishing a long-lasting and sustainable healthcare system.

Its weakness is inadequate allied health services. In Australia, there is very strong support from physiotherapists, occupational therapists, nurses and other allied health workers.

JKL: The Singapore healthcare system is very unique in its structure. It is certainly very efficient in terms of waiting times and providing cost-effective healthcare. However, like any large organisation, the administration is bureaucratic and the multitudes of mandatory timetables and rosters emanating from different offices can be contradictory and complex to follow, just as the many different computer programmes each with their own separate and unique usernames and passwords can be a source of frustration. Underinvestment in the public healthcare sector over the years has caused problems with the equitable distribution of our limited resources, both human and financial. Allowing individuals to use their Central Provident Fund money to pay for their dependants' healthcare has also led to challenging ethical issues with regard to confidentiality, autonomy and beneficence.

LY: It has a strong reputation around the world for being an efficient and excellent healthcare system, and is often brought up as something to aspire to in the US, where there is ongoing debate about how to solve problems involving health insurance and access to care, high healthcare costs and a litigious milieu.

What are some things Singapore can adopt from the foreign medical training system you experienced?

FC: Increase clinical exposure, even from Year 3 onwards in medical school. In Singapore, the main clinical exposure and involvement is during the final year. However, intensified involvement from the junior years would make a difference in helping doctors adapt to the working environment.

JKL: To borrow a phrase from the Irish: "Relax. It will be grand, so it will."

LY: I think it has already been trying to adopt changes from various training systems. ■