

MILITARY MEDICINE AND SINGAPORE

AN INTERVIEW WITH COL (DR) TANG KONG CHOONG

COL (Dr) Tang Kong Choong joined the SAF in 1992 when he received the Local Study Award (Medicine). After completing his Bachelor in Medicine and Surgery, he returned to serve the SAF in May 1998. He held several key appointments in the Navy Medical Service and Headquarters Medical Corps before taking on the positions of Chief Naval Medical Officer (CNMO) and Commander Force Medical Protection Command in 2011. In May 2015, COL (Dr) Tang was appointed as Chief of SAF Medical Corps.

COL (Dr) Tang was responsible for planning the naval medical support for Operation Flying Eagle in the aftermath of the Boxing Day tsunami in Dec 2004. In 2008, he was sent on a recce mission to Afghanistan, in preparation for SAF's first medical deployment, codenamed Operation Blue Ridge. During his clinical posting at The Alfred, Melbourne in 2009, he contributed towards the disaster management effort of the devastating Victorian bush fires.

COL (Dr) Tang Kong Choong (TKC) holds a Masters of Medicine in Anaesthesiology from National University of Singapore. He is a consultant anaesthetist with Tan Tock Seng Hospital and a consultant in Diving and Hyperbaric Medicine with the Singapore General Hospital Hyperbaric and Diving Medicine Centre, and is also a board member in the Agri-Food & Veterinary Authority.



INTRODUCTION TO THE SAF Dr Tang, how have your roles and responsibilities evolved since your new appointment as the Chief of Medical Corps (CMC)?

TKC: Compared to my previous role as CNMO, my new appointment requires a deeper understanding and consideration of issues at the organisational and strategic level. For the SAF, maintaining strong public support for National Service (NS) is crucial for the defence of our nation. To this end, the Medical Corps is committed to providing quality healthcare and emergency medical care should an incident occur within the SAF. It begins by first ensuring that our servicemen are properly classified. Secondly, when they are ill or they get injured, we ensure that the best resources are available for their care. Without responsive medical support and quality healthcare, confidence in the NS institution can easily be eroded. Therefore, my role as CMC is to coordinate and improve the SAF medical system and to provide comprehensive and excellent support to the SAF.

The SAF Medical Corps not only has a role in defence and protecting full-time National Servicemen (NSF) and regulars, but is also involved in medical diplomacy. How are these different roles performed?

TKC: In medical diplomacy, it is about how we continue to strengthen relationships with our regional neighbours and other countries. A case in point was the recent disaster

relief deployment to Nepal by SAF. Though Nepal is not our immediate geographic neighbour, Singapore has had a long history of the Gurkhas deployed in Singapore. Hence, there was a compelling need to respond and provide humanitarian assistance. The Medical Corps maintains the capability and readiness to respond to any disaster in the region. We have medical personnel who are always on standby and they form the first line of response. We also depend on both our in-house regulars and Operationally-Ready National Servicemen (NSmen) specialists if the need for a surgical team deployment arises. For the Nepal relief mission, I was heartened to see how numerous NSmen specialists volunteered to be on standby and were prepared to deploy if the need arose.

MILITARY MEDICINE IN THE NATIONAL HEALTH LANDSCAPE

How is military medicine currently being practised in the SAF and how does it differ from conventional specialties?

TKC: Traditionally, military medicine comprises aviation and hyperbaric medicine, field surgery and sports medicine. However, with the SAF Medical Corps running 32 primary healthcare clinics, specialists and dental clinics and ancillary services like physiotherapy, we are like another healthcare cluster in Singapore. The practice of military medicine in the SAF is hence very broad and includes public health, occupational medicine, family medicine and even emergency medicine.

Of course, the SAF leads in the practice of aviation and hyperbaric medicine. Our air force doctors and staff on duty are always on standby for search and rescue operations. This service extends to the whole of Singapore and our nearby waters. If a ship out at sea runs into an emergency, the SAF will respond to its call for help. At the Singapore General Hospital Hyperbaric Diving Medicine Centre, which caters to regional commercial and recreational divers, we provide a 24-hour standby service for injured divers who require treatment for decompression sickness.

We also collaborate with the Changi General Hospital Sports Medicine Centre to strengthen knowledge on treatment of sports injuries, thus contributing to the sports medicine community in Singapore.

The medical fraternity often question how the civilian doctor population can play a role in the NS institution. So how do we, as a profession, work together for the best interests of the patient-soldier?

TKC: From the SAF standpoint, we rely on the national healthcare system to take care of our servicemen so I feel that the best thing our civilian colleagues can do is to continue to provide good medical care to our servicemen and maintain their professionalism in the management of SAF personnel when they are seen in the local hospitals or clinics. Based on the diagnosis, we will seek to deploy the serviceman appropriately in the military context. The disposition of the soldier in a military setting eventually remains the responsibility of the SAF.

Another way that civilian doctors can contribute is through their participation in SAF advisory panels and boards as visiting consultants, as well as by lending their specialist expertise and opinion to help us improve on the classification and deployment of soldiers.

Recently, Dr Janil Puthuchery, a senior consultant in paediatrics and a Member of Parliament, volunteered as a security trooper under the newly launched Volunteer Corps scheme. What are the volunteer roles that our colleagues can play in the SAF Medical Corps?

TKC: We welcome doctors, nurses, radiographers and laboratory technicians, among others, to volunteer their expertise in the SAF. Having expertise in these fields is useful in reinforcing our training programmes in the SAF Medical Training Institute. Many of our NSmen medics, who may not be in the medical profession, need regular skills refresher training. They will benefit

tremendously from the experience and expertise of these volunteers who will work alongside our regular medical trainers. I would like to highlight that the SAF Medical Corps has a long history of working with medical volunteers. From the early 1970s, we had many doctors and nurses volunteering their services in the newly formed Combat Support Hospitals. Today we have esteemed colleagues like Prof Low Cheng Hock who has been involved in our Advanced Trauma Life Support programme for a long time; A/Prof Kenneth Mak, A/Prof Aymeric Lim and Dr Nelson Chua, who have gone over and beyond their call of duty to contribute in the SAF.

What was the SAF Medical Corps' role in the SG50 SEA Games and events?

TKC: The SAF Medical Corps provided medical support for the Opening and Closing Ceremonies (OCC) as well as for all the competition venues throughout the 28th SEA Games 2015 (SEAG15), held in Singapore from 5th to 16th June 2015. More than 200 SAF medical personnel were deployed across 19 medical posts for the SEAG15 OCC, and more than 100 SAF medics augmented the medical support at all SEAG15 competition and training venues. In addition, the SAF Medical Corps conducted professional training for approximately 500 Volunteer Paramedic Assistants, who assisted in medical coverage throughout SEAG15.

ON A MEDICAL CAREER WITH SAF

Tell us more about your SAF career and anaesthesia practice. What led you to decide to join the SAF Medical Corps?

TKC: As CMC, I take my appointment and responsibilities very seriously, and so naturally, most of my time is spent in the SAF. Most of my time in the SAF is spent meeting my staff and SAF leadership, visiting different medical units in the SAF and also establishing linkages and opportunities for the Medical Corps both in Singapore and internationally. As an anaesthetist, I try to spend about two sessions per week

in Tan Tock Seng Hospital (TTSH) to maintain my practice. I really enjoy the time there because I get to interact with patients, residents and medical officers (MOs). Occasionally, when the workload varies, I calibrate my clinical commitments accordingly. I attend continuing medical education (CME) activities regularly and whenever the opportunity arises, I try to acquire new skills such as the use of ultrasound for regional anaesthesia. Although I am a consultant, I recognise my limitations and seek the advice of other senior consultants whenever I encounter complex cases.

I think my decision to join the SAF is quite interesting because back in 1992 when I was a recruit, I had a negative experience at the medical centre. I remember asking myself, "Why did this doctor treat me that way?" Then it struck me that I could do something about it rather than accept the situation. That year, I was one of six scholars offered the Local Study Award in medicine. When that opportunity presented itself, I saw the potential to do something different and it also helped that the award would provide some financial assistance for my studies. As my career progressed and I rose through the ranks, I decided to stay on, as I enjoy the unique

blend of work that the SAF offered – both clinical and policy-making.

Would you encourage more medical students and doctors to join the SAF Medical Corps, since there is a scholarship?

TKC: That's a very good question. I think we can do with more medical students and doctors because there is more we can do to improve the medical system in the SAF. However, every doctor we bring into the armed forces is one doctor we take out of the local healthcare sector. I know how short of staff our hospitals are and so that is something we're very careful about. Human resource is the only resource that Singapore has, so we need to manage this precious resource of doctors in public service very judiciously. The good thing is that when our doctors leave the SAF, they bring with them added skillsets that will





allow them to add value in the public sector. I think the challenge with recruitment lies in the fact that most 19-year-olds who apply to study medicine will be very focused on having a conventional clinical career. It will not be easy to convince them that they will need to devote time for medical administration if they join the SAF. To this end, we do have the provision for our doctors to specialise and also spend time in the hospital every week while they are in SAF to maintain their clinical skills and competencies.

ON SAF COLLABORATION WITH EMERGENCY DEPARTMENTS

In recent years, there has been two large collaborations between SAF and Ministry of Health (MOH) – firstly, to rotate pre-enlisted MOs in emergency departments (EDs) and secondly, to position SAF MOs in the department during certain hours. Can you tell us more about how these initiatives have fared?

TKC: The idea of rotating pre-enlistees for anaesthesia or emergency medicine postings came about because we received feedback from MOs who had no prior postings in acute or emergency medicine. They expressed their concern about facing their first collapse case while serving their NS. When we raised this possibility, we knew we would face

a lot of inertia and even resistance because this would take up extra time and could disrupt residency training.

Fortunately, we had the strong support from MOH, especially from Prof Satku, then Director of Medical Services at MOH, who saw the need to train our doctors before they serve NS.

Through this initiative, we have been able to help MOs develop competency and confidence to manage P1 emergency cases. This is evident in some of the recent cases where resuscitation and evacuation were required. It has really made a difference, as our MOs felt confident in managing these cases on their own. I am confident that this initiative will continue to make a positive difference and enhance the care we provide to our NS boys.

As for the placement of SAF MOs at selected hospital EDs, ED staff certainly welcomed the presence of SAF MOs to manage SAF servicemen who seek medical care at the EDs. Our MOs have also given good feedback, as they get to manage a mix of P1 and P2 cases with the ED staff, in addition to SAF personnel who present at the ED. This helps to give more breadth and depth to their clinical practice within the SAF. Of course, we are still studying the long term sustainability of this initiative as we need to ensure that the operational demands of the SAF are not compromised.

Do you think NS can be formalised into a military medicine residency?

TKC: I think the question is whether NS can first be considered an elective posting that can count towards their residency training. What you have suggested is quite interesting, but not easy to work out because to get it accredited as an elective and count towards residency, we will need to subject the SAF posting to the entire Accreditation Council for Graduate Medical Education (ACGME) system. To fulfil these requirements, you must

have many consultant supervisors and one must clock all their cases, hours of training and CME.

In the larger conversation that we must have with MOH/ACGME is whether it is even possible to consider this. One potential issue is that we have very differing job scopes for NSFs. One can be a battalion MO, staff officer, or medical centre MO in different services. So how do we meaningfully accredit the training and consolidate it into a single residency? It's a good idea, but I think it will be quite challenging.

PERSONALLY SPEAKING

What are some of your hobbies outside of SAF and TTSH?

TKC: Being in the SAF, I make it a point to keep fit. I do this by making time to go to the gym, run around my estate and swim laps when my children go for their swimming lessons. We spend Saturdays as a family and attend church on Sundays. I also enjoy reading and am currently reading a book on food production and food security called *The End of Food* by Paul Roberts. It's an interesting commentary on the fragility of the global food industry including a very scathing analysis of how large food manufacturers are driving up costs for consumers!

Any last thoughts for our readers?

TKC: Throughout my career, I have appreciated the fact that most of our SAF doctors have been viewed favourably as clinicians. Personally, I am appreciative that TTSH has appointed me as a consultant in the department, as they value me as a fellow colleague and clinician, not just as a soldier. Our hospital colleagues also recognise the different roles that we play in humanitarian, relief and rescue operations. As clinician-administrators, we are here to provide the best healthcare in the SAF and to develop policies that will benefit the national population. And should our services be called upon by the people of Singapore, we are always ready to respond. ♦