By Dr Jeremy Lim, Editorial Board Member

RESIDENCY – A TOTAL SYSTEM OVERHAUL

The medical fraternity has been abuzz with news of the upcoming residency programme, which will eventually become the mainstay of postgraduate medical education. Angry exchanges in public and private have marred the roll out and perhaps along the way, some important truths and difficult trade-offs have been under-emphasised, and it might be useful to scratch beneath the surface and decipher the mental models behind it.

Let us begin by examining the motivation behind establishment of the residency: more structured and better training. The mental model in policy-makers' minds would probably look something like this (Figure 1).

However, taking a systems approach to residency, it would be apparent that such a fundamental transformation of postgraduate training would be a massive undertaking and impact

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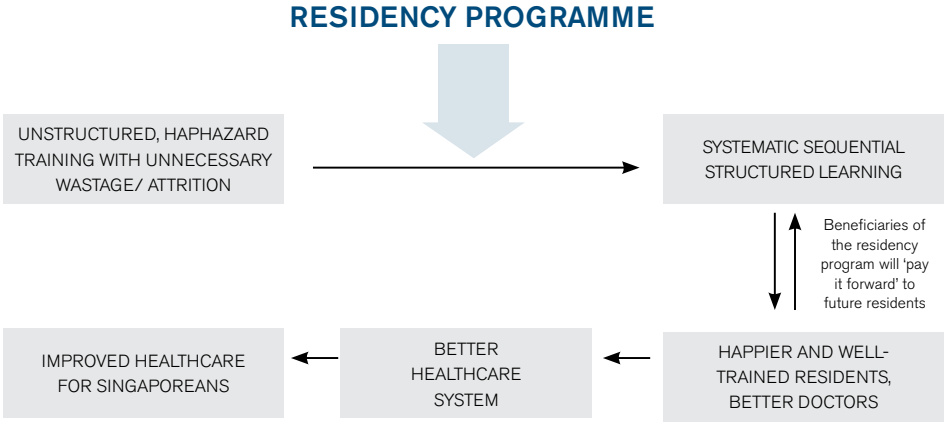
Figure 1: Policy-Makers' Mental Model

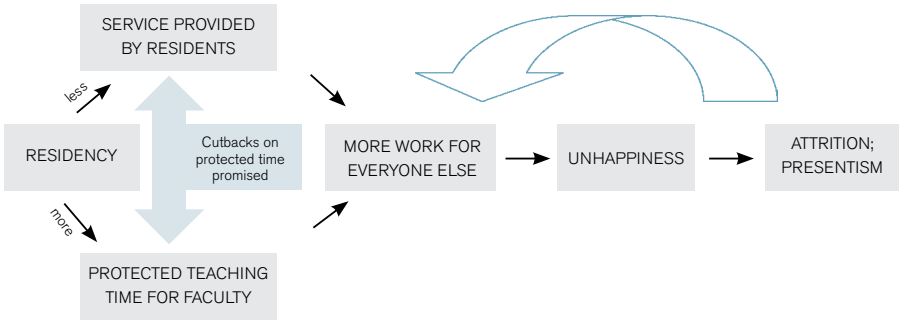


profoundly on other aspects of the health system. A necessary consequence of residency and the need to maintain clinical service obligations would be decreased service provision by residents and increased teaching commitment by senior doctors. Hence, in our chronically under-resourced system, there would be somewhat painful implications for virtually everyone else in the system, ESPECIALLY the non-resident medical officers.

Coming back to mental models, it would not be unreasonable for doctors trudging in the trenches to see a different perspective of residency (Figure 2). How can we reconcile these two different mental models? The Ministry of Health's vision for postgraduate training is a noble one and holds the potential to vastly improve education and learning for future generations of doctors. It should be supported. That said, patient care cannot be compromised and the numbers do not add up. What can we do then? Effective supply of senior doctors must be expanded to escape the negative spiral portrayed in Figure 2.

A false argument is that foreign specialists can be recruited to ameliorate service and teaching demands. The empirical evidence has not been encouraging – the Singapore Medical Council's Annual Report 2008 states that only 28 foreign-trained doctors were granted conditional **specialist** registration and these numbers are much too modest to impact substantially on the overall workload. Given that the majority of foreign doctors recruited into Singapore appear to be relatively junior and requiring training and residency positions themselves, they will as a group, in the short term at least, contribute to, rather than relieve the training and supervisory demands.

Figure 2: Doctors' Mental Model



A more realistic source of skilled manpower would be the private sector. Should we welcome private sector specialists and general practitioners to participate as full-fledged academic partners, providing them with fair recompense and academic titles befitting of their qualifications and experience? Can we enable portable subsidies so that the private sector can support some of the public sector patient workload, thus freeing up capacity for resident teaching?

Finally, can we change systems to embolden and enable other professional groups to contribute? I attended a presentation recently where a clinical pharmacist advocated for insulin glargine, saying it was easier to tailor dosages and hence pharmacists could more readily take over some of the duties traditionally held by physicians. Are there many more examples where we can substitute or supplement physician labour with technological enablers so that the conserved effort can be re-directed to support the residency programme? Can we speed up efforts in developing nurse practitioners and clinical pharmacists to take on more and more roles currently played by doctors?

Combining the two mental models would suggest that it is vital we explore urgently how we can address the increased senior doctor requirements and mitigate the workload increases for all doctors in the system to prevent the residency from falling prey to a descending spiral of unhappiness, cutbacks and attrition. The combined systems perspective illustrates that while the residency programme is purportedly a professional issue confined to doctors, it is not. Every piece of the healthcare landscape will be deeply altered by the residency programme.

The residency is the largest transformation of postgraduate training ever in Singapore's medical history. At the systems level, policy-makers should be asking and addressing how other facets of healthcare will be impacted. And if the answers to these questions call for sacred cows to be slaughtered, I hope we will prove ourselves up to the challenge of change and transformation, not just of postgraduate training but of the entire healthcare system. Because that is what it will take for the residency programme to succeed. SMA

Dr Jeremy Lim is a public health physician in the public sector. This commentary is contributed in his personal capacity. He can be reached at jlim@jhsph.edu.