

# Who's Going to Teach the Medical Students?

By Dr Jeremy Lim, Editorial Board Member

**“Get real!”** was the anguished and frustrated plea of a senior clinician and if we have definitive plans to staff up the third medical school, we'd better share them quickly...

While the announcement of a third medical school is welcome news to build up Singapore's physician population and meet growing healthcare needs, there are genuine fears mainly related to the dearth of clinician-supervisors that ambition will outstrip ability. Are these fears well-founded?

## Let's look at the numbers...

In 2000, the number of provisionally registered doctors (a surrogate for graduating medical students) was 173, comprising 156 local and 17 foreign-trained. In 2009, the number grew to 339 (226 local, 113 foreign), a staggering two-fold increase. The number of conditionally registered doctors from overseas medical schools also grew from a modest 114 to a startling 320, leading us to the situation today where two out of three newly-registered doctors are foreign-trained. Factor in the increased supervisory requirements of the residency programme and the increasing enthusiasm for physician substitution with nurse practitioners or pharmacists (which is a good thing in the long term, but in the short term imposes even more supervisory duties on the existing supervisors), and the problem of supervision magnifies to alarming proportions. Urgent action is needed to avoid clinical mishaps today and a generation of poorly-trained specialists tomorrow.

What can be done? Specialists and specialist teachers in particular require decades of training and experience. Educating with simulators and lectures broadcast from overseas help but can only do so much; medicine is ultimately an apprenticeship of knowledge, skills and values. “Flesh and blood” mentors are needed. Hence, even as we nurture nationally our pool of supervisors, we urgently need

senior doctors today to teach. Where can they be found? While the education ministry's press statement highlights that “students in the School will benefit from being taught by and interacting with top Imperial faculty”, the infusion of foreign talent may lift the quality of teaching but will only modestly impact the quantity of teachers.

## “Private Tuition?”

Enlisting the private sector more forcefully is one possibility – The private sector is too rich a reservoir of clinical experience and expertise to leave untapped. Furthermore, once Parkway Novena and Connexion at Farrer Park fully launches, we can expect the public sector to haemorrhage even more specialists. I was saddened to meet a senior doctor recently who shared that he was teaching medical students in Malaysia while running a very successful practice here in Singapore. Must our public-private separation be so divisive?

There is an urgent national need and we will need to engage the private sector sincerely to participate as genuine partners in grooming the next generation. Look beyond the “branding” and associative benefits for the private practitioners; of course there must be a *quid pro quo*. Engagement must also go beyond the rhetoric of “teaching as a duty or passion”; there is a definite opportunity cost and we must start paying a fair wage to compensate for the time spent teaching: “\$1,000 for 30 hours of teaching” is definitely not attractive.

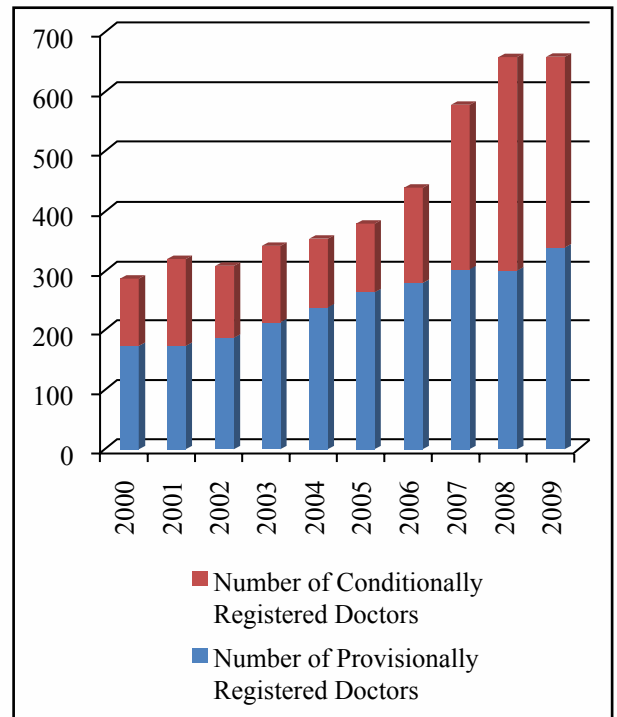
## Sharing the Service Role

Freeing up clinicians' time to teach has

been bandied around for years but perhaps this is an opportunity to make a virtue of necessity. What can be done? Deployment of pharmacists and nurse practitioners to manage patients with chronic conditions? Tele-health initiatives to “force multiply” a doctor's reach? Patients largely self-managing well-controlled hypertension and hyperlipidaemia with some assistance from nurses and doctors in call centres? All are being very successfully done somewhere in the world, including pockets right here in Singapore. Role re-design throughout the entire healthcare system, moving from “seed to scale” may have exquisite short-term pain but the longer-term gains are immense. We can and we must.

## Getting Real

Finally, perhaps we should come clean with the public and with ourselves that as a system, we are deeply constrained. We cannot have high quality and low-cost healthcare, short waiting times, exemplary “Care and Concern by Doctors”, cutting-edge research and world-class teaching, all at the same time. Something has to give. **SMA**



The number of doctors needing supervision has increased from 287 in year 2000 to 659 in year 2009, an increase of 130% in the last decade. The number of public sector specialists in the same period has grown by 88.4%. (Data from Singapore Medical Council)



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