

Medical Manpower: Marching to the Market

By Dr. Jeremy Lim, Editorial Board Member

Singapore must be quite remarkable in its staccato fashion of opening medical schools. After contentedly humming along with one medical school for almost a hundred years, the government announces a second medical school to produce a “new breed of doctors, who are also trained as clinician-scientists”, and before the second medical school even graduates its first cohort, a third medical school is announced. The numbers are graphically compelling: trending cohorts of medical students enrolled from 1985 onwards reveals a slow decrease in numbers down to a low of 145 in 1992 followed by a picture of frantic expansion to a future steady state of 500 graduates annually. These numbers are even more dramatic when painted against a backdrop of just 8,323 licensed doctors in Singapore (Ministry of Health, 2009 data).

As creators of social value, doctors are embraced by a grateful society which will provide them with a respectable living. As economic players, doctors will be subject to both the rewards of the market and the perils of competition, whether in practice, academia or industry. Some doctors will thrive, some will struggle.

Was the manpower planning all wrong? Yes and no. It is clear that population expansion and ageing caught planners wrong-footed but more importantly, there has been a palpable shift in government policy on medical manpower. Government manpower planning has been characterised by a massive rethink from a mental model where healthcare is a necessary social expenditure to keep the population economically active, to one where the sector itself presents tremendous economic opportunities in healthcare services and biomedical sciences, and can contribute substantially to Singapore’s reputation as a global city and home to international talent.

The unbridled enthusiasm for tight controls and a somewhat perverse pride in low spending on healthcare and deliberately constrained

resources including what the late Dr Balaji Sadasivan once described as “all the government’s efforts to discourage medicine as a career” have given way to a newfound optimism along two dimensions. Firstly, doctors are not just social but also economic assets and secondly, that with a properly functioning market economy in healthcare, i.e., a sufficient and perhaps even healthy excess of providers, healthcare quality can be uplifted and costs mitigated. This new thinking has spawned the proliferation of medical schools and opening of the doors to foreign-trained doctors.

Silver Lining, Dark Clouds

These are exciting times for young doctors. Clinical practice remains the bedrock of Medicine but opportunities abound for doctors beyond clinical Medicine. The biomedical sciences industries are beckoning, research careers are for the first time looking attractive, and public health has taken a belated seat at the main table following SARS and other public health crises.

The dark clouds amidst the silver lining needs to be remembered though. As creators of social value, doctors are embraced by a grateful society which will provide them with a respectable living. As economic players, doctors will be subject to both the rewards of the market and the perils of competition, whether in practice, academia or industry. Some doctors will thrive, some will struggle. There will be failed healthcare groups and bankrupt doctors, there will be “also ran” clinician-scientists and shuttered labs; such is the unsentimental nature of the market. **SMA**



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