

The FDs

By Dr Jayant V Iyer, Editorial Board Member

“Got any more questions, auntie?” I asked after my two-minute spiel of risks versus benefits of doing a cataract surgery.

“No... Thank you *hor*, doctor. I think I do op *lah*. My vision so long no good already. *Tak boleh tahan liao*.”

“Okay auntie, no problem. Wait *ah*... I arrange op for you.”

“Okay. Where you from *ah*, doctor?”

Pause.

Now where did that question come from? How was it relevant to our discussion? And auntie, didn't I just help you understand what you had was *bai nei zhang* (cataract) not *qing guang yan* (glaucoma), and tell you that *ji guang* (laser) was not the solution, *dong shou shu* (undergoing surgery) was, along with pepperings of Singlish like *hor*, *meh*, and *lor*?

Suppressing the urge to ask which province of China the auntie herself hailed from, I answered “Marine Parade”, before trying to get the cataract listing forms sorted.

“No *lah*, but from India which part? Your Chinese quite good, *hor*.”

True story.

I admired her perseverance, but once again, I failed to see the connection.

Then again, why should it bug me so much? After all, there has been an influx of foreigners into our country over the last decade and similarly we have received quite a large number of foreign healthcare workers – nurses, doctors and other paramedical staff – working with us over the same period. And even in my place of work, it is not uncommon to hear English draped with a British accent being translated into mainland-accented Putonghua for the heartlander patient, or hear Mandarin spoken with an Indian accent in the adjoining clinic next door, for that matter.

The statistics

To alleviate the critical shortage of doctors Singapore is facing, more than half our newly employed doctors since 2005 are overseas-trained. To quote our friendly *Straits Times* (ST) health correspondent Salma Khalik, in the article “Easier to bring in foreign trained docs” dated 26 March 2011, she wrote: “in the three years from 2007 to 2009, the number of doctors increased by 1,392 to more than 8,300. This is a huge jump over the 639 new doctors registered in the three years from 2004 to 2006. Half the 1,392 were trained overseas.”

Meanwhile, the 2010 Singapore Medical Council Annual Report notes that of the 1,527 new medical registrations, 919 were “foreign-trained foreigners” and 161 were “foreign-trained locals”.

So fair enough. The poor cataract auntie was confused. Was this doctor from India, the UK or Singapore? Was that Chinese nurse from the mainland? Was the counter staff from the Philippines?

But seriously, does this matter? If so, why?

From the patient's perspective

Based on numerous ST Forum letters, it apparently does matter. In politically correct lingo, most letters express concern as to whether the foreign doctor (FD) is attuned to the local cultural context of the patient, the local lingo and whether the FD is as well-trained as his locally trained counterpart.

From the layman's perspective, I can see that it might be a little frustrating for the patient if the healthcare professional is perceived to be unable to understand

the local context, be it languages, nursing home issues or even the patient's unwillingness to go for surgery.

In the wider context, there appears to be a general frustration of the local populace with foreign-sounding service providers, and that occasionally simmers over into public forums. I myself am guilty, along with my friends, of complaining about non-English speaking waiters who serve me halal instead of



vegetarian food during a wedding dinner or service providers who undergo great pains to avoid your gaze (presumably due to linguistic deficiencies in our lingua franca).

In my opinion, it really shouldn't matter as a consumer (patient, diner or otherwise) whether or not your service provider is a foreigner or local, as long as the service is rendered in a competent manner in accordance with the high standards we aspire to adhere to.

The local doctors' perspective

Many locally trained doctors go about their busy lives without much thought

into the issue of FDs. Most local doctors (LDs), at least in the public healthcare setting, have many FD friends and most are happy working alongside FDs.

On the positive side many FDs – who hail from various countries ranging from the UK to Pakistan – come with their own skill sets. I, for one, remember the case of one very experienced and skilled foreign-trained doctor who while functioning here as a medical officer, was regularly consulted by on-call registrars for difficult cases throughout the night during the call. FDs bring with them different experiences and teach us the different ways a patient may be managed.

The flip side is that not all FDs may come well trained, and not all may find it easy to adapt to the local system and way of doing things. Some local doctors may also privately acknowledge that while they entered local medical schools with difficulty, they are now being nudged aside by FDs when competing for places into specialist training programmes or residency spots. While the FD has a way out – back in his home country – the local doctor has nowhere else to go to pursue his interest should he be denied such an opportunity.

The foreign doctors' perspective

There are two types of FDs:

1. Foreign-trained local doctors
2. Foreign-trained foreign doctors

Most FDs I know, of either category, have become well acclimatised to the local setup such that they are largely indistinguishable from the locally trained doctors. Some however find it difficult to get accustomed to the rigours of long work hours and high patient load in certain specialties.

Many of the FDs of the first category are not foreign to the local setup. Many count junior college mates amongst their colleagues and most had a good idea of the working life of the local doctor before taking the plunge. Despite this, some of them do have a difficult time grappling with the working system. Some

perceive our local culture to be a little more hierarchical, stern and perhaps more punishing than what they were used to in the UK, Australia or Ireland. Most, however, appear happy enough to stay on.

For the second category, many may have difficulties with local cultural and linguistic intricacies, coupled with having to grapple with large patient loads and a new system of working. For the less experienced doctors in this category, the challenges they face may be especially difficult to surmount. Some in this category tell me that they feel they were painted a rosier picture regarding career progression during recruitment, but were instead presented with quite a different reality of having to provide service with minimal opportunities for progression. For the more experienced of these doctors, having to work under supervision of less experienced local doctors and having to “study again” for locally recognised postgraduate exams may also not be the most enviable option.

The way forward

In my opinion, we are an immigrant society to begin with, and are largely tolerant, and even appreciative to a certain degree, of “foreign talent”. It is in my opinion important to not permit any sense of xenophobia to creep in, as our society does owe a fair amount to foreign-born residents, be they the construction workers who help build our condominiums with French-sounding names, the domestic helper who helps clean up after our children (and us), the high level foreign talents we employ to keep our economy alive and robust, or the FDs.

In the context of healthcare, there appears to be many measures in place to boost the number of healthcare professionals to match the growing needs of our ageing (and increasing) population, including plans to increase the medical student intake in our existing medical schools and start a third medical school.

In the short term, the actions have been geared towards attracting foreign-trained doctors and recognising

more medical schools from abroad. The situation is apparently so dire that even doctors not trained in the English medium are being employed (even as our local medical school degrees remain sadly largely unrecognised abroad). As there indeed appears to be a shortage of doctors especially in the public sector, these short term measures, while not necessarily desired by the local doctors or population for that matter, may well be necessary.

The best way forward might be in acknowledging that FDs, much like other foreign talents, are an important component of our healthcare system and they are here to stay. Current supervisory systems to ensure clinical competence of these conditionally registered doctors may serve as useful checks in ensuring clinical proficiency of our FD friends. Perhaps to further instill public confidence in our FDs, a United States Medical Licensing Examination-style assessment for entry into our medical system may be considered, both to ascertain basic clinical proficiency and English proficiency for those not trained in the English medium.

Local doctors should also be consulted and updated on a regular basis regarding current patient load patterns and where we fit into the scheme of things, *prior* to implementing measures so that we have an active role to play in shaping the healthcare of our nation.

And regarding the auntie... She was subsequently operated upon by an experienced FD colleague of mine and is now delighted with her 6/6 vision. True story. **SMA**



Dr Jayant V Iyer is a locally trained foreign-born local doctor based in the Singapore National Eye Centre. While he does in fact hail from Marine Parade, he was once a Jurong boy, a Kuwait toddler and an Indian infant. His Mandarin, bound strictly within the confines of the ocular anatomy, would not have done justice to the complete answer the auntie sought and this frustration subsequently led him to pen this piece.