

## **Postgraduate Training and Education for a Surgical Enthusiast**

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As the fleeting years of pre-clinicals pass me by and the prospect of applying for a foundation job looms, I am left contemplating which post-graduate system suits me the best.

Having completed a recent special study module in Paediatric Surgery in a Singapore hospital, I was fortunate to encounter first-hand an evolving post-graduate medical training programme. Singapore has decided to adopt the American residency programme, replacing the traditional British post-graduate medical training. Medical students who wish to apply for post-graduate training in Singapore are expected to choose one of their specialties, such as General Surgery or Psychiatry whilst they are in the final year of medical school. This represents a more structured and faster-track programme as compared to the British system. Residents are expected to “graduate” or become consultants after 5-6 years in their residency programmes leading to board certification.

No stranger to the residency programme, having considered studying for the USMLEs (United States Medical Licensing Examinations) to practice Medicine in the States, I have long debated the pros and cons of the American and British systems. Being an international medical student and paying ransom tuition fees in Glasgow University, my initial reaction was to go for the system where I could be a Consultant the fastest to pay back my debt, making residency programme the evident choice.

However on closer reflection over the years I feel it is not so much how fast you become a consultant, but how good a doctor you become.

In the United States, all students embark on medical school with a minimum Bachelor's degree and some may even have a Masters or PhD. The Residency programme is applicable to them because of the maturity of applicants, as well as the highly sub-specialized form of their tertiary care. Not to say that UK or Singaporean graduates are not mature enough to make this decision, but the more generalist approach to post-graduate training allows for breadth in developing interests and honing core skills to be a competent doctor.

Personally, being interested in academic surgery, I hardly have enough confidence to say that I can operate and perform research within 10 years, let alone the 6 year programme for surgical residency. Moreover, the time spent in medical school doing clinical attachments is not a fair reflection of working life in a particular specialty and residency, which one has committed him or herself to in student life.

To quote the famous thyroid surgeon Theodor Kocher, “Surgeons who take unnecessary risks and operate by the clock are exciting from onlookers’ standpoint, but they are not necessarily those in whose hands you would choose to place yourself”. The ends do not justify the means, and time is certainly not of the essence when becoming a good doctor through specialty training.

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