

Postgraduate Medical Education and Specialist Training in Singapore

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Abstract

The Singapore Medical School celebrates its Centenary in 2005. This historical review is presented on Singapore's postgraduate medical education and specialist training programmes. The special informal role of the Alumni Association and its members during the early years and soon after World War II is highlighted. Postgraduate education and specialist training was more formalised only during the challenging years when Singapore became more autonomous and politically independent with the establishment of the Academy of Medicine, the School's postgraduate medical studies, the Singapore Medical Association, specialist societies and, more recently, the College of Family Physicians. Specialist training programmes and the process of specialist accreditation are also outlined. While Singapore has gone far towards developing a comprehensive programme of postgraduate medical education and specialist training, the process is still evolving and can be improved upon. As long as we keep pace with relevant and realistic strategies, the future for postgraduate medical training and specialist training should be assured.

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Introduction

The Singapore Medical School was established by the British colonial government in 1905, and formally celebrates its centenary in 2005. The School was the predecessor of the King Edward VII College of Medicine and the Faculty of Medicine of the University of Malaya (now the National University of Singapore). Indeed, this is a most significant and historical milestone. By 1910, the School had its first batch of 7 graduates, all from Singapore and the Malayan Peninsula. They received the Licentiate in Medicine and Surgery (LMS).

The School's standards were consistently high and by 1916, the LMS was fully recognised by the General Medical Council of Britain as a registrable qualification. Despite this professional recognition of its graduates as equal to those of Britain and the Commonwealth, the colonial government did not accord local doctors full status but instead classified them as Assistant Medical Officers, whereas doctors from Britain were designated Medical Officers and were eligible for higher appointments as specialists and consultants in the medical service. This was most demeaning and our local doctors felt deeply that there must eventually be a change so that local and British

doctors would be treated as equals in a unified medical service.¹

The Early Years

While the School's undergraduate curriculum followed well-established and traditional Commonwealth patterns, there were no formal postgraduate training programmes. Indeed, the colonial government discouraged further postgraduate training. Continuing medical education was unheard of before the Second World War. While it was the government's policy to discourage local doctors from pursuing postgraduate studies and qualifications, our doctors from the outset felt the need to update themselves professionally. With the assistance of the School's Alumni Association, then the only medical body for local doctors and well respected teachers of the School, clinical meetings and forums were organised, mainly at the General Hospital and Tan Tock Seng Hospital (SGH and TTSH), and later the Kandang Kerbau Maternity Hospital (KKH). The forte of the medical school had always been the bedside teaching of clinical medicine and surgery. This was conducted in the course of daily rounds and the teaching of medical students.

There were a good number of teachers in the School who,

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although colonial, were truly committed and dedicated to the profession and teaching. Dr Wong Heck Sing, in his 1997 Singapore Medical Association (SMA) Lecture, highlighted two such teachers, namely, Professor Sir Gordon Ransome and Professor Eric Mekie.² He described them as complete doctors in their respective fields of medicine and surgery. Indeed, they imparted knowledge and skills to their local colleagues, who not only succeeded them but in turn produced many more local professors and teachers for the School and other institutions. Their skills and expertise were truly multiplied in their disciples.

The War Years and the Aftermath

Formal medical education practically ceased during the Japanese occupation from 1942 to 1945, although the Japanese military administration established the Syonan Medical College in 1943. The teachers were all Japanese. Initially, the college was located on the grounds of TTSH but moved to the Malacca General Hospital in 1944.³

The occupation, however, brought doctors and staff in the hospitals, especially TTSH and KKH (then serving as the only general hospitals for the local population), much closer to each other, sharing the common experience of death, dreadful diseases and scarce resources. Nevertheless, the hospitals were administered and manned entirely by local doctors and nurses. They became centres where doctors not only discussed their patients, teaching and learning daily by the bedside, but also practical policies which they had felt deeply about well before and during the war e.g., the imperative need for a unified service with the equal treatment of local and colonial doctors. The 3½ years of Japanese occupation gave the local health teams tremendous opportunities to exercise their initiative and assume full responsibility for the medical services under the most trying conditions.

Immediately after the Japanese surrender, a committee of senior local doctors and consultants at KKH and TTSH, which included Drs Benjamin Sheares, LS da Silva, BR Sreenivasan and Benjamin Chew (Secretary), was formed. A letter was penned to the Secretary of State for Colonies in London requesting the removal of the two-tier service, advocating for all doctors to work as equals. Within a month the reply came affirming all that he had asked and written. However, it took 3 years before this unified service materialised, and a good number of doctors, including Drs Chew and Sreenivasan, had resigned due to sheer frustration.⁴ Dr Sheares wrote:

“The Japanese invasion caused a general awakening of the people of Malaya. In no small measure did the local graduates contribute to this awakening for they were able to show that, despite having been deliberately excluded from the higher echelons

of the medical service, they were able, by making full use of their talents and by sheer grit, to run the hospital services as efficiently as possible under those unfavourable conditions.”⁵

Dr Chew was a pioneer in the fight against tuberculosis and was a founder of the Singapore Anti-Tuberculosis Association (SATA). Dr da Silva was the first local bacteriologist to be the Senior Pathologist at the Singapore General Hospital (personal communication – M Yu). Dr Sreenivasan was the first Singaporean Vice-Chancellor. Dr Sheares was the first Singaporean Professor of Obstetrics and Gynaecology, and the first Chairman of the Academy’s Chapter of Obstetricians and Gynaecologists. In 1971, the whole profession rejoiced when he became President of the Republic of Singapore (1971 to 1981).¹

As the only medical organisation in the early years following the war, it can be said that the Alumni laid the foundation for postgraduate and continuing medical education. Besides working intensely and successfully for a unified medical service, and for the formation of the University through the amalgamation of the Medical and Raffles Colleges, its members realised that it was vitally important to continue updating their medical knowledge not only through daily rounds and case discussions, but by having regular forums and clinical meetings. They fully appreciated that medical education is a lifelong process. The Association felt that it was important that such meetings and interesting case studies be permanently documented. Older doctors will remember the valuable Alumni publication viz, its Proceedings for the wealth of educational material, original works and record of clinical meetings under the editorship of Dr TJ Danaraj. He was an illustrious local graduate and a tower of strength at Medical Unit 1 (Professor Ransome’s unit at SGH). He became the founding Dean and Professor of Medicine in Kuala Lumpur and was conferred the title of Tan Sri by the King of Malaysia for his immense contributions to medicine in this region.

Even with the establishment of a unified service, the pace of sending our doctors for formal postgraduate specialist training was slow. The first Professor of Paediatrics, Wong Hock Boon, observed: “...as with most colonizers, postgraduate medical education occupied a low-priority status, and therefore it was no surprise that before the War, local graduates were not encouraged to go to United Kingdom (UK) for postgraduate training.” Only one postgraduate was successful – Dr G Haridas, the first Singaporean paediatrician. He was dissuaded from taking the London MRCP, but nevertheless he did and passed on his first attempt. A new scheme in the early postwar years was to send a limited number of local doctors to the UK on scholarships for a period of 1 to 2 years to attend courses and sit for examinations, but offered little or no training.^{6,7}

The Establishment of Postgraduate Institutions

It was inevitable that when Singaporean doctors pursued further postgraduate studies, they would also follow the British pattern. Formal postgraduate medical education became organised only with the founding of the Academy of Medicine (AM) in 1957^{8,9} and the establishment of the Committee of Postgraduate Medical Studies in 1961, i.e., the period Singapore became politically independent.¹⁰ The committee was the predecessor of the Graduate School of Medical Studies (GSMS), now Division of Graduate Medical Studies (DGMS).

With the establishment of these institutions and the SMA, the Alumni graciously handed over its role in continuing medical education and professional development to these bodies. It must be documented that many of its illustrious members continued to contribute their expertise and time to the development of not just these institutions, but to our medical services as well.

The AM was formed in 1957 through the initiative and foresight of Sir Gordon Ransome, its founding Master, then the Professor of Medicine and specialist members of the medical and dental profession. The first Singaporean Master was Dr Gwee Ah Leng (1961 to 1964). He was also the first Singaporean Senior Physician. All subsequent Masters were Singaporeans, although some had been schooled abroad, like Drs Chew Chin Hin, Robert Loh, Lim Pin, Raj Nambiar and Chao Tzee Cheng (Fig. 1 and Table 1).

Patterned on the Royal Colleges of Britain and the Commonwealth, but unlike these Colleges, which are responsible for individual disciplines, the Academy

Table 1. Masters, Academy of Medicine, Singapore

1957 – 1959	Gordon A Ransome
1959 – 1960	C Elaine Field
1960 – 1961	DWC Gawne
1961 – 1964	Gwee Ah Leng
1964 – 1966	Khoo Oon Teik
1966 – 1968	K Shanmugaratnam
1968 – 1970	Yahya Cohen
1970 – 1973	Seah Cheng Siang
1973 – 1975	Chew Chin Hin
1975 – 1978	Loh Choo Kiat
1978 – 1980	VK Pillay
1980 – 1982	Lim Pin
1982 – 1984	Chow Khuen Wai
1984 – 1987	Lawrence K C Chan
1987 – 1990	Tan Nghoh Chuan
1990 – 1992	Raj Nambiar
1992 – 1995	Chao Tzee Cheng
1995 – 1998	Tan Ser Kiat
1998 – 2000	Chee Yam Cheng
2000 – 2002	Walter Tan
2002 – 2004	K Satku
2004 –	Low Cheng Hock

embraces all specialties. Thus, it includes all medical and dental specialists and consultants in Singapore – the public service, the university and the private sector. Its main objectives are to advance the art and science of medicine, maintain the highest standards of professional and ethical practice, and sustain postgraduate education and specialty training. It organised its first formal postgraduate courses and seminars soon after its formation. In 2007, it will celebrate its Golden Jubilee.



Fig. 1. Dinner in honour of Patron and Past Masters on 15 December 1992. From left to right: Dr Lawrence KC Chan, Dr Lim Pin, Dr Robert CK Loh, Dr Raj Nambiar, President Wee Kim Wee, Dr Khoo Oon Teik, Dr Chew Chin Hin, Dr V K Pillay and Dr NC Tan.



Fig. 2. The Governing Board, School of Postgraduate Medical Studies, 1988.

The Academy had always felt that Singapore should have its own higher professional examinations and qualifications of inter-nationally recognised standard. Thus, when Dr Toh Chin Chye, the then Deputy Prime Minister, made a policy speech calling for the establishment of local higher medical qualifications shortly before he assumed the office of Vice-Chancellor, the response by the Academy was almost immediate. This speech was prominently reported in *The Sunday Times* on 9 October 1967. The first Seah Cheng Siang Lecturer and former Master, Chew Chin Hin, recorded:¹¹

“Almost immediately after, I recall receiving phone calls from Professor K Shanmugaratnam, the Master, and shortly after from (Professor Seah) Cheng Siang proposing for an emergency council meeting to respond to Dr Toh’s speech. This was held on 11 October 1967 with 6 of us attending. A letter was soon drafted and sent to Dr Toh by despatch the day after (Appendix I). He promptly agreed to meet us and I remember vividly the morning coffee we had with him in the Prime Minister’s Conference Room at City Hall on 4 November 1967 at 11.30 am.”

This meeting was historically significant because it led to the establishment of the School of Post-graduate Medical Studies and the formation of its governing Board in 1969. To this day, 4 members of the Academy (excluding the Master, who is an ex-officio member) sit, in equal numbers, with 4 members from the Faculty on this joint body (Figs. 2 and 3).

Dr Toh, as Vice-Chancellor, was the Board’s first chairman. At the first meeting on 31 March 1969, he placed on record his appreciation of the services rendered by members of the Committee on Local Specialists Qualifications in Medicine under the chairmanship of

Professor K Shanmugaratnam, the Academy’s Master.¹² Professor Shanmugaratnam is an eminent pathologist and today remains the doyen of this discipline as Emeritus Professor of Pathology.

The School administers Singapore’s Master of Medicine examinations, which correspond closely to the Membership and Fellowship examinations of the United Kingdom and Australasian Royal Colleges. To ensure that high corresponding standards are maintained, external examiners from the Royal Colleges are appointed. Since its establishment, more than 2300 (as of 15 May 2004) doctors have successfully completed these examinations.

In addition, the College of Family Physicians (CFP), founded in 1971 as the professional body for practitioners of family medicine, works closely with the Ministry of Health (MOH), the School and the Department of Community, Occupational and Family Medicine with regard to training and certifying family physicians. It has also, since 1997, collaborated closely with the School in its institution of Graduate Diploma programmes, allowing family physicians to advance their basic skills in Geriatric Medicine, Occupational Medicine, Family Practice Dermatology, Psycho-therapy and Ultrasonography.

To complement the functions of Continuing Medical Education (CME) and Continuous Professional Development (CPD) of these institutions, the SMA, the national body for all doctors, and the many specialist societies continue to play an immensely important role in these areas. CME has been mandatory for all doctors since 2003.

Specialist Training and Certification

In Singapore, medical education is a lifelong process, a continuum from undergraduate through postgraduate education and beyond. We have broadly divided specialist



Fig. 3. The Governing Board, Division of Graduate Medical Studies, 2002.



Fig. 4. Examiners and Coordinators, the first M Med/MRCP (UK) PACES Examination, 9 to 11 June 2001, Singapore.



Fig. 5. Specialists Accreditation Board, 2001 to 2004.
 Back (left to right): HC Lau, EH Lee, M Choo, A Rauff, HC Teoh, A Wan.
 Front (left to right): R Nambiar, YC Chee, K Satku, CH Chew, CC Tan,
 SK Tan, G Chiang, J Wong.

training into 2 stages: basic and advanced. In general, basic training commences a year after full medical registration and normally lasts 3 years. Candidates will then be eligible to sit for a higher qualifying professional examination e.g., the Master of Medicine (M Med) and be eligible for advanced specialist training. The M Med degrees are given in the areas of internal medicine, general surgery, paediatric medicine, obstetrics and gynaecology, anaesthesiology, psychiatry, ophthalmology, diagnostic radiology, public health, occupational medicine, orthopaedic surgery, otorhinolaryngology and family medicine.

In addition, we have had joint examinations for surgery since 1986, and ophthalmology since 1989, with the Royal College of Surgeons, Edinburgh, and for medicine and paediatrics with the Royal Colleges of Physicians and the Royal College of Paediatrics and Child Health of the United Kingdom since 1996 (Table 2). This ensures that high and corresponding international standards are maintained. In addition, external examiners are appointed for these examinations. It is worthy to note that the first ever Practical Assessment of Clinical Examination Skills (PACES) of the MRCP (UK)/M Med (Internal Medicine) was held in Singapore from 9 to 11 June 2001, even before they were held in centres in the United Kingdom (Fig. 4).

Training is provided in accredited departments in all our public teaching hospitals and national specialist centres. All trainees have designated supervisors for continual dialogue, evaluation and assessments every 6 months.¹³ This is important for the recognition and early correction of deficiencies.

Formative assessments, rather than summative assessments, provide for a higher pass rate at the exit examinations. Medical training is very much an apprentice-based system and core competencies need to be ingrained in the doctor throughout the programme. A strong foundation is essential for continuing professional development to succeed in the subsequent long years of a doctor's practice.

The exit examinations have become more formal. Some are conjoint examinations with overseas colleges (especially the surgical ones). External examiner participation ensures that the highest standards are maintained. It is common for doctors not to pass the examination. They have to retake the examination, usually after 6 months. It is only after successful completion of the exit examination that a doctor is eligible to apply for fellowship of the AM and be enrolled on the Specialist Register.

Table 2. Higher Professional Examinations of Singapore.

Master of Medicine	
Internal Medicine	Psychiatry
Paediatric Medicine	Ophthalmology
General Surgery	Diagnostic Radiology
Obstetrics & Gynaecology	Public Health
Anaesthesia	Occupational Medicine
Orthopaedic Surgery	Otorhinolaryngology
Family Medicine	
Joint Examinations	
General Surgery	MRCS (Edin)/M Med
Ophthalmology	MRCS (Edin)/M Med
Internal Medicine	MRCP (UK)/M Med
Paediatric Medicine	MRCPC/M Med

Table 3. Specialists Accreditation Board (Medical Registration Act 1997) April 2004 to 2007

K Satku, Chairman (DMS)
Low Cheng Hock, Master (AMS)
E H Lee, Director (DGMS)
Chew Chin Hin
Chee Yam Cheng
Chong Pek Yoon Angela
Choo Hock Heng Maurice
June Lou
Lee Tat Leang
Peter George Manning
Raj Mohan Nambiar
Tan Yew Oo
Wong Eu Li John
Yeo Seow Heong George
Lau Hong Choon, Secretary

Specialists Accreditation Board

From the beginning, it was recognised that undergoing basic training and passing the M Med or equivalent higher professional examinations does not make the postgraduate a specialist. A further period of 3 to 5 years of advanced training is necessary. With this in mind, the School, in collaboration with the Academy and the Ministry, formed the Joint Committee on Specialist Training in 1991 to coordinate the training requirements and assessment.

This was the predecessor of the Specialists Accreditation Board (SAB) (Fig. 5), following the revision of the Medical Registration Act and established by legislation in 1997. The SAB is assisted by a Joint Committee comprising senior Fellows of the Academy and the School. The SAB comprises senior specialists from the MOH, the AM, DGMS and the private sector, and are appointed by the Minister for Health. The Chairman is the Director of Medical Services (DMS) with the Master, AM, and the Director DGMS as ex officio members (Table 3). It is charged with the responsibility of maintaining proper training standards of specialists to meet the needs of Singapore.

The SAB has identified 35 specialties (Table 4) and certifies those who have successfully completed the structured and accredited training programmes of their respective disciplines and a final assessment/examination. The end point of advanced specialty training is the award of FAMS or an equivalent international qualification (Table 5). This enables the doctor to be placed on the Specialist Register of the Singapore Medical Council (SMC). In some specialties, joint examinations are held e.g., FAMS (Surgery)/FRCS and FAMS (Orthopaedic Surgery)/FRCS of the Royal College of Surgeons of Edinburgh. To meet these functions, the SAB appoints 35 specialist training committees whose terms of reference include setting the

syllabus for training and recognition of postgraduate qualifications.

In most cases, the SAB allows certification in only one specialty. However, since 2001, dual certification in Internal Medicine and another medical discipline, like Respiratory Medicine, has been permitted, with training extended for 2 more years. It is conceivable that other disciplines may be allowed dual certification and new specialties designated, with the progress and development of specialisation in Singapore.

In the United Kingdom, the 2 medical specialties where dual accreditation is rare are Cardiology and Neurology. For all the other specialties, dual accreditation is the norm and, in most instances, it is not possible to train only in one specialty without doing Internal Medicine as well. Therefore, most UK physicians, except cardiologists and neurologists, have dual accreditation.

In Singapore, most physicians have single specialty accreditation without Internal Medicine. Hopefully, with this recent change, we will have more physicians with dual accreditation.

Conclusion

Singapore's medical training heritage is British, rather than American. Britain's Royal Colleges have a very much longer history in setting standards and upholding them through examinations, as compared to Singapore. Our earlier local doctors were sent by the Colonial government on scholarship back to Britain mainly to pass the membership, fellowship and diplomate examinations. On their return they were designated as specialists. In 1971, our Master of Medicine postgraduate degrees were first awarded to doctors successful in the examination, which had external examiners from the Australasian and/or UK colleges. In 1986, conjoint examinations were

Table 4. List of Specialties in the Register of Specialists

No.	Specialties	Specialist Titles
1	Anaesthesiology	Anaesthesiologist
2	Cardiology	Cardiologist
3	Cardiothoracic Surgery	Cardiothoracic Surgeon
4	Dermatology	Dermatologist
5	Diagnostic Radiology	Diagnostic Radiologist
6	Emergency Medicine	Emergency Physician
7	Endocrinology	Endocrinologist
8	Gastroenterology	Gastroenterologist
9	General Surgery	General Surgeon
10	Geriatric Medicine	Geriatrician
11	Haematology	Haematologist
12	Hand Surgery	Hand Surgeon
13	Infectious Disease	Infectious Disease Physician
14	Internal Medicine	General Physician
15	Medical Oncology	Medical Oncologist
16	Neurology	Neurologist
17	Neurosurgery	Neurosurgeon
18	Nuclear Medicine	Nuclear Medicine Physician
19	Obstetrics & Gynaecology	Obstetrician & Gynaecologist
20	Occupational Medicine	Occupational Physician
21	Ophthalmology	Ophthalmologist
22	Orthopaedic Surgery	Orthopaedic Surgeon
23	Otorhinolaryngology/Ear Nose Throat (ENT) Surgery	Otorhinolaryngologist/Ear Nose Throat (ENT) Surgeon
24	Paediatric Medicine	Paediatrician
25	Paediatric Surgery	Paediatric Surgeon
26	Pathology	Pathologist
27	Plastic Surgery	Plastic Surgeon
28	Psychiatry	Psychiatrist
29	Public Health Medicine	Public Health Physician
30	Rehabilitation Medicine	Rehabilitation Physician
31	Renal Medicine	Renal Physician
32	Respiratory Medicine	Respiratory Physician
33	Rheumatology	Rheumatologist
34	Therapeutic Radiology	Therapeutic Radiologist
35	Urology	Urologist

Table 5. Specialists Accreditation Board (Medical Registration Act 1997)

Basic Qualification	Conferring Body
M Med	National University of Singapore
Or Equivalent	
“Exit” Qualification	Conferring Body
FAMS	Academy of Medicine
Or Equivalent	

started, linking the M Med with the UK diplomas, so that doctors sitting one examination locally could be awarded both qualifications if successful.

Meanwhile, the AM enrolled its Fellows onto the Specialist Roll, which served as the forerunner to the Specialist Register. In the late 1980s, the training program emphasised not just the ability of doctors to pass examinations but also the need to have experience and training under proper supervision, all these activities having to be documented in log books.

So for both basic and advanced training, two hurdles had to be crossed – passing the relevant examination and proper documentation of supervised training activities. On average, the total formal structured training took 6 years to complete.

Going forward, there are plans to reduce the training duration as the training programme becomes more focused, better supervised and more competency-based. A doctor graduating at the age of 23 years (or 25 years if he has served National Service) would become a specialist by 30 years of age. The specialist then has some 30 to 60 years of medical practice if he/she so desires. Programmes for continuing professional development then become critical for ensuring that a specialist’s skills, knowledge and competencies remain relevant, appropriate and of a high standard. We the medical profession demand no less and our patients expect no less.

In a paper on postgraduate training programmes in Singapore, a former Academy Master, Chee Yam Cheng concluded:

“While Singapore has gone so far towards developing and maintaining a comprehensive system of postgraduate medical education, only the formal structured parts of Basic and Advanced Training are in place, and can still be improved upon. Exit certification and examinations are something very recent. But for the next 30 years of a specialist doctor’s practice, what other systems do we need to ensure that all doctors (specialists or not) practise up-to-date and effective medicine? The future will tell us.”¹⁴

As long as we keep pace with relevant and realistic strategies, bearing in mind the rapid developments that are occurring, the future for medical education and specialist training should be assured.

REFERENCES

1. Chew CH. The Alumni and Postgraduate Medical Education. 75 years of our Alumni. Singapore: Singapore University Press, 2000:116-20.
2. Wong HS. In search of future role models. Singapore Med J 1997;11: 459-64.
3. Cheah JS, Tay G. The Marei Ika Daigaku (Syonan Medical College) during the Japanese Occupation of Singapore (1942-1945). Singapore Med J 1997;38:540-5.
4. Chew CH. Tan Tock Seng Hospital: Some Recollections from 1942 to 1997. Ann Acad Med Singapore 1998;27:131-9.
5. Medical Faculty: A Continuity of Ideals, 90 Years of Medical Education. 1905 – 1995. Singapore: Singapore University Press, 1995:25.
6. Wong HB. Postgraduate medical education in Singapore. Ann Acad Med Singapore 1982;11:473-7.
7. Nambiar R. Changing landscape of postgraduate training. SGH Proc 1999;2:167-71.

8. Chew CH. Medical education, training and health care services in the Republic of Singapore. West J Med 1991;155:186-8.
9. Academy of Medicine, The First 25 Years: 1957-1983. Singapore: Academy of Medicine, Singapore, 1982.
10. Chew CH. Postgraduate education and training in Singapore. J R Coll Physicians Edinb 2002;32:170-1.
11. Chew CH. The Inaugural Seah Cheng Siang Memorial Lecture: life and times of Seah Cheng Siang. Ann Acad Med Singapore 1992; 21:2(Suppl)10-24.
12. School of Postgraduate Medical Studies, Board Minutes 31 March 1969
13. Chew CH. Postgraduate medical education and training in Singapore. Ann Acad Med Singapore 1995;24:915-8.
14. Chee YC. The development of postgraduate training programmes in Singapore. Ann Acad Med Singapore 1999;28:459-64.

ACADEMY OF MEDICINE



Dr. Toh Chin Chye
Deputy Prime Minister
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Registered Office
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12th October 1967
Reply 12

Dear Deputy Prime Minister,

It was with gratification that we read the report (Straits Times, October 9th, 1967) of your views on current attitudes in post graduate medical education in Singapore.

The Academy of Medicine, which has a membership of some 150 medical specialists in Singapore, is dedicated to the ideal of providing post graduate education in a range of medical specialities leading to local higher qualifications. Doctors may then spend their periods of study overseas in enlarging their experience and developing new techniques rather than in satisfying examination boards of different centres. We have confidence in our ability to achieve this situation. The main reason why doctors still go overseas for higher qualifications is because there are no local higher professional qualifications apart from the D.P.H. These should now be established. We feel that such qualifications should be encouraged and given recognition by the Government which employs the great majority of medical specialists in Singapore.

The Academy of Medicine exists for the advancement of medical specialisation and the organisation of higher medical qualifications in Singapore. It's members seek no professional reward or remuneration for their efforts in this field. We hope to have the opportunity to fulfil both these functions in accordance with the policies of Government and seek your assistance in these matters.

We are grateful for the interest you have shown and look forward to an opportunity to discuss these matters with you. The Council of the Academy of Medicine requests an appointment with you at your convenience.

Yours faithfully,

A handwritten signature in cursive script, appearing to read 'K. Shanmugaratnam'.

K. Shanmugaratnam
Master
Academy of Medicine

Appendix I. Letter to Dr Toh Chin Chye, the then Deputy Prime Minister of Singapore.