

Re: General Surgery (GS) Residency Selection Process: A Comparison Between Singapore (Singhealth) and United States

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The paper authored by Chong TT et al¹ details the current state of the local selection process with the comparison to the selection processes used at highly sought after programmes in the United States (US). Several valid improvements to standardise the subjective evaluation process and social fit of the candidates have been suggested. Every system is optimised to some extent, as the product of its own constraints. Some aspects of the US residency interview and matching process are dictated by the sheer number of programmes available, the geographic distance, and the maturity of the residency system. We should be careful to craft our way forward sensibly, sifting the valuable lessons of the past and keeping an awareness of our present while forging our future.

The last 4 years has seen the postgraduate medical education in Singapore embark on a process of rapid transformation with the adoption of structured specialty residency training under the format of the United States Accreditation Council for Graduate Medical Education (ACGME). We have witnessed the legacy system of trial periods with undifferentiated Medical Officer (MO) postings before commitment to a broad specialty area of surgery as a Basic Specialist Trainee (BST) and then entry into an institutionally supported track for a 4-year course of Advanced Specialist Training (AST), move aside for a more rigidly defined 5-year programme for General Surgery residency. There are many benefits to a more structured approach to specialty training with closer monitoring and granularity of the competencies being developed. However, the residency system has also reduced the length and flexibility of training time, along with a different set of indicators for tracking surgical experience and a lower barrier in paper qualifications to entering traineeship.

The ACGME has introduced restricted duty hours for trainees as well as the overall number of traineeship positions. The net effect is there is novel pressure for the graduating medical student with an interest in a specialty

area to apply to residency early on, while in contrast, the residencies are trying to identify mature candidates who will be able to progress rapidly within these constraints. The new graduates are also competing with a backlog of postgraduates for the same positions, which creates a wider disparity in the experiences and portfolios of the applicants. The lack of opportunity for exposure to the specialties has long been an issue with the residency matching system in the US: the cumulative attrition rate for general surgical residents has hovered at about 20%, a figure that has been steady for the past 20 years but is much higher than our local systems have historically been accustomed to. With the phasing in of the residency match system by certain specialties, we have inherited this problem and compounded it by the scarcity of match positions in alternative specialties, although this should improve as our systems achieve steady-state. In addition, the majority of our candidates are from an undergraduate system of medical education and may have less life experience to assess their personal compatibility with the pace and rigours of training.

For the surgical training programmes in Singapore, moving from the 2-step courtship process of dating and then meeting the parents with the BST and AST selections to the “speed-dating” of the residency match selection process, is a venture into uncharted waters. While there are excellent candidates at all levels, being able to recognise the innate qualities and backgrounds that will allow them to thrive in the residency system and successfully develop into the surgeons of tomorrow, through a looking-glass review of portfolios and a few brief interviews, remains a challenge. A consequence of this quest for efficiency is a focus on paper qualifications and perhaps a bias towards those with the charisma to present well at interviews, but sometimes overlooking those who prove their worth through their work and dedication. Perhaps also passed over in this process are those with backgrounds that are less familiar to us, such as international medical graduates, even those

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from top medical schools.

Taking a hybrid approach to amalgamate the best of both systems may be what is most suitable for our needs. Allowing new graduates to develop their basic clinical skills through the Transitional Year residency training and adding a national level 1-year MO level surgical posting with rotations through the 3 sponsoring institutions, similar to the preliminary positions available in the US, for those interested in careers in surgery, may allow a better process of match-making.

REFERENCES

1. Chong TT, Soo KC. General Surgery (GS) Residency Selection Process: A Comparison Between Singapore (Singhealth) and United States. *Ann Acad Med Singapore* 2014;43:288-90.