



International Medical Graduates in Singapore

Andrew Lawrence Lee, Eugene Sng, Jeremy Lim

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Dr Jeremy Lim

MBBS, MPH, MRCS (Edin), MMed (Surg)

Director, Policy and Research

Singapore Health Services



SingHealth foundation



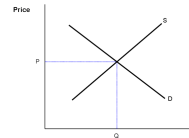
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INTRODUCTION- Why are IMGs important?



• Supply to meet rising demand

- "We have very efficient doctors and they work very hard. But somewhere along the way, we also don't have enough."-**Yong Ying-I**
- "Foreign-trained doctors can help expand our capacity to match demand"- MOH website
- "The ageing of our population necessitate a regular increase in the number of doctors to cater to our population's healthcare needs"
- IMGs can fill high-need positions in niche specialties



Singapore
MEDICINE

• Academic Medicine

- "As Singapore promotes itself as a regional medical hub and a hub for world-class biomedical research, we will need many more doctors and clinician-scientists to support the expansion of such research activities in Singapore."

• SingaporeMedicine

- "Singapore is targeting to become Asia's premier medical hub and attract 1 million foreign patients every year by 2012."
- Internationally recognized IMGs may attract patients from all over the world



"Health officials go to UK to recruit doctors" *Straits Times* 21 February 2007.

"Expansion in the number of recognized medical schools" MOH <http://www.moh.gov.sg/mohcorp/pressreleases.aspx?id=15330> (Accessed 4 May 2007).

"International Medical Graduates: Why Singapore?" MOH <http://www.moh.gov.sg/mohcorp/careers.aspx?id=262> (Accessed 4 May 2007).

Currently, Singapore is dependent on a critical mass of IMGs much like other developed countries



Country	Total # of physicians	Total # of IMGs	% physician workforce that are IMGs	Physician to population ratio with IMGs	Theoretical physician to population ratio without IMGs
United States	834932	208733	25.0	1:341	1:455
United Kingdom	157064	39266	28.3	1:433	1:604
Canada	62804	15701	23.1	1:455	1:591
Australia	57384	14346	26.5	1:369	1:502
Singapore (2006)	7611	2286	30.0	1:592	1:846

How long would waiting times be without IMGs?

"If you want to bring down waiting times, we need to recruit more doctors, much more than a few percent."
Yong Ying-I



"Metrics of the Physician Brain Drain" N Eng J Med 2005; 353:1810-8.

"Health officials go to UK to recruit doctors" Straits Times 21 February 2007.

"2 Malaysian universities among 20 whose docs can work here" Straits Times 1 April 2007.

<http://www.nicholsoncartoons.com.au/cartoons/new/2003-11-19%20Howard%20seeks%20overseas%20doctors%20unpublished%20300p.JPG> (Accessed 4 May 2007).

METHODS- QUALITATIVE ANALYSIS



- Little is known about the IMG demographics in Singapore
- To this end, small group discussions and individual interviews were conducted with IMGs (n=50) to gain a better understanding of this important demographic
- Participants were specifically asked the following questions:
 - What were your motivations for relocating/returning to Singapore to practice medicine?
 - Reflecting on your career in Singapore, have your experiences met your expectations?
 - What manpower policies would you change that might encourage you to stay in Singapore longer?
- Participants were encouraged to qualify their statements in a comparative context. (i.e. "Compared to my workload in the UK, the workload in Singapore is high.")



RESULTS- IMGs are a heterogenous group with differing motivations and expectations



- Four broad groups can be defined:
 - Returning Singaporeans/ Malaysians
 - Expatriate doctors seeking short-term experience
 - Non-Traditional Source doctors
 - Partners of persons re-locating to Singapore for work

General- The high workload and lack of respect for the work-life balance was a culture shock



Workload

- Patient-facing time is less than in UK and USA; physicians “don’t have time to think”
- Even if patient caseload is abnormally high, doctors in Singapore must “just do it”
- Priority of work tasks is not evident in job scope

Work-life balance

- IMGs were promised 8-5 working hours but “if you leave at 5, people will talk”
- Numbers-based remuneration scheme “discriminates against those with families”

Implications

- Less time to understand family history, explain medications, etc. Fear of compromising patient safety
- Less time to be academic
- Potentially endless caseload demand
- Burn out of IMGs and potential emigration
- Potential IMGs with families may be discouraged

General- IMGs feel underappreciated



- IMGs felt discrimination against local graduates especially at the junior levels
- “IMGs rarely win HMDP grants”
- IMGs from both developed and developing countries noticed a decline in recognition and respect in Singapore
- IMGs from developing countries noticed a lack of respect compared to “big-name” clinicians-scientists from Western countries

- Mutual distrust between local graduates and IMGs erodes department *esprit de corps*
- Those that seek recognition may emigrate
- Discrimination may discourage competent IMGs from performing at their best; why work hard if good work isn't recognized?

I. Returning Singaporeans/ Malaysians- Personal reasons are important



- Education and safety for children
- Care for aged/ ill parents
- Close proximity to friends and family, especially important for Singapore citizens
- Ease of cultural adaptation
- Income was not the primary motivator for relocating to Singapore



Implications

- Reasons for returning not generally professionally related
- At-risk for movement into private sector/ other Singapore-based opportunities
- Difficulty placing children in suitable schools may cause physicians to leave
- Income 'only' high hygiene factor

II. Expatriate doctors- Drawn by opportunity to work in an academic environment, 'exotic' Singapore



- Short-term experience intended
- For senior clinicians, opportunity to mentor younger clinicians and conduct research. For junior doctors, the opportunity to train in certain specialties or under well-regarded mentors
- Employment for the spouse, especially if spouse is also a physician
- Work-life balance important
- Pay was recognized as sufficient, but not outstanding compared to other developed countries (HK and Australia)

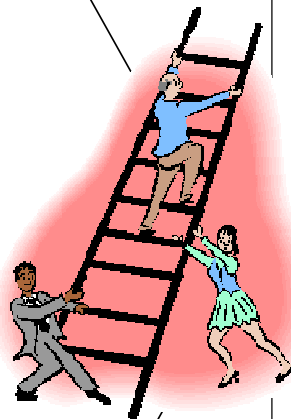
- Sustainable inflows of these IMGs assume Singapore can maintain its "academic edge" relative to other competing countries
- MOH investment in AMC may send a strong positive message to those academic-minded IMGs
- Singapore may lose both working adults if spouse wants to leave
- Need for clarity in working conditions and hours

III. 'NTS' doctors- Limited career opportunities but hopes for long-term career in Singapore



Career considerations

- Some clinicians from developing countries accepted a career demotion to work in Singapore
- Pay was considered good for those from underdeveloped countries
- Higher quality of life for those IMGs from underdeveloped countries



Implications

- The clinicians who accepted a career demotion are over-qualified for the CA/ MO level work they do.
- Consider "Area of Need" schemes similar to Australia.
- Exceptional mechanisms to retain the best of the NTS doctors needed

'NTS' doctors- The registration process was demoralizing



Registration

- Perception of case-by-case basis was viewed as arbitrary; "transparency" was recommended
- IMGs recommended standardized exam system to recruit "good" doctors from "bad" (non-scheduled schools)



Implications

- Lengthy process forces only those who truly want to work in Singapore to apply
- Clinicians' skills atrophy when waiting for registration to clear
- Countries such as the USA (ECFMG Certification and USMLE), UK (PLAB) and Australia (AMC examinations) have entrance exams

IV. Expatriate partners- Income not important, flexibility and good working environment vital



- In Singapore because of partner
- Keen to maintain professional currency
- Collegiality and working environment vital for retention
- Family more important
- Income minimal consideration



- Need for flexibility in contracting
- Useful source of short-term manpower
- Less interested in 'academic medicine' but can be harnessed when professional interests aligned

We can be more strategic in recruiting and retaining IMG talent



- Court IMGs the way MNC recruit global talent
 - Personalized re-location services depending on needs of individuals
 - Recruitment by senior hospital staff
 - Take into account holistic needs- family, spouse etc
 - HMDP stints can be effective recruiting opportunities
 - Conferences are also opportunities
 - Fellowship programmes combining training and service needs
- **Recommend targeting Singaporeans/ Malaysians practising overseas**
- **BUT do not neglect the short-stay expatriate doctor**
- **Partners can be useful source of short-term manpower**
- **No 'NTS' doctors from 2008 for service needs**

Singapore is realizing the necessity of attracting IMGs




10 reasons to work in Singapore


- Dynamic Medical Hub
- World-Class Healthcare Infrastructure
- Leading Medical Advances & Technology
- Thriving Medical Research
- Expanding Opportunities in Service, Training & Research
- Knowledge Exchange – Hotspot for Medical Professionals
- Multicultural Society
- Vibrant Garden City
- Safe Home
- Affordable Cost of Living

I can't believe I've been working in Singapore for 9 months already, still feels like I've just made the decision to move back to Asia. I was born in Hong Kong and my family moved to New Zealand when I was 13. Settling down in Singapore was relatively easy, having grown up in Asia. I also enjoyed visiting the neighbouring countries during my time off. Working in A+E at COH was initially quite a shock, although it gets better everyday. My fellow colleagues are friendly and I really enjoyed our Friday eating or sports sessions after lessons.

During my first 2 days at work, three A&E books were recommended to me by different doctors, to "carry around all the time and read cover-to-cover". Having trained in New Zealand - possibly the most relaxed place in the world, I wondered if all Singaporean doctors are walking medical libraries. Well, shortly after, I was enjoying my reading because there were so many different patients presenting each day, each with interesting stories to tell.



Jackie Chua, SingHealth



The screenshot shows the 'International Medical Graduates' section of the Ministry of Health Singapore website. It features a 'Growing career opportunities...' heading and a list of links including 'Singapore's Healthcare System', 'Practising as a doctor in Singapore', 'Research Opportunities', 'Mentor in Singapore', and 'Frequently Asked Questions (FAQs)'. A 'Sub Navigation' menu on the right lists 'Why Singapore', 'Singapore's Healthcare System', 'Practising as a doctor in Singapore', 'Employment Opportunities', 'Training Opportunities', 'Research Opportunities', 'Moving to Singapore', and 'FAQs'. A 'Compare Ball Sizes' section is also visible at the bottom right.

CONCLUSION



- IMGs are necessary to address medical manpower gaps in Singapore
- Singapore can be more strategic and more effective in recruiting and retaining top IMG talent to further national interests
- A personalized approach is essential given the heterogeneity of IMGs. Broad stereotypes are useful only for planning purposes.