33RD ANNUAL CONGRESS OF THE JAPANESE COLLEGE OF SURGEONS FROM 11-13 JUNE 2008 AT THE TOKYO BAY HOTEL TOKYU, CHIBA, JAPAN

Trip Funded by:	College of Surgeons Travelling Fellowship Fund
Attended by:	A/Prof Siow Jin Keat
Reported by:	A/Prof Siow Jin Keat

Trip Report

This was an invited lecture from the President of the 33rd Japanese College of Surgeons (JCS) Annual Scientific Meeting (ASM) to the President of the College of Surgeons Singapore. The topic was "The Role and Strategy of the College of Surgeons in the Education of Young Surgeons". I represented our President, Dr. Chan Heng Thye, and conveyed his greetings with his photograph at the beginning of my lecture. The other invited speakers were the Presidents of the College of Surgeons Hong Kong and the Royal Australian College of Surgeons. Dr. Andrew Yip, an urologist and Vice President of the College of Surgeons Hong Kong represented Hong Kong. The Australian college declined the invitation.

I was hosted to dinner on 10 June 2008 by the President of the 33rd JCS ASM, Dr. Koyama, Vice President, Saitama International Medical Centre, a hepato-biliary surgeon, and Mrs Koyama, the President of JCS, Dr. Ryozo Omoto, Professor Emeritus, Saitama Medical University and Mrs Omoto, Dr. Miyazawa, Professor, Gastrointestinal Surgery, Saitama Medical University International Medical Centre and Dr. Ozawa, Lecturer, Saitama Medical University International Medical Centre. I was joined by Dr. John Romanelli, Assistant Professor, Tufts University School of Medicine, who had been invited to share his experience on bar iatric surgery.

The lecture proceeded as scheduled on 12 June 2008 at 1700H, I spoke for half an hour, my lecture was simultaneously translated into Japanese on wireless headphones for the attendees. Dr. Andrew Yip then spoke for the next half hour. We took questions for another half hour; much interest was generated amongst the audience. Communication was surprisingly effective with the simultaneous translation. Singapore and Hong Kong being former British colonies had parallel types of postgraduate surgical training programs and appeared quite different from the Japanese program. I shall highlight useful learning points in the next section.

The Japanese faculty were gracious hosts indeed with Professor Miyazawa being assigned to take care of my needs in Tokyo City. As I had already arranged to visit the Olympus HQ in Shinjuku on 12 June 2008, I thanked Prof Miyazawa for his kindness.

On behalf of our President, I invited our Japanese hosts to contact our College should they come by Singapore and it would be the privilege and honour of our College to host them to dinner.

Usefulness of Event to Self & College of Surgeons

Useful insights from Dr Andrew Yip's lecture on "The Role and Strategy of the College of Surgeons in the Education of Young Surgeons". in Hong Kong include the following:

1. The College of Surgeons Hong Kong is a part of the Hong Kong Academy of Medicine just as our College is a part of our Academy of Medicine, Singapore.
2. There is a fundamental and very significant difference between our College and the Hong Kong College. The Hong Kong Academy of Medicine was formed in 1995 prior to the return of Hong Kong to Beijing and it was formed by a legislative act giving it legal powers to govern, to maintain standards of specialist medical practice and to accredit specialists in Hong Kong. The Hong Kong Government having formed the Hong Kong Academy of Medicine does not involve itself with the affairs of the Hong Kong College of Surgeons.
3. To be a specialist in Hong Kong, a doctor must obtain the Fellowship of the Hong Kong Academy of Medicine (FHKAM). Doctors who were specialists prior to the formation of the Hong Kong Academy of Medicine were awarded the FHKAM by default but those who came after could only be awarded after passing an exit exam set by the Hong Kong Academy of Medicine in the various specialities including general surgery. This has not been so with our FAMS since the formation of the Specialist Accreditation Board (SAB) by the Ministry of Health Singapore in 1993. Although senior clinicians appointed to the SAB are fellows of our Academy of Medicine Singapore, the decisions of the SAB are the decisions of the Ministry of Health.
4. All Hong Kong medical graduates complete one year internship (housemanship) and are then eligible to apply to enter the basic surgical training program based on report on his work and entry examination. The Hong Kong post graduate training program in surgery consists of 2 years of basic training common to all surgical specialities i.e. general surgery, orthopaedics, otorhinolaryngology, urology , cardiac surgery etc. trainees go through the same clinical postings and are tested with a common examination. Emphasis is placed on abilities to handle emergency life threatening situations especially in trauma (road traffic accident victims). A higher surgical training program of 4 years specific to each speciality is awarded on a competitive basis assured by training more basic surgical trainees than there are places for higher surgical training. So the frustrations of Singapore trainees who have passed their MMed. but who have difficulty obtaining an AST position as Registrar in our restructured hospitals due to limited AST positions is shared in an even bigger proportion of Hong Kong surgical trainees.
5. Higher surgical training aspects of the College of Surgeons Hong Kong emphasize on knowledge of basic skills, clinical application, competency and preparation for life long learning. Appreciation and ability to contribute to medical literature and thus to medical research is taught in courses held by the College of Surgeons Hong Kong and is an examinable topic. In terms of measuring competency, the College of Surgeons Hong Kong, not only wish to examine the log book of trainees but are in the process of streamlining a monitoring system to evaluate the core competencies of the surgeon. This is by stipulating that a trainee should be involved in at least 100 major operations in 6 months and that a certain percentage of these operations should be done by the trainee as the surgeon with the complexity of the operations increasing with seniority of the trainee. Important focus again is on emergency surgery.

Useful Insights during Question and Answer Time and from Conversations at the Presidents' Dinner following the lectures.

1. Japanese surgical specialisation starts early immediately following internship. A recent Japanese Health Ministry ruling that Japanese doctors should spend two years on elective postings before specialisation was frowned upon by senior Japanese clinicians. Japanese surgeons also value training outside of Japan such as in USA as important milestones in their training. There is difficulty now in attracting young doctors in Japan to take up surgery as more have opt for less strenuous specialities. The main reason is that the remuneration of surgeons in public practice is the same as for physicians. A consultant general surgeon in Japan is paid about US$6000 a month. Although Hong Kong doctors are similarly paid in all specialities, they are uniformly paid a much higher wage based on seniority with a consultant being paid about US$25,000 a month in the public sector. (Hong Kong maximum income tax rate is 15%).
2. With no benefit of increased remuneration, choosing to be a surgeon seemed to be one of interest and altruism. This I observed with the family of 76 year old Dr Omoto, the current JCS president who is a cardiac surgeon. He recalled 40 years ago he was training in Boston and his daughter was then 5 months old. Today she is a 40 year old cardiac surgeon and her brother, Dr Omoto's elder son is also a cardiac surgeon. Proudly Dr. Omoto said his son also did cardiac surgery training in Boston under Dr Omoto's US mentor who held the position of chief of cardiac surgery for 33 years.
3. Japanese surgeons were keen to know how medical research achievements were rewarded. Both Singapore and Hong Kong did not have any established means of recognition for research accomplishments and hospital promotions were based on clinical productivity.
4. Litigation appeared to be increasing in Japan, with patients demanding more of doctors' time in explanation of their medical conditions. Some doctors had been slapped with criminal litigation and have ended up behind bars. Both Singapore and Hong Kong have yet had criminal suits against doctors although civil litigation does proceed often based on coroners' conclusions in the event of patient death.

The Relevance of the Academy of Medicine Singapore to medical specialty regulation as compared to the Hong Kong Academy of Medicine.

The Hong Kong Academy of Medicine and the College of Surgeons Hong Kong is led by practising clinicians, the President of the College of Surgeons Hong Kong is in private practice and the Vice President in public practice. Yet the Hong Kong Academy of Medicine is able to act as the definitive body, entrusted by the Hong Kong Government to take care of all aspects of medical specialisation including accreditation and exit examination. The Singapore medical specialisation system is run by the Ministry of Health aided by our university through the Division of Graduate Medical Studies. Prof Satku being Director of Medical Services is fortuitously our past master. Perhaps with his experience as past master he has seen that entrusting our academy as Hong Kong had done for its academy with accreditation and exit certification may lead to a less than satisfactory outcome in terms of effectiveness and efficacy. MOH and DGMS led by full time administrators are more likely to be able to govern better.

However our Academy will see a gradual decline in time as senior clinicians leave active practice and there is no incentive for younger clinicians to join the Academy. The Hong Kong Academy of Medicine was specifically set up by the Hong Kong government for the purpose of medical specialty regulation, whereas our Academy was set up in 1957 as an interest group and looked upon by MOH as a conduit for professional matters but certainly not as a regulatory body. The Academy has to prove itself to be worthy as a regulatory body before MOH can take us seriously.

Proposal

I would like to suggest that we study the organization of the Hong Kong Academy of Medicine in view of the similarities of training and medical practice that was previously based on the UK postgraduate medical system. We can then propose to MOH a workable plan so that the FAMS has the same status as the FHKAM. To stay relevant we must become more than just an interest group, the conferment of FAMS should be made the pre requisite to practise as a specialist in Singapore.