

SSC5B/Elective in Paediatric Surgery at KK Women's and Children's Hospital
End of Placement Report

Prior to this elective I had never been to Southeast Asia, and it is a part of the world I had been wanting to visit for many years. I had read and heard from several sources that Singapore is a safe, clean, efficient city-state that is compact and easy to navigate. Along with the fact that English is widely spoken by Singaporeans, these factors all ranked Singapore highly as an ideal place to do a medical elective as a solo female traveller. Healthcare in Singapore is renowned for both its quality and affordability for citizens and residents. When I was fortunate to receive a positive response for my application to undertake an elective posting at KK Women's and Children's Hospital (KKH), I gladly accepted. Now that this two-week placement in the Department of Paediatric Surgery is drawing to a close and I reflect on my time there, I can say that I overall found it an insightful and worthwhile experience and I am grateful to have had this opportunity.

The Children's Surgery Centre at KKH, being the largest of its kind in Singapore, treats a broad range of surgical problems in newborns, infants, toddlers, children and teenagers. I was attached to Team A, one of four paediatric surgical teams at KKH, whose sub-specialist focus is gastrointestinal and hepatobiliary surgery. Although I have had a couple of surgical postings in my clinical years at medical school, delays and cancellations of many elective operations during the COVID-19 pandemic meant that my surgical exposure to date has been considerably disrupted and limited. Furthermore, I had not spent any time in paediatric surgery before, so was happy to have this introduction and a chance to broaden my understanding of the field. My elective posting was a hands-off observership, so I was unable to participate in clinical training duties. Although I would have liked to be hands-on and more actively involved, this required obtaining a Work Holiday Pass and I unfortunately did not meet the age criteria (18-25 years old) to apply for this via the Ministry of Manpower. Nevertheless, there was still plenty to learn and gain from observing the doctors and nurses, their interactions with patients and families, and discussing cases with members of the team.

As the largest of two publically-funded centres for tertiary paediatric surgery in Singapore, KKH cares for babies, children and adolescents with a broad range of congenital and acquired surgical conditions. The country's small size and efficient transportation infrastructure facilitate relatively short travel times to hospitals, and private paediatric surgical services are also available. The UK has numerous NHS-funded speciality paediatric surgical services, although certain areas are subjected to longer waiting times and may have limited access to specialised procedures. Indeed, Singapore's population size is more than ten times smaller than that of the UK, which likely contributes to overall shorter waiting times.

A relatively common paediatric surgical procedure undertaken across all four teams at KKH is male circumcision. I observed several circumcision procedures in the operating theatre (apparently the circumcision caseload is especially high these days as it is the school holidays!), some for medical indications but many requested by children's parents for cultural or religious reasons. Compared to the UK, a higher percentage of the population in Singapore is of the Islamic faith. It was useful to see how the pre-operative assessment and

post-operative care was carried out, and to learn more about the carbon dioxide laser technique used to perform the circumcisions. Other conditions requiring paediatric surgical intervention that I encountered during my posting included acute appendicitis, inguinal hernia, umbilical hernia, necrotising enterocolitis, as well as patients with VACTERL with tracheoesophageal fistula, oesophageal atresia, and anal malformation. As a soon-to-be junior doctor, I now feel more confident and better informed to effectively clerk and manage common possible paediatric surgical cases including abdominal pain, testicular pain, groin lumps, and abdominal distention and vomiting in a baby. During this placement I have been fortunate to gain exposure in a variety of clinical settings, including in-patient ward rounds, operating theatres, out-patient clinics, Morbidity and Mortality meetings and Journal Club. These have been valuable sources of learning, not only in terms of acquiring medical knowledge but also through witnessing different communication styles and skills during doctor-patient and doctor-doctor interactions. I also attended a couple of clinician-led tutorials (alongside local medical students) and found these, as well as the more informal bedside teaching by senior doctors, provided stimulating learning opportunities that highlighted high-yield topics and helped me brush up on gaps in my knowledge.

A typical week for a paediatric surgeon in Singapore is similar to in the UK, with a mixture of clinical consultations, surgical procedures and ward rounds taking up a large part of their working days, as well as administrative tasks, multidisciplinary team meetings, continuing education, and on-call duties. I was curious to learn more about the paediatric surgery training pathway in Singapore. From reading up on the topic and talking to doctors on the team, it was interesting to find out that the journey is considerably shorter in Singapore compared to the UK. After completing medical school, new graduates in Singapore complete a one-year clinical apprenticeship as a House Officer and can then apply to and embark on a structured six-year run-through paediatric surgery residency programme. In the UK after medical school, junior doctors join a two-year foundation programme, and can then apply to and undertake speciality training to become a paediatric surgeon which takes a minimum of eight years. I can understand why Singapore is an attractive place to work and specialise as a doctor, not least because of the expedited specialisation pathways and reputable training, but also the relatively generous remuneration compared to UK-based doctors in the NHS.

Having completed the entirety of my medical training so far in London and its vicinity, I am well-versed in the publically-funded healthcare system of the UK; the NHS is funded mainly from general taxation supplemented by National Insurance contributions, with a small proportion coming from patient charges (e.g. prescriptions and dental care). It has been quite eye-opening to gain insight into Singapore's hybrid model of public healthcare, which provides universal health coverage to its citizens and permanent residents through mixed financing, particularly as Singapore's healthcare system consistently ranks highly in terms of efficiency, outcomes and overall performance, all at relatively low cost to the government. This prompted me to read more about this city-state's healthcare system which is the envy of many countries. In an interesting BMJ article, someone with type 1 diabetes who recently moved from the UK to Singapore described how having to pay (even a small amount) for medical services has shifted her mindset from simply a patient to a consumer. This has altered her perspective and empowered her to better engage with healthcare professionals, their advice and treatment, and feel more in control over her diabetes and its management. Of course, no system is without challenges and drawbacks – some may find the decision-

making and added responsibility for their own healthcare to be a burden, expats cannot benefit from public subsidy schemes, the healthcare system relies heavily on institutions, hospital wait times can be lengthy, and costs of long-term care can be expensive despite subsidies. Nevertheless, it is clear other countries, including the UK, could cut costs and improve the efficiency of their healthcare system by adopting a more market-centric, decentralised and personal-responsibility model exemplified by Singapore.

I would like to thank the Department of Paediatric Surgery, especially Team A, and the education team at KKH for welcoming me as an overseas medical student and facilitating this elective placement. It has been an enriching and engaging experience, and one I would recommend to colleagues in the UK seeking to gain exposure to an effective and exemplary healthcare environment overseas.