Thinking Globally
Acting Locally

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In appreciation

- ABMS-S
- Dr Albert Ty and OMA team, MOH
Singapore is a city state

Total Population
5.399 million

Land size
719.1 km²

Population density
7,508 per km²

*SingStat figures as reported in 2015
Singapore’s changing demographics

Age Profile of Citizen Population

Age profile of Singaporeans in 2012

Age profile of Singaporeans in 2050

Assuming current birth rates and no immigration from 2013 onwards.

Source: DOS
A “Future-Ready” Healthcare System

Younger Population
Acute, Episodic Healthcare needs

Ageing Population
Chronic, Rehabilitative, Palliative needs

Acute Hospital-Centric Model of Care
Centred on Acute Hospitals

Integrated, Patient-centric care
Across many different sectors - primary, community and home care
Introducing disruptions in the medical system

PHYSICIAN

4-year med education
PGY1

5-year med education
PGY1

PHYSICIAN
Reforms in Specialist Training

Systemic issues
- Lack of structure
- High attrition rate
- Need to ensure consistent quality of training and assessments
Between 2007 and 2008, the Ministry studied the postgraduate training systems in North America, Australia, UK, and Europe.
ACGME visit to Singapore in 2008

- Visit by ACGME Senior Management to Singapore led by then Chairman Dr William Hartman and CEO Dr Tom Nasca
Introduction of Residency Programmes in 2010

KEY COMPONENTS OF CHANGE

- Clearly defined curriculum
- Dedicated time for faculty and residents
- Regular formative assessment of residents
- Rigorous accreditation system of training programs
Managing the Change

Securing buy-in

• Communicating the change to stakeholders, training partners and the general medical community

• Engaging specialist leaders (Residency Advisory Committees)
Managing the Change

Setting up the system

• Setting up a robust governance structure
• Formation of training structures
  – Sponsoring Institutions and appointment of key training staff (DIO, PDs, CCFMs)
• Providing resources
• Phased implementation
Residency Governance Structure

Regulators
- Specialists Accreditation Board

Training Policy
- Ministry of Health Joint Steering Committee*

National Oversight
- Joint Committee for Specialist Training
  35 Residency Advisory Committees + 5 Subspecialty Training Committees

Providers of Training
- SingHealth
- NUHS
- National Healthcare Group

External Accrément
- ACGME-International

*includes representatives from MOH and ACGME
Residency programs were rolled out in phases:

- 2010 – 6 disciplines
- 2011 – 13 disciplines
- 2013 – 15 Internal Medicine related specialties
Reforms in Assessment Systems

Summative exams must be made up of a **knowledge-based exam and a clinical exam**

- Develop robust, valid and defensible exams
- Build local capabilities and capacity over time
Knowledge-based Exams: Work through ABMS for a single agreement and standardised implementation process
MOH entered into a Planning Grant Agreement with ABMS

ABMS to serve as the umbrella body providing services on behalf of its Member Boards

Singapore’s clinical leadership will be involved in key examination development processes
Guiding Principles for the collaboration

• The need to align summative assessments with the residency curriculum and contextualised to the Singapore context
• The need to ensure that assessment standards can be benchmarked to overseas standards taking into consideration the small sample population in Singapore
• The need to develop expertise in exam development and implementation that will ensure validity of exam results.
Managing the change in assessments

Securing buy-in

• Communicating the change to stakeholders, training partners and the general medical community

• Engaging specialist leaders (Residency Advisory Committees) and working with the relevant ABMS member boards
The Collaborative Journey

MOH(455,174),(828,240) entered into a Planning Grant Agreement with ABMS

PGA proceedings

6 meetings where ABMS Member Boards met their local counterparts (between Dec 2010 to Sept 2011)
The Collaborative Journey

- **2010**: MOH entered into a Planning Grant Agreement with ABMS
- **2011**
  - PGA proceedings
  - MOH entered into an Advanced Board Contract
- **2012**
  - 10-year Long-Term Contract between MOH and ABMS in 11 disciplines
- **2013**
  - Inclusion of General Surgery
Managing the Change

Setting up the system

- Establishment of new Office for Medical Assessment
- Formation of Exam committees
- Providing resources to local examiners, exam site and exam delivery services
- Phased implementation
Exam Development Process

Building local capabilities and capacity

(1) Blueprinting & Item Writing
(2) Item & Form Review
(3) Key validation
(4) Standard Setting
12 MCQ exams were rolled out in phases:

- 2013 – 3 disciplines
- 2014 – 2 disciplines
- 2015 – 3 disciplines
- 2016 – 4 disciplines
Taking stock...
What went well?

MOH Review Committee on Residency Training was set up in Aug 2014

- Introduction of structured training was a positive change
- Allowed for transfer of knowledge and skills on training and assessments
- Strengthened interest in medical education
- Spin off to other health professionals
Recommendations for refinement

**STRUCTURE**
- Stronger local governance and accreditation capacity and capabilities

**PROCESS**
- Optimise entry into training
- Broad-based training focus
- Appropriate & sustainable funding
- Centralised data collection

**OUTCOMES**
- Education outcomes
- Patient outcomes
‘Fit for Purpose’ Specialist Training

- Training curriculum contextualised to local practice
- Duration of Training that works for Singapore
- Emphasis on broad-based skills and competencies
- Assessments that ensures for safe, local practice
Producing doctors that are ‘fit for purpose’

Medical School

- Establishment of educational and clinical training standards
- Continuous Quality Improvement Framework

PGY1

- National PGY1 Training and Assessment Framework

PGY2 onwards

- Specialist /FM Training/MOship
- Structured Residency and Family Medicine training
- Emphasis on broad-based skills centered on a generalist/primary care model of health delivery