

Views on the Future Of O&G Subspecialty Development In Singapore – A Survey By College Of Obstetricians And Gynaecologists, Singapore

Jasmine Mohd, Fon-Min Lai

ABSTRACT

There is an increasing trend of subspecialisation across all fields of medicine. We describe the results of a survey carried out in 2006 by the College of Obstetricians and Gynaecologists (Singapore) amongst the registered Obstetricians & Gynaecologists on the Singapore Medical Council Register. The survey looked into the fraternity's perceptions and views on subspecialty training and development in O&G in Singapore.

BACKGROUND

The inexorable trend across all specialties in medicine is increasing subspecialisation. This is the result of the explosion of knowledge and has led to more doctors learning and doing more in a narrower field in a given specialty. The huge advances in technology have made it nearly impossible for one doctor to deliver excellent quality care for common conditions, much less every condition. It was just a matter of time before fragmentation of care occurred. Obstetrics & Gynaecology is no exception and the subspecialties of reproductive endocrinology and infertility, gynaecological oncology, maternal-fetal medicine and urogynaecology are fairly established in many places in the world. Others include O&G ultrasonography, genito-urinary medicine, contraception and minimally invasive surgery. While it is generally agreed that subspecialty development in O&G is already well

underway in hospitals and teaching institutions, there is no consensus amongst the College education council as to its future development in Singapore.

For the American College of O&G, time-limited subspecialty certificates have been issued since 1987 (in Gynae Oncology, Maternal-fetal medicine, Reproductive Endocrinology and Infertility) and the College of O&G in Australia had formed 5 groups of subspecialties 22 years ago (Gynaecology Oncology, Reproductive Endocrinology & infertility, Obstetric & Gynaecological Ultrasound, Urogynaecology and Maternal & Fetal Medicine). The Royal College of O&G, UK has subspecialty training programmes in Maternal Fetal Medicine, Reproductive Medicine, Urogynaecology, Gynaecology Oncology and Sexual and Reproductive Health which is a statutory function of Postgraduate Medical Education and Training Board (PMETB).

As more O&G specialists return from overseas with sub-specialist O&G qualifications, there will undoubtedly come a time when our specialist register needs to acknowledge sub-specialist qualifications.

When the Chapter of O&G, Academy of Singapore evolved into the College of O&G, Singapore in 2004, four subsections (Gynaecological Oncology, Reproductive Medicine, Maternal- Fetal Medicine and Urogynaecology) were created and their committee members were selected by a postal vote of the College Fellows. Post-election, there were concerns from specialists (as opposed to "subspecialists") that the majority of subsection members all had subspecialty interests.

Jasmine Mohd
MBBS (Singapore), M.Med (O&G)
Registrar, Department of O&G
KK Women's and Children's Hospital
100 Bukit Timah Road
Singapore 229899

Lai Fon-Min
MBBS (Singapore), FRCOG, FRANZCOG, M. MED (O&G)
A Company for Women,
Camden Medical Centre, One Orchard Boulevard,
#03-05/06, Singapore 248649.

Corresponding author:
Jasmine Mohd
Jasmine.mohd@singhealth.com.sg

At the inaugural College Annual General Meeting in 2005, the subsections were unanimous in defining their role, which was non-regulatory in nature, with their main focus on a) defining standards of practice in each area, b) developing consensus guidelines and statements and c) organising CME activities. The subsections have met on a number of occasions and some have developed subspecialty training guidelines but there is little agreement on what constitutes a definition of a subspecialist.

Ideally, subspecialists support specialists rather than undermine their skills, status and professional challenge. They improve health outcomes by leadership in teaching and research and practice clinically at a highly specialized level. They act as a resource rather than a competitor to specialists.

What are the criticisms against subspecialisation? Some regular specialists in O&G may be concerned that focus on subspecialisation may lead to “de-skilling” and diminishing of regular specialists in obstetrics & gynaecology as patients are diverted to one subspecialty or another even if the condition was

within their expertise. Subspecialists then become competitors rather than a resource. The other difficulty in a small country like Singapore is whether the small numbers of subspecialists justifies the creation of a subspecialty exit examination which would be costly to administer.

METHODS

The objective of this survey was to obtain the O&G fraternity's perceptions and opinions regarding the idea of formal subspecialisation. The first survey letter was sent out in mid August 2006, and the second in December 2006. A total of 282 letters were sent by the College of Obstetricians & Gynaecologists based on the Singapore Medical Council Specialist Register – out of which 200 were fellows of the academy of Medicine, and 82 non-fellows of the Academy of Medicine, Singapore. It obtained a response rate of 37.6%, from 106 O&Gs in Singapore.

RESULTS

The results are shown in Tables 1 to 6.

Table 1. Perception of O&Gs on the benefits of having subspecialists. (n=100)

HAVING SUBSPECIALISTS:	Strongly-Disagree (%)	Disagree (%)	Agree (%)	Strongly-Agree (%)	No Answer (%)
1. Improves the knowledge base and practice of specialists	7 (6.6)	16 (15.1)	40 (37.7)	43 (40.6)	0 (0)
2. Improves the level of expertise available for the benefit of most patients	4 (3.8)	14 (13.2)	43 (40.6)	45 (42.5)	0 (0)
3. Improves the recruitment of talented graduates into subspeciality areas of practice	7 (6.6)	28 (26.4)	43 (40.6)	27 (25.5)	1 (0.9)
4. Promotes a close working relationship with specialists	12 (11.3)	38 (35.8)	36 (34.0)	20 (18.9)	0 (0)
5. Encourages coordinated management of relevant O&G clinical services in Singapore	7 (6.6)	30 (28.3)	40 (37.7)	27 (25.5)	2 (1.9)

Table 2. Perception of O&Gs on various subspecialty development (n=106)

Views & Opinions	Strongly-Disagree (%)	Disagree (%)	Agree (%)	Strongly-Agree (%)	No Answer (%)
6. Subsection of Gynaecological Oncology is working towards adoption of internationally recognised standards and to develop a common training program. Are you in favour?	6 (5.7)	9 (8.5)	56 (52.8)	32 (30.2)	0 (0)
7a. Subsection of Reproductive Medicine/Endocrinology should do the same?	8 (7.5)	18 (17.0)	49 (46.2)	29 (27.4)	2 (1.9)
7b. Subsection of Maternal-fetal Medicine should do the same?	9 (8.5)	19 (17.9)	45 (42.5)	26 (24.5)	7 (6.6)
7c. Subsection of Uro-gynaecology should do the same?	12 (11.3)	17 (16.0)	48 (45.3)	22 (20.8)	7 (6.6)
8. Do you think there should be more Subsections to include other disciplines in O&G?	24 (22.6)	43 (40.6)	27 (25.5)	11 (10.4)	1 (0.9)

Table 3. The college should set up special interest groups in (n=39)

Opinions	Strongly-Disagree (%)	Disagree (%)	Agree (%)	Strongly-Agree (%)	No Answer (%)
MIS	1 (2.6)	5 (12.8)	17 (43.6)	13 (33.3)	3 (7.7)
Ultrasound	2 (5.1)	4 (10.3)	21 (53.8)	9 (23.1)	3 (7.7)
Paediatric Gynaecology	6 (15.4)	5 (12.8)	15 (38.5)	11 (28.2)	2 (5.1)
Menopause	5 (12.8)	8 (20.5)	14 (35.9)	9 (23.1)	3 (7.7)
Medio-legal Issues	3 (7.7)	5 (12.8)	16 (41.0)	12 (30.8)	3 (7.7)
Genetic Disease	5 (12.8)	3 (7.7)	18 (46.2)	11 (28.2)	2 (5.1)
Colposcopy	3 (7.7)	7 (17.9)	17 (43.6)	9 (23.1)	3 (7.7)

(only respondents who answered “Agree” or “Strongly Agree” to question 8 went on to answer this part of the survey on Special Interest Groups)

Table 4. Specific interest groups as an alternative to subspecialisation in (n=106)

Views & Opinions	Strongly-Disagree (%)	Disagree (%)	Agree (%)	Strongly-Agree (%)	No Answer (%)
There is demand for training short of full subspecialty levels for Fellows with specific interests	2 (1.9)	13 (12.3)	53 (50)	32 (30.2)	6 (5.7)
Instead of forming subspecialties, a skills-based certification program for Fellows with special interests should be an option. (eg urodynamics, colposcopy, advanced obstetric ultrasound skills, high-risk obstetric medicine)	10 (9.4)	11 (10.4)	46 (43.4)	37 (34.9)	2 (1.9)

Table 5. Who am I? (n=106)

I consider myself	A generalist	A subspecialist	A generalist with sub-specialty interest
n (%)	22 (21)	23 (22)	61 (57)

Table 6. In the future (n=106)

Years	5-10 years (%)	10-15 years (%)	More than 15 years (%)	No Answer
I think sub-specialisation in O&G in Singapore will be achievable in (%)	34 (32)	41 (39)	23 (22)	8 (7)

DISCUSSION

From this survey, perceptions about the current role of O&G specialists in Singapore were determined. A large majority of respondents agreed that subspecialisation improved the knowledge base and practice of specialists (78%), and improved the level of expertise available to the benefit of patients (83%). However, not as many were convinced that the existence of subspecialisation would attract more talented graduates to joining these individual fields of subspecialty practice (66%). Respondents were divided right down the middle with regards to whether it fostered a good working relationship among specialists (47% disagreed, 53% agreed). As to whether subspecialisation would encourage coordinated management of O&G services in Singapore, only 63% agreed.

A large majority (83%) were in favour of Gynaecological Oncology working towards formal subspecialisation. For Reproductive Medicine/Endocrinology, Maternal-Fetal Medicine, and Urogynecology, in decreasing order, 78%, 67% and 66% of respondents felt that that formal subspecialty development should be necessary.

Up to 36% of respondents felt that the College should set up other Subsections to include other disciplines or specialty interests within O&G. These included

Minimally Invasive Surgery (28% out of total respondents), Ultrasound (28%), Genetic Diseases (27%), Medico-legal issues (26%), Pediatric Gynaecology (25%), Colposcopy (25%) and Menopause (22%).

The majority (80%) felt that there was a need for training short of full subspecialty levels and most felt as a alternative to formal subspecialty accreditation, a skills-based certification program for Fellows with specialty interests would be a viable option (eg in urodynamics, colposcopy, or advanced obstetric ultrasound skills).

With regards to how respondents viewed themselves, the majority (57%) felt they were a “Generalist O&G with a subspecialty interest”, and 22% and 21% categorised themselves as a “Subspecialist” and a “Generalist” respectively. Most respondents (61%) thought it would take over a decade at least for subspecialty development to properly take root in Singapore.

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