COLLEGE OF

# Anaesthesiologists, Singapore

# From the Chapter of Anaesthetists to the College of Anaesthesiologists, Singapore

Siew Tuan Khoo[1] MBBS (S'pore), MMed (Anaes), FANZCA

*Address for Correspondence:*
**Dr Khoo Siew Tuan**
Anaesthesiology Partners
#13-07 Mount Elizabeth Medical Centre
3 Mount Elizabeth
Singapore 228510.

[1] *Anaesthesiology Partners, Mt Elizabeth Medical Centre, Singapore*

## ABSTRACT

Sir Stamford Raffles introduced western medicine to Singapore in 1819 when he arrived with the East India Company. As the popularity of western medicine grew, more British doctors were sent here. The local medical school was started in 1905 and hospitals mushroomed to cope with increasing demands. Impetus for the development of anaesthesia was ignited by rapid advancements in surgery. Most of our early anaesthetists received their training and specialty degrees in Britain until 1971 when the local Master of Medicine (Anaesthesia) began. The College of Anaesthesiologists, Singapore, together with the Singapore Society of Anaesthesiologists, shoulders the responsibility of ensuring optimal training and continual upgrading for the anaesthesia fraternity so that patient safety is not compromised.

## INTRODUCTION

The arrival of Sir Stamford Raffles in 1819 herald the birth of western medicine in Singapore. Doctors were then sent here from Britain. These early doctors were 'jack of all trades' practising everything from public health to pathology. They had difficulties communicating with the locals and had little knowledge of tropical diseases. The introduction of antibiotics after the Second World War and the ability of the foreign doctors to treat tuberculosis and leprosy helped boost the locals' faith in western medicine.

## DEVELOPMENT OF ANAESTHESIA

Before the advent of anaesthesia, patients undergoing surgery had to be forcibly restrained. By the 18th century, alcohol and opium were used to alleviate operative pain. The two world wars gave further push to the development of anaesthesia.

*"…first-rate anaesthetists using high grade modern equipment and these two factors were responsible for saving many lives and considerably shortening the convalescence of the wounded men…"*

A. B. Daly[1]

Singapore remained a British colony for just over 140 years. Hence, the development of anaesthesia here mirrored that in Britain. Early anaesthetists like Drs DAB Hopkins, E Morrison and EG Hudson and anaesthetics like ether and chloroform were introduced from Britain. Ether was first given in 1847, a few months after it was first demonstrated successfully in Britain.[2,3] Until the availability locally of the Australian anaesthesia examination in 1967 and the Master of Medicine (Anaesthesia) in 1971, most of our pioneer anaesthetists, like Drs George Tay, F Pais, V Sivagnanaratnam and Tan Seng Huat, were sent to Britain for further training.[4-6] They were responsible for perpetuating British anaesthesia techniques in Singapore (Fig. 1). As a result of the shortage of trained anaesthetists, many anaesthetics were given by surgeons, junior doctors, medical students and nurses. The most popular anaesthesia techniques then were regional anaesthesia, local and

Dr BEG D'Bras    Dr F Pais    Dr JE Choo    Dr Ganendran    Dr E Goonetileke

Dr KC Sihoe    Dr HH Chiu    Dr MK Chin    Dr HZ Su    SN KM Cheong
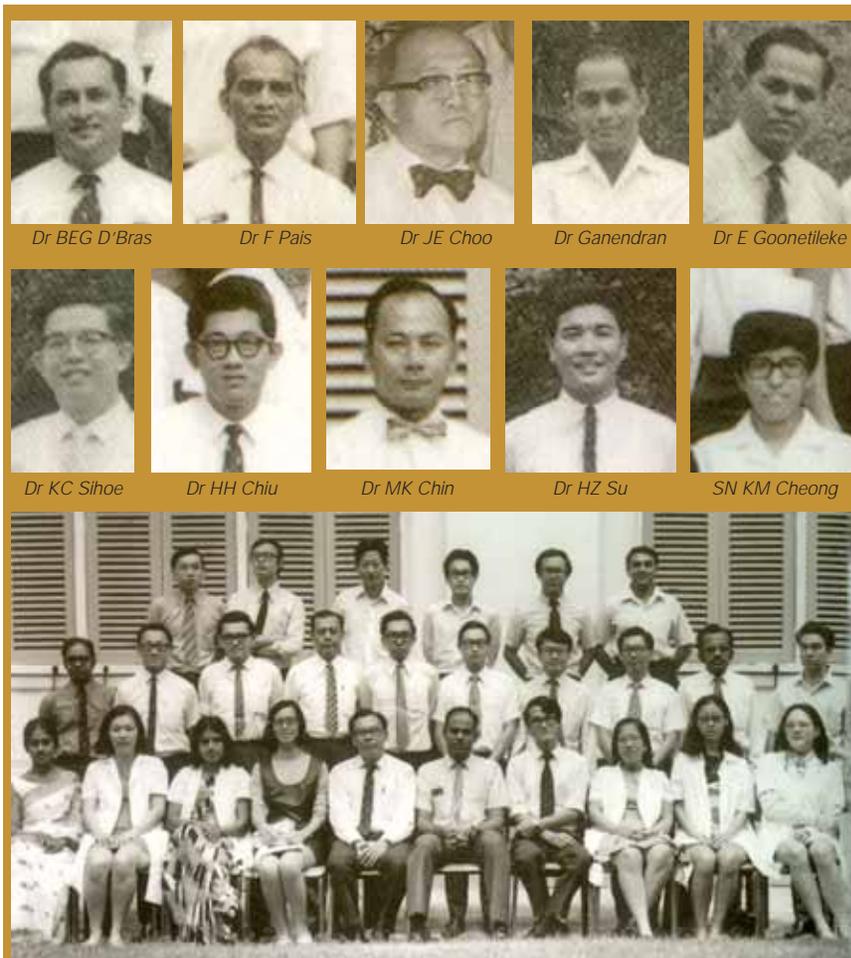
Fig. 1    The Pioneers
Department of Anaesthesia, Outram Road General Hospital. Prof Tan Seng Huat (sitting, fifth from the left) was departmental head, 1971-1989. He continued to support the anaesthesia fraternity after his retirement. In 1990, he helped set up the Tan Seng Huat Gold Medal Award presented to outstanding candidates in the final Master of Medicine (Anaesthesia). In 2005, he donated a sum of $10,000 to help defray the cost of the 2005 American Society of Anesthesiologists Refresher Course books given free to members of the Singapore Society of Anaesthesiologists.
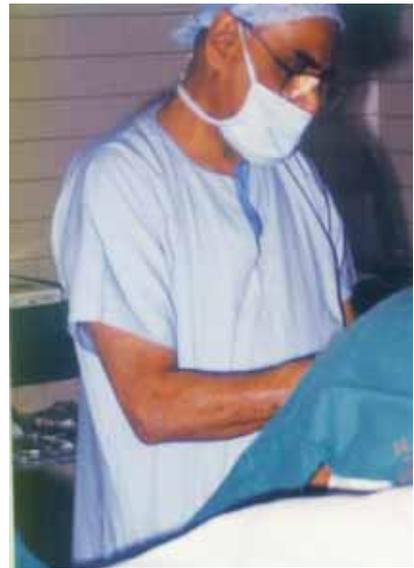
Fig. 2    Dr. V Sivagnanaratnam performing an epidural in the labour ward in Toa Payoh Hospital. Dr Siva was Head of the Department of Anaesthesia in Toa Payoh Hospital from 1971 to 1993. During this time, he started the epidural service for women in labour and spent many hours there rescuing the damsels in distress.

'vocal' anaesthesia (Fig. 2).[7,8] Little is known about anaesthesia morbidity and mortality then but Dr V. Sivagnanaratnam remembered being told as a kid that "this chloroform, sure to die!"[9]

## ANAESTHESIA AS A MEDICAL SPECIALTY

Anaesthesia became recognised as a medical specialty in the United Kingdom from 1948 with the establishment of the Faculty of Anaesthetists, Royal College of Surgeons. The World Federation of Societies of Anesthesiologists was formed in 1953 and held its first congress in The Netherlands in 1955.

*"The official recognition at long last that the administration of anaesthetics is a highly skilled occupation, that anaesthetists are indeed specialists and that the skill and experience of the anaesthetists is in many cases far more important than the actual anaesthetic agent employed."*

A. B. Daly

Fig. 3. 1974/1975 Council, Academy of Medicine, Singapore. Dr George Tay is standing 3rd from the right.

## CHAPTER OF ANAESTHETISTS

The idea of having an Academy of Medicine in Singapore was first mooted by some 20 medical specialists. On 19 July 1957, the Academy of Physicians and Surgeons was formed with 34 founding members including Dental Surgeons, Physicians and Surgeons. It was renamed "Academy of Medicine, Singapore" in 1958. The first two Chapters of the Academy were the Chapters of Physicians and Surgeons. The Chapter of Anaesthetists was formed on 5 October 1974 with only 13 members. The late Dr George Tay became the first Chapter Chairman (Fig. 3). He continued to play a very active role in the development of the Chapter and was Chapter Chairman four times during his anaesthesia career. The Chapter of Anaesthetists changed its name to the Chapter of Anaesthesiologists in 1999.

## CHAPTER MEMBERSHIP

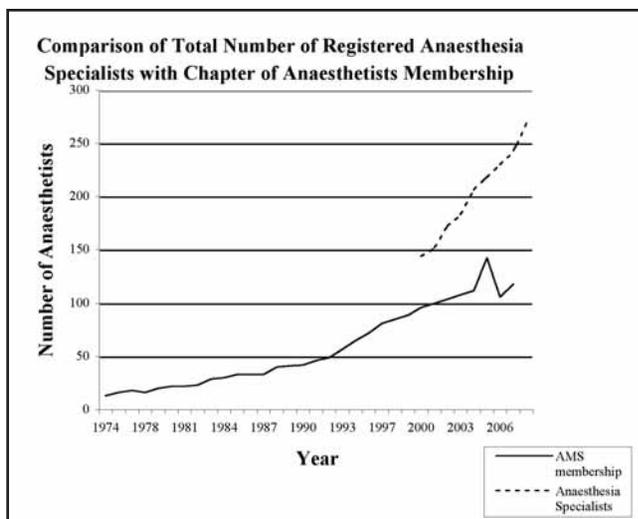Membership gradually increased over the years. By 2003, the total membership had increased to 142 (Fig. 4).



Fig. 4. Membership of Chapter of Anaesthetists, Academy of Medicine, Singapore compared with the total number of Anaesthesia Specialists registered with the Specialist Accreditation Board, Singapore Medical Council.

## CONTINUING MEDICAL EDUCATION

Together with the Singapore Society of Anaesthesiologists, the Chapter of Anaesthetists played an important role in the organization of both local and international meetings as well as contributed to undergraduate and postgraduate teaching. Besides the monthly Combined Anaesthesia Meetings and annual General Scientific Meetings, it participated actively in others like the Singapore-Malaysia Congress of Medicine. It helped in the organization of the Asian-Australasian Congress of Anaesthesiologists in Singapore in 1974 and 2006.

Attendance at these meetings had always been voluntary. In 1985, the Singapore Medical Council appointed a Continuing Medical Education (CME) Co-ordinating Committee to design a more structured CME programme. Points are awarded for attendance of these events. Since February 1993, the committee was placed under an administration which included the Academy. Participation in CME programme was made compulsory from 2003. Doctors must now accumulate a minimum of 50 points in a 2-year period each in order to renew their practising certificates.

## MASTER OF MEDICINE (ANAESTHESIA)

The Chapter of Anaesthetists had been assisting the School of Postgraduate Medical Studies (renamed Division of Graduate Medical Studies in 2002) in the conduct of courses and examinations leading to the Master of Medicine (Anaesthesia), since 1971 (Fig. 5).
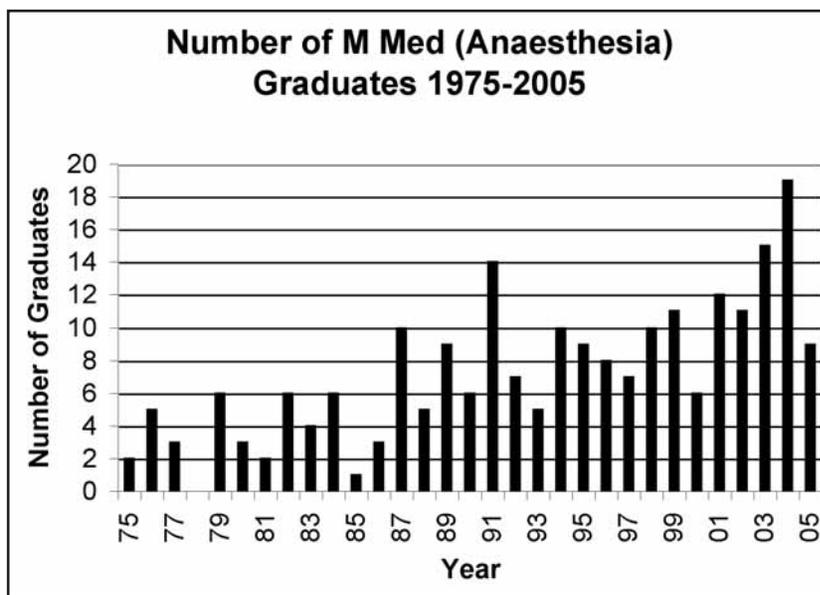


Fig. 5.   Number of Successful Candidates for the M Med (Anaesthesia) each year from the first examination in 1975.

## ADVANCED SPECIALTY TRAINING

Since 1992, candidates, upon passing the M Med examination or its equivalent, are required to register for an Advanced Specialty Training programme for another 3 years. During this period, they are required to present and publish papers in refereed journals as well as keep logbooks of their work. A Joint Committee on Specialist Training (JCST) was formed with representation from the Academy, School of Postgraduate Medical Studies and the Ministry of Health. It is responsible for setting up a central register of all these advanced trainees to monitor their progress and accredit their research activities as well as the training departments and hospitals. At the end of this period, candidates need to take an exit examination. Successful candidates can then apply for specialist registration with the Specialist Accreditation Board (SAB) and the Fellowship of the Academy of Medicine, Singapore (FAMS). Figure 6 shows the numbers of advanced trainees who passed the exit examination from 1992 to 2006.
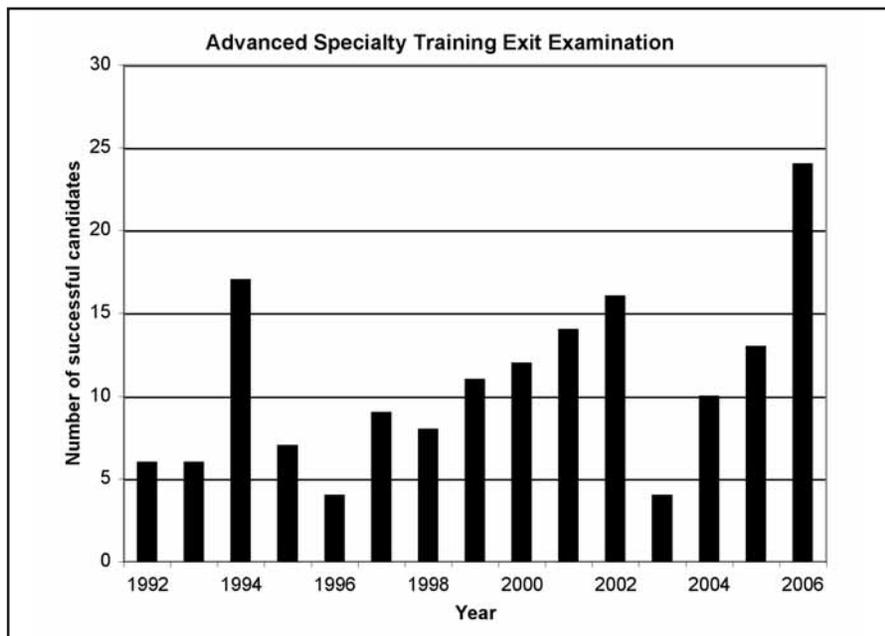
Fig. 6.    Number of  successful AST
candidates  since 1992

## SAFETY GUIDELINES

A Committee on Safety Standards in the Practice of Anaesthesia was formed in 1985 and comprised members from both the Singapore Society of Anaesthesiologists and the Chapter of Anaesthetists headed by the late Dr Raymond Pereira (Fig. 7). The Safety Guidelines in Anaesthesia was first published in 1988. It was aimed at reducing anaesthesia related morbidity and mortality as well as lowering the risk of litigation. A second edition was published in 1992 while a third edition will most likely be published by 2007.



Fig. 7.    Dr Raymond Pereira was Head, Department of Anaesthesia, Tan Tock Seng Hospital from 1976 – 1977. He became Chairman of the Chapter of Anaesthetists, Academy of Medicine, Singapore in 1977 and again in 1983.



Fig. 8.    2005 – 2006 Council of the Academy of Medicine, Singapore. Dr Edward Pang is standing second from the right. Dr Edward Pang graduated from the then University of Singapore in 1966 and obtained his FFARACS in 1973. He was Head of the Department of Anaesthesia, Kandang Kerbau Hospital from 1979 – 1988. He was Chairman of the Chapter of Anaesthetists, Academy of Medicine, Singapore in 1978 and 1985. He is presently in private practice and still plays a very active role in the Singapore Society of Anaesthesiologists as well as the Academy of Medicine.

## COLLEGE OF ANAESTHESIOLOGISTS, SINGAPORE

In 2004, the decision was made to transform the various Chapters of the Academy of Medicine, Singapore to individual Colleges. This is in line with similar changes globally. The Faculty of Anaesthetists, Royal Australasian College of Surgeons for example, became an independent college and changed its name to the Australian New Zealand College of Anaesthetists in 1992.

It is hoped that the greater autonomy granted to these Colleges will enhance their role in the development and self-regulation of their specialty. The Academy will remain as the parent body to help co-ordinate the activities of the various Colleges, ensuring uniformity in specialty training.

The College of Anaesthesiologists, Singapore was formed on 17 August 2004 with Dr Edward Pang as its first elected President (Figs. 8, 9). The College Council consists of 6 elected members.



*Fig. 9.  College Coat of Arms and Motto*
- *Central shield contains two poppy bulbs signifying the use of opiates for pain relief and the anaesthesia bobbin.*
- *In the centre of the shield is the Chevron which symbolizes the coming together of all the medical specialties under one roof – the Academy*
- *Shield is surrounded by medicinal plants*
- *At the top of the shield is the National flag of Singapore*
- *The banner below the Shield contains the College motto, "Semper Vigilant" meaning Ever(always) Vigilant*
- *Design by Dr Chen Fun Gee*
- *Motto by Dr George Lim*

## CONCLUSION

Anaesthesia emerged as a medical specialty mainly to enable patients to undergo surgery safely and comfortably. The specialised training provided has allowed anaesthetists to move into the fields of intensive care, pain management and emergency medicine. To ensure patient safety and avoid litigation, careful attention must be paid to the provision of adequate and continual professional development for the anaesthesia community. It is hoped that the College of Anaesthesiologists, together with the Singapore Society of Anaesthesiologists will continually work towards improvement of the quality of anaesthesia practice and foster a small but closely knitted anaesthesia fraternity in Singapore.

### Acknowledgement

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