An Interview with Prof Chew Chin Hin

1. Tell us more about yourself, your year of graduation, your speciality training and your service in the hospitals and the key appointments you have held.

This goes back a long way because I grew up in hospitals. In the 1930s, my father was a physician in Singapore General Hospital (SGH) until the war days. I used to run about in the hospital compounds, the wards and in the lab. In fact, my father's lab assistant showed me my first malaria parasite. He was a good man who served SGH for 30 years after the war. I saw the patients in the Class C wards.

What struck me most was the first wave of bombs which came down when the Japanese invaded Singapore. That caught all of us by surprise. SGH was just next to Chinatown. When the bombs fell on Chinatown, some landed just in front of our quarters, a hundred yards away. Another one landed in Tiong Bahru. That was a big event that really struck me. The next morning when we took a walk, we saw hundreds of bodies and SGH mortuary was overwhelmed. The bodies were laid out on the grass slopes, not far from the present mortuary. That was on 8 December 1941 which was also the first day of school holidays. We were about to visit the Cameron Highlands in Malaya and the trip was aborted. That was the first tragic experience.

The next tragic experience was just before the British Army surrender [to the Japanese Army] in February 1942. Eleven of our medical students were shelled and died. The first student who died was in Tan Tock Seng Hospital (TTSH); his body was buried just outside the present Ministry of Health's College of Medicine Building. Many who attended the burial service were shelled and 11 died. Some escaped. That was the other terrible experience of war. All the doctors, nurses and staff experienced that. They had to work and treat the injuries and casualties as well as they could. From this experience, it was inevitable that I became interested in medicine, and came to regard medicine as a calling, seeing how the doctors and nurses worked.

Soon after the surrender on 15 February, the local staff were ordered at short notice to move together with the patients to Yio Chu Kang, the former Woodbridge Hospital. It was then known as the Mental Asylum. All our patients, about 500 or more, had to be moved in whatever available transportation vehicles or ambulances, trucks. We went in a long convoy that took several hours. In those days, the vehicles were not as fast moving as they are now. On top of that, we had to go through several checkpoints because it was just after the surrender. I suppose that they were informed that these were the staff and patients who needed to go to the Woodbridge Hospital. The Japanese wanted the best for themselves so they took over the SGH.

All formal teaching stopped. The staff of the college were mainly expatriates, most of them were interned so the management of the hospital was under the locals, Singaporeans or Malayans at that time. Some of the less violent mental patients were discharged and some remained. We had to share the hospital with them; some leprosy patients also, the Leprosy Asylum or later known as Trafalgar Home was not far from Woodbridge. They were one whole complex. Because of the infectious nature, our patients did not go there; they stayed mainly at the Woodbridge side. The other general hospital was Kandang Kerbau Hospital (KKH), the Japanese did not want it. They allowed KKH to carry on. Though it was a maternity hospital, it had to bear its share of general medical and surgical patients.

After 9 months, the Japanese agreed that the SGH patients should go over to TTSH , that was in November 1942. That was the second move, again in a convoy of 500 patients or so. This move was more acceptable and more pleasant because Tan Tock Seng Hospital was more central, more central for the community also. Woodbridge was really far. Although Singapore was small, Woodbridge and Yio Chu Kang were really far for most of the patients. Thus, Tan Tock Seng became another general hospital for the local patients. That was my introduction to medicine.

The Japanese occupied Singapore for 3½ years. After that we all went back to school. When the Japanese came, I was promoted to Standard 3 which is the current Form 5. We lost quite a number of years in studies. During that period, I was very privileged to have had two uncles who were teachers. We managed to learn and to keep up. I managed to pass my senior Cambridge examination in 1948 which is equivalent to the present O Levels. Many of my contemporaries were affected, and finished medicine later than I did.

With that, I managed to secure a place in the two medical schools that were available: Singapore's College of Medicine and the University of Hong Kong's medical faculty. Many of us had to apply for both. The places here were limited. We had to share the school here with Malaya as it was one big geographical complex. They also had to give preference by proportion to not just Singaporeans but also Malayans. Many of us applied for both because Hong Kong was the nearest 'British trained' and it followed the Commonwealth pattern. So I secured a place in Hong Kong very quickly, but was placed on the waiting list in Singapore. For that reason, I went to Hong Kong to finish my medical school of 6 years. In those days, it was 6 years, not 5 years, because the first year was doing all the basic sciences — physics, chemistry and biology. That is being done at A Levels now. Soon after arriving in Hong Kong, I received a cable from the registrar in Singapore that a place had been secured for me, and I was told to come back. After spending first class on ship to Hong Kong, that was a bit much to come back, so I decided to carry on. After the first year, again another cable came to request my return. A number of students came back but I did not. It was providential, as I met my wife in Hong Kong. If I had come back, it would be entirely a different story.

As a medical undergraduate.

Class of MBBS, University of Hong Kong, 1949-1955.

I did 6 months of housemanship. It was 6 months for housemanship in those days, not 4 months. I did surgery there but I came back to do medicine under Professor Ransome in Singapore. The teaching was similar because we followed the British pattern. The values of the teachers and training for medical students were similar. They stressed the Oslerian tradition, that medicine is a calling and not a business. In fact, I remember my professor of medicine, AJS McFadzean, who said in his first lecture, which was on Hippocratic Oath and ethics that as doctors, we would not starve nor would we be poor. We would have our living but do it graciously with integrity. These were values inculcated to medical students in those days. Upon return, I was fortunate to get my posting in Medical Unit 1, that was one of my choicest postings. Posting was very competitive in those days. I really enjoyed my 6 months under Professor Ransome. He was a fine teacher, a superb clinician. While he was not the best of administrators, this was made up by TJ Danaraj, his senior lecturer, who managed the department. Later TJ Danaraj became the first professor of medicine in the Medical School in Kuala Lumpur and the first dean.

Fortunately, I had my old friends, Seah Cheng Siang and Evelyn Hanam. She's one of the early academicians. We learned a lot from Sir Gordon and the seniors. They taught us good clinical medicine, good bedside medicine, good bedside manners, good history taking, and the meticulous recording of notes. We really worked very hard because we had only 5 house physicians, and each was given one ward. We had 5 wards to look after and everyone of us had to go on duty once every 3 days. It was hard work but we enjoyed ourselves. We had no formal basic or advance training those days. We just carried on learning good clinical medicine. So after 6 months, I completed posting in Medical Unit 1.

In the interim, as there was a shortage of medical officers, I was posted to Surgical Unit B under Mr McGladdery, I went there for 3 months as a medical officer. I was then posted to Tan Tock Seng Hospital which was my first choice of posting, where I grew up during the war years. That was interesting because I met some old friends there.

The oldest person was Dr Clarence Smith. He and my father were heads of the 2 medical units at that time. He became very ill with a lung abscess towards the end of the

war, and he almost died. He was under the treatment of my father. My father managed to give him the then miraculous drug, penicillin, which was not freely available. Fortunately, during the end of the war, the British had dropped lots of medicine, including penicillin, over the Camp which is the present Singapore Island Country Club, and we managed to secure some supplies. That was not far from Tan Tock Seng Hosptial. It was providential again. That saved Dr Smith's life and his infection was under control, but he was still ill and had to be sent to UK for a lung resection of his abscess. He came back fully fit and was made a physician at SGH. He later became a physician and superintendent of Tan Tock Seng Hospital. When I was posted there, he was very happy to see me. And he welcomed me and posted me under one of the three medical units.

The person who took me under his wing was Dr Yeoh Seang Aun, who had also been Professor Ransome's medical officer before he went to Tan Tock Seng Hospital. He was instrumental in advancing my career, in bringing me not only back to clinical medicine because he was one of the early doctors who had passed the membership examination. He encouraged me to do Internal Medicine. So, even before I went for my membership examination in UK, I was reposted to Professor Ransome's Medical Unit 1. Again I saw some old friends there. It was really good training. These were my early years in Internal Medicine.

In those days, the disease pattern in the community was very different, there were more infectious diseases. Tuberculosis was rife; malaria and dysentery were prevalent. It was problematic but not as bad as during the Japanese times. During the Occupation, tuberculosis was the main killer. So Tan Tock Seng became a tuberculosis hospital. That's how I became interested in Chest Medicine. After that, I was sent to Edinburgh with my wife. Our three children were left with my parents. We were in Edinburgh, Scotland for almost a year. My first examination that I took and passed was in Glasgow, after being in UK for about 4 months. Because of our interest in tuberculosis, all the trainees in TTSH had to go to Cardiff to take a 6-month course in tuberculosis. So we were there for 6 months, passed the diploma, and then I went back to Edinburgh, Scotland.

That was very rewarding because we met many good and compassionate teachers, including Sir Derrick Dunlop and Sir John Crofton. Subsequently, they became not only examiners and teachers but very close friends. They really helped Singapore in our postgraduate education training and research and also became honorary fellows of our Academy. That was the positive aspect of going to UK but at the same time, that caused monetary and manpower loss. The minimum period was 6 months if one could pass the exam at the first attempt. Some did. Dr Andrew Chew was one. He went after me and returned before me. I came back just over a year. Some stayed for 2 or 3 years. While we were there, Singapore lost the benefits of manpower and our services. We went there mainly to take examinations, although we did learn by attending courses in some measure. And this was one of the disadvantages in those days when we did not have our own qualifications.

When we returned, many of us felt that this was a waste of talent and potential, just to take entry examinations. The MRCP although difficult was not equivalent to a specialist qualification. It did not mean that when one passed the membership examination or FRCS, one becomes a specialist. We still had to be trained for a few years more to become a good and competent specialist of consultant rank. That was one of the reasons why the Academy of Medicine was formed. Training could be undertaken in Singapore in total and perhaps only sending people abroad after they had completed their training for further experience. This was one of the reasons how I got involved in the Academy of Medicine.

2. Which period did you serve as Council Member, Master of Academy of Medicine and Editor of Annals?

I was interested in the Academy even before I became a member. Dr Yeoh Seang Aun was in the Academy Council, and he told me that I should come to the Academy as soon as my training requirements were met. In those days, to be a member of the Academy, you required a minimum of 5 years in the discipline, as specified in the original constitution. As soon as I had my 5 years of training in the discipline, my training was in Internal Medicine, Respiratory Medicine and Tuberculosis, I was proposed. In those days, the membership to Academy was not by application, it was by invitation. Once you had fulfilled the criteria and you got your higher qualification plus 5 years of specialist training, and had published some works, you could be admitted as a member. Dr Yeoh proposed me. The Master was Dr Gwee Ah Leng, when I was admitted to the Academy in 1963. At that time, the Academy had not many members, not more than 500.

We held our first congress in 1963. I took part as a participant; I don't remember presenting any papers. It was held just before Singapore became part of Malaysia. The person who was to open the congress was a high official from Malaysia but he could not make it. The congress was opened by our Dean, Prof K Shanmugaratnam, with Professor Ransome as president. It was held at the Pathology Lecture Theatre at the Singapore General Hospital. That congress attracted quite a number of participants, at least a few hundreds. It went off very well. At that time, the Academy was conducting lots of refresher courses, teaching seminars, lectures, not only to members of the Academy

but to all doctors. That was the first big event that I took part in and I became a member soon after.

The second congress, unfortunately, was held after Singapore was separated from Malaysia in 1965. In fact, the person who was to open the congress was the Prime Minister of Malaysia, Tunku Abdul Rahman. Due to the upheavals, it was opened by the Deputy Vice Chancellor of our University. We had the Dean to open the first congress, and the Deputy Vice Chancellor the second at very short notice. There were many Malaysians coming to Singapore to attend the congress.

The third congress was held 2 years later in Kuala Lumpur. The fourth congress was renamed the Singapore Malaysia Congress of Medicine. It was the Malaysian Congress of Medicine. That was how my involvement in the Academy commenced and also the newly restored Annals.

In the first editorial of the Annals, it was mentioned that we named it a "new series," because we had had previous Annals but they were very ad hoc. They were under various editors, mainly records of refresher courses that we gave to doctors, including general practitioners. I remember clearly there was one issue on cardiology, one on respiratory medicine, and another on neurology. We might not have records if the older members did not leave copies behind. They were called the 'Annals, Academy of Medicine'.

When we restarted the Annals in 1972, our mission was to make it a scientific journal. There were hardly any scientific journals those days. There were the alumni medical proceedings which became the Singapore Medical Journal. After that, it was the Annals, Academy of Medicine, Singapore. That was under the mastership of Prof Seah Cheng Siang when I was the Assistant Master. I was given the task to be editor of that new series of journal.

I held the post for just 2 years as after that, I was elected Master of the Academy in 1973. Dr NC Tan took over. We had a good team, so there was no difficulty in getting people to take over.

I served as Master from 1973 to 1975. In the last year of Prof Seah's term, I had to deputise for him on many occasions, as he was not too well. We had quite a lot of things to do, because the mission of the Academy was to promote and sustain postgraduate education, and to have a specialist qualification and register within Singapore. We cannot depend on other countries. In the early years after the war, we were dependent for qualifications mainly on Britain and Australasia. We had the help of the Royal Australasian Colleges of Physicians and Surgeons. A good number of our postgraduates took MRACP and FRACS. Australia was nearer, and managed to bring some of their exams to Singapore. Thus, our postgraduates need not go overseas for long periods to take the examinations.

Our sight was always to have our own qualification. Thus, we sent a number of memoranda to the Ministry of Health and the University. Nothing much came out of this except for the formation of a committee on postgraduate medical studies in the medical faculty. That was in the mid 1960s. That was the time we tried our best to have our own qualifications. We proposed but the proposal was not taken up for whatever reasons, maybe we were too small and too young a community.

Dr Toh Chin Chye, the Deputy Prime Minister, was quite sympathetic. Just before he became Vice Chancellor of the university, he censured the medical faculty of the University for not having made progress in forming a postgraduate school and award of higher qualifications. The speech was published in Straits Times. We on our part, especially Prof Shanmugaratnam and Prof Seah, immediately took up this challenge. We had an emergency Council meeting. I was in the Council then. We sent a letter to Dr Toh right away saying that we would be very happy to meet him and to discuss with him on the proposals that we had made. He very kindly agreed to the meeting. This was held in the City Hall, which is now a museum. I think it was in the surrender chamber where the Japanese surrendered to Lord Mountbatten.

At the meeting, he proposed a committee be set up to look into this. He appointed our Master, Prof Shanmugaratnanm to head the committee together with the other parties, the University, and the Ministry of Health and he even brought in Singapore Medical Association (SMA). SMA was the medical association for all doctors. It took no more than 6 months for Dr Toh to establish the School of Postgraduate Medical Studies. By that time, he had become Vice Chancellor but he was still given a portfolio of a Minister. His ministry was the Ministry of Science and Technology. A statute was passed: the School of Postgraduate Medical Studies was formed independent of the medical faculty. This was very important because the school had to be independent to run its programme unhindered. The statute included 4 members from the medical faculty and 4 members from the Academy Council. In other words, there was equal representation in the governance of the School and the Ministry of Health also having a representative on the board. The director was a university professor, the deputy director was the Academy's representative, usually the Master of the Academy or his deputy. The chairman of the board was the Vice Chancellor, Dr Toh himself.

At the first board meeting, Dr Toh paid tribute to our Master and the Academy's Council for spearheading this development. Soon after we had our first degree, Master of Medicine (internal medicine), and Master of Medicine (surgery). Paediatrics, Obstetrics & Gynaecology followed a few months later. We had committees for each discipline.

We insisted that these examinations must be of the highest standards, i.e. they cannot be less than what is equivalent to MRCP, MRACP of UK and Australia or FRCS, UK and FRACS Australasia. In addition, we had external examiners from the Royal Colleges to ensure that these standards were high. Reports of these examiners have always been commendable. Thus, we had our own local qualifications, and that's what the Academy wanted.

The next goal was to have formal recognition of specialists. In other words, all Academy members should be recognised as specialists, because our constitution is such that no one who had not fulfilled the stringent criteria of 5 years of specialist training could be admitted to the Academy. So we wanted a specialist register. We wrote several memoranda and these are documented in the annual reports. I remember Dr Eddie Ho who was the permanent secretary (MOH), in his reply noted these with interest, but suggested that these proposals be held in abeyance until the time was more opportune. Anyway, a year after, we established our own criteria for specialist training. This became the Roll of Specialists for our members under various disciplines. Well, all these have come to fruition now through the amended Medical Registration Act (MRA), passed in 1996 when the Specialist Accreditation Board was formed. The postgraduate scene is continuously evolving. And there will be changes but my hope is that we don't just adopt the American system or the British or the Australian system. We should have our own system, taking the best from all other countries. I think we have done quite well at this moment. We just have to see how this new residency programme dovetails with our own programme. Good bedside medicine and training, our forte, must be stressed. And finally have a unique Singapore system of training.

During my mastership, besides raising the standards of training and requesting for specialist registration and certification, we had our tenth congress in 1975. It was one of the largest congresses. I had the privilege and honour to admit Mr Lee Kuan Yew as our Honorary Academician. In those days, we were known as Academicians of Medicine. That was quite a big event as we had Presidents from many Colleges present for the first time in Singapore. The guest of honour at dinner was our first patron President Benjamin Sheares.

Another eventful occasion was when President Sheares visited our Academy offices at the Medical Centre. He also visited the office of College of General Practitioners as both were housed on the same floor (third level). The Singapore Medical Association was on the ground floor at the Centre. Another event was when we named a theatre in honour of our founder Master, Professor Ransome, sufficient for about 60 to 80 doctors during my mastership. We also had a few Chapters formed, namely Radiology and Anaesthesiology. Earlier, we had the Chapters of Physicians, Surgeons, Obstetrics & Gynaecology. These chapters have all now evolved into colleges, an interesting recent evolution. The formation of colleges took place only in the last 8 years during Prof Satku's mastership.

3. What was it like as a Master and how different is it compared to the current Academy?

Well it was very gratifying. The Council spoke usually with one voice. We had a committed Council. We had no difficulties in getting members to work. At that time, we did not have the staff as we have now. We only had one

Conferment of Honorary Fellowship on PM Lee Kuan Yew, 1975.

Visit of first Patron, President B H Sheares, 1975 to Academy of Medicine, 1975.

administrator, Allen Ang. He was not of the calibre of Junia or Ms Lam, not a university graduate. Besides him, we had a part-time helper to do some writing and taking of notes. We had only a staff of two and one common cleaner that cleaned the whole alumni complex. The minutes and reports during those days were all written by us, by Council Members and the Scribe. The Master wrote his own newsletter, the Scribe produced the minutes and all the annual reports. When the chapters came about, the chairmen and secretaries had to do their own writing just like I had to do my own in the Chapter of Physicians when Sir Gordon was the first chairman. My Scribe in the Academy Council was Dr Beatrice Chen and she wrote perfect minutes. That was how it was done in those days.

All the reports and letters that we wrote to the Ministry, all had to be drafted by us and approved by Council. Allen Ang helped in typing and printing of minutes. In those days, we did not have computers. It was all typewritten. It had to be erased and retyped, that was his main job, to see that the minutes were presented nicely. Sometimes, the minutes were handwritten, the secretary or the Scribe had to vet the minutes again. Not only that, we arranged for Comitia dinners ourselves, usually in Raffles Hotel. We had to negotiate and gather members to attend, very often calling them by phone. Members were very committed. From the archives group photographs, we can see that those dinners were well attended. Even when we organised congresses, we had to have subcommittees. The subcommittee members came from the membership. We had hardly any refusal, all were very committed people and very responsive.

When I was chairman of the fourth congress, I had Dr Andrew Chew who was holding a busy office to be chairman of the scientific committee. Very ably, he and his committee arranged an excellent scientific programme. Such was the dedication of our members. When we had our first big dinner to honour President Sheares, Dr Kwa Soon Bee took a substantial part in organising the dinner at Shangri La hotel. Almost the full membership turned up for this dinner. President Sheares was a founding member and the first Singaporean professor of Obstetrics & Gynaecology. He was also the interim chairman of the Chapter of Obstetrics & Gynaecology. Those were dedicated members that we had those days. But the Academy has grown so large and also members have now to do seemingly many more duties. It was perhaps less easy for the Council to get members to come forward for service.

With the growth of the membership, advances in postgraduate education and training, we clearly require more people and more mentors to ensure that the training programmes are all in order. With a larger membership, the functions and requirements now are more stringent and with many of our top consultants wearing many hats and attending committee meetings. At the same time, the Academy is the only body for specialists, there is none other in Singapore. Thus, it is essential for all Fellows to come together under the umbrella of the Academy of Medicine. Fellows are now from colleges of different disciplines but I think they still owe much to the parent body, especially in their training and examination. I think this is one of the things we must look forward to. All our fellows must give support to the Master and Council.

4. What were your concurrent contributions around the time you were Master?

My main involvement has been in 3 or 4 public institutions; Ministry of Health, Tan Tock Seng Hospital, School of Postgraduate Medical Studies (now DGMS), Singapore Medical Council, Specialists Acreditation Board and the National Medical Ethics Committee. My first important appointment besides being Master of the Academy, was physician and head of unit of Medicine in Tan Tock Seng Hospital. Then I became senior physician, from mid 1960s until 1980 when I was asked to administrate. I became part-time administrator of Tan Tock Seng Hospital, medical superintendent and medical director. Soon after at very short notice, I had to become deputy director of Medical Services in charge of Hospitals. when the then incumbent Dr JMJ Supramanium retired rather suddenly. I stayed in the Ministry for 10 years in that position before I retired at the age of 60 in 1991. During my term in the Ministry, I was involved in the replanning of hospitals and also carrying out research under the MOH Tuberculosis Research Committee in TTSH. The treatment of tuberculosis is still going on as a result of our work. That was an important collaborative study with the British Medical Research Council. That's how Singapore Tuberculosis regimens became widely known. The regimen that we established is now applied worldwide. The incidence of tuberculosis has now declined substantially.

My involvement in Singapore Medical Council (SMC) has been since I was Master of the Academy, lasting over 20 years. Even now, I am involved in many of SMC's committees especially ethics, continuing medical education, disciplinary and complaints.

I was also involved in the Civil Aviation Medical Board (CAMB) including the certification of aircraft pilots and to see that aviation medicine was launched properly. It came to us in the 1970s when the British decided to withdraw their forces from Singapore. Although we were independent, we had the British Army and Royal Air Force stationed in Singapore. We had to take over the licensing of pilots, (this was under the Royal Air Force in Changi Hospital). The director of medical services got TTSH to take over at very short notice this function. I was first a member, then deputy chairman, and chairman, and now advisor to the Civil Aviation Medical Board. Outside of public service, I helped SATA for about 10 years as Council member, and also served as President of the International Tuberculosis and Chest Conference in 1986. I was also with Singapore Cancer Society serving with other academicians, for example past Masters Raj Nambiar and Low Cheng Hock.

5. How was the Master elected in those days?

The Master had to be elected from amongst the Council by the general body. We had only about 10 Council Members. These are the elected Council Members. The Master has to be elected at the AGM by the general body. But the other offices like the assistant Master, Bursar and Scribe were elected by the Council. Usually, after the Master had been elected, a short meeting would be held to elect the other office bearers. Usually, it was a friendly election process, no canvassing. I believe the principle of election remains although there is now postal balloting.

World Chest Conference in Singapore 1986.

1st Visiting Academician, Honorary Fellow – Sir David Todd, 1974.

6. What changes in the Academy of Medicine did you implement or oversee as a Master?

As we evolve, changes will occur. One of our main missions is to oversee and advance postgraduate medical education and training. There were 2 reports that we submitted and appended to our annual reports during the term when I was Master. We felt strongly that there should be a form of specialist registration. And the second one involved mainly criteria of specialist training and examination. These were all in the 1973 to 1975 Annual Reports. Besides having Gordon Arthur Ransome Oration, and the Galloway Memorial Lecture, we initiated a system of visiting academicians of eminent lecturers and professors from overseas.

During my term, the Council appointed Professor David Todd (now Sir David) from Hong Kong as our first visiting academician. The title has now been changed to distinguished academician. We debated about the title whether it should be a visiting professorship or visiting academician. The consensus was "academician" rather than "visiting professor". Most of them were already professors of their discipline.

We laid down criteria for their duties and appointment. We also paid for their passage and stay, in addition to an honorarium. They had to stay for at least one week. They visited all the 4 main hospitals. For medicine, it was SGH, Tan Tock Seng, Toa Payoh and Alexandra. If we appointed a visiting academician in O&G, he or she would go to KK. I remember that was the first time we had a visiting academician to deliver a formal lecture. The other sessions were teaching sessions in the hospitals. The formal lecture was regarded as a comitia. We had to have 4 comitias a year. Professor Todd gave a lecture on lymphoma, being an expert in that area. He was a very good friend of the Academy, later conferred an honorary fellowship and visited us several times.

Regarding my roles in the School: we always wanted to promote our MMed and the insistence on stringent standards. It was important for Royal Colleges to recognise our exams on par with theirs. Thus, the first joint examination we agreed was the FRCS(Edin) together with MMed, that was in the late 1980s. I was then on the Board of the School of Postgraduate medical studies. In 1991, after I retired from Ministry of Health, I continued being on the board as deputy director succeeding Professor Seah Cheng Siang. I took over from him in 1989.

It was then that, Dr Anthony Toft, President of Royal College of Physicians, Edinburgh, invited the Master of the Academy of Medicine to a meeting on higher examination and possible collaboration. He invited not only his UK counterparts from Glasgow and London, but also from Hong Kong, Malaysia and Pakistan. We had a good meeting in Edinburgh. The Master asked me to attend. The director of the School, Professor SS Ratnam, also asked me to attend. It was through that meeting we agreed that there will be a joint MMed Internal Medicine examination with the MRCP(UK) exam, which also included Paediatrics. It was a joint exam between the 3 colleges in UK, and the School and the Academy. We held the first examination in 1995. That was a milestone, when our professional standards were accepted on a par with the Membership. That was important so that our trainees no longer need to go to UK, but could sit the examination here.

We were the first two countries to have this joint examination, us and Hong Kong. The Colleges also invited us to have representatives on the examination boards, holding 3 meetings each year in Edinburgh, Glasgow and London. I was on the Policy Board, Professor Chan Heng Leong on the Part 2 Board and Professor Tan Chorh Chuan on the Part 1 Board. Soon after, Prof KO Lee replaced Prof Tan when he was appointed Dean, Faculty of Medicine.

My last meeting was in Glasgow in September 2001 and we managed to get Prof Chee Yam Cheng to replace me in 2002. Professor Chan Heng Leong was succeeded by Professor Benjamin Ong, now head of National University Health Service (NUHS). Prof Low Poh Sim and, later, Prof Yap Hui Kim was the Paediatrics representative.

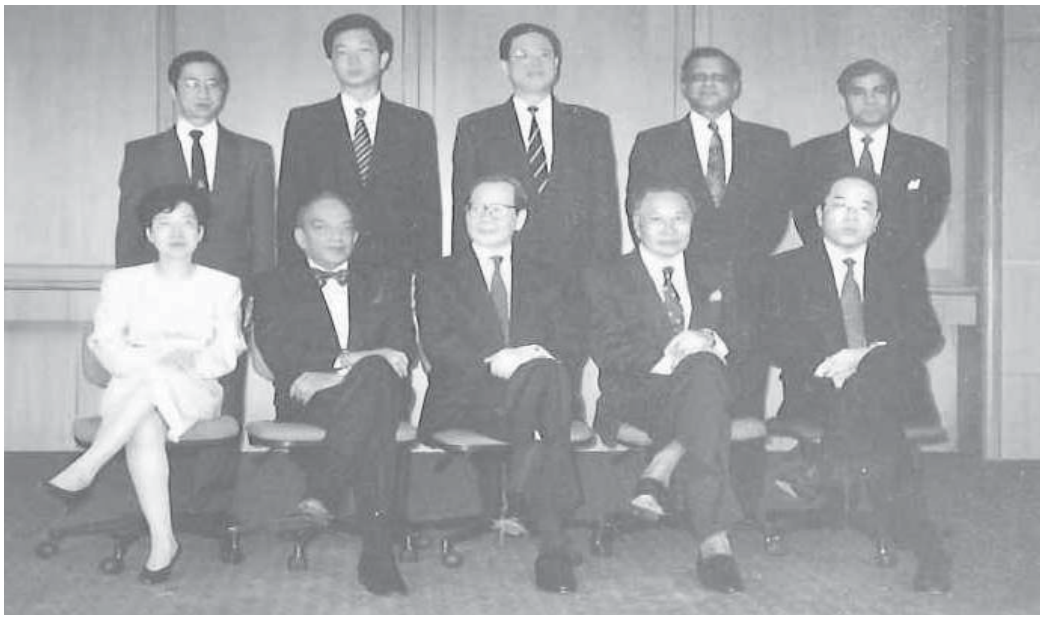
My role in the School (SPGMS) continues as an honorary advisor. This helps to ensure that professional standards in MMed, not only in medicine but also other disciplines, are maintained.

Unfortunately, the School has now come under the governance of the Faculty of Medicine [now the Yong Loo Lin School of Medicine]. This was a retrograde step. After Professor Lim Pin retired as Vice Chancellor of NUS, the School was placed under the Faculty by the new president, who probably did not quite appreciate what it meant. Some past Masters, including Professor Shanmugaratnam, were much saddened especially as he had played a major role in the School's formation. We still work closely because the Dean, Dr John Wong, appreciates the role of the SPGMS and still leaves its workings much to ourselves.

7. What do you see as the challenges for the Academy at present with all the changes in training and CME activities for doctors?

I think the Academy has to remain focused on its mission. It has to be responsible for specialist training programmes and examinations at the intermediate and exit levels. It has to play an important part in these areas. Fellows of the Academy must lend their support to the Master and the Council. I think this is important for the Master and Council to select respectable and dependable Fellows to be heads of various disciplines where training is concerned, ensure that mentors are Fellows who are committed and dedicated, having high ethical and moral standards.

That's one of the important criteria used when we selected specialists for Academy membership in the old days. These people must be selected by peers, and not elected. For examination and training to be uninterrupted, there should be some measure of continuity. They must be people of high caliber, especially because Singapore is a small country. The Council and Master must stay focused on this issue. The aim must be one of national interests, not of individual interest and personal agendas. This is a challenge, but I am sure that the Master and Council should be up to it. The important thing is that the fellowship must give the Council all the backing. Programmes must be acceptable not only by the Academy but also by the Ministry and the University. This tripartite involvement is vitally important, especially in Singapore's context.



Governing Board School of Post Graduate Medical Studies, 1994.

8. It seems clear enough that the activities of the Academy are not attracting new members and fellows. Some have said that the Academy has lost its way. How can the Academy renew itself to hold a firmer position of authority and standing among our specialists?

First of all, the Council must gel and speak with one voice. I remember a few years ago, the Master Walter Tan held a retreat to discuss the various issues. If the Master can gather a few good persons to put up a plan on how to move forward, it would be acceptable. I think the support should be there. It is important to get a few good people. In the old days, things were simpler, we just had to lift up the phone and call the members. Usually, members would respond, especially the committed ones. Now with a larger membership, perhaps this is not so simple, as several generations are involved. I am sure there are lots of talented persons. As we are the only body of specialists: Academy and its Colleges, the responsibility for specialist training and education must in good measure come from this body.

We should also remind the Fellows of the Academy's main mission from time to time, and also the privileges of fellowship offered, for instance, the substantial continuing medical education (CME) and professional development (CPD) programmes. Fellows must be committed, like-minded, working for the national interests and for the interests of the Academy. In conclusion, Fellows can take heart that with many senior Fellows, former Masters and Council Members leading our institutions, including our hospital clusters and our postgraduate school, I am convinced the Academy will long endure.