Junior Doctors' Experiences in 2019

Text by Dr Toh Wen Shien

Many doctors would probably still recall the struggles and challenges they faced in their younger days, and the changes they wished to effect. For some, these issues may have moved to the more distant past, but for many of today's doctors in training (DITs), it is their reality. Here, SMA News speaks to Dr Toh Wen Shien, the latest member of our SMA Membership Committee, to hear his take on the current practising climate.

Can you tell us more about yourself and your working experience thus far?

I graduated in 2018 and have since worked in Changi General Hospital, Singapore General Hospital, Khoo Teck Puat Hospital and Tan Tock Seng Hospital.

Given your recent experience as a house officer (HO), and now as a medical officer (MO), what are some of the key concerns you observed?

There are two main issues which have surfaced during conversations with other junior doctors working in our restructured hospitals.

1. Working hours

Working hours for HOs are among the most concerning. Prior to starting housemanship, PGY1s are briefed that there are guidelines to suggest not more than 80 duty hours per week, a one-in-seven day of rest (averaged over a course of 28 days), and not more than 30 hours of continuous work (ie, post-call).

However, in some departments, it is the norm that these hours are exceeded. Going post-call is considered a privilege and so is the concept of a mandated day off. Without rostered coverage and adequate manpower, rest seems to be dispensable. In acute inpatient care, there will always be fluctuations in patient load and manpower requirements, sometimes making it difficult to observe these guidelines. Nonetheless, there needs to be greater accountability and oversight on why regulations are not being followed and how much they have veered. Heartenningly, there are seniors who proactively exercise flexibility within their teams and show care for junior staff by allowing time-off on weekdays, when manpower is generally better.

There have also been attempts to get PGY1s to electronically log their hours. However, its utility is limited as HOs would sometimes get into trouble with their departments for exceeding the stipulated hours. This breeds a climate of fear and exacerbates under-reporting. What is needed is a system which enables anonymity and is overseen by a body that is concerned about junior doctors' welfare.

After-hours duty coverage

The SMA DIT Committee has recently sent out a nationwide survey to determine the perceptions of junior doctors towards the various after-hours duty coverage systems (night calls and floats). I hope that the results will be made public to those who participated in it, and that the data can be used meaningfully and presented to the relevant stakeholders.

At the HO level, it is concerning that there is a perception that night calls are a critical part of training for PGY1s – for example, the completion of at least four calls per month is needed to pass a posting. This perception is misguided. While after-hours work trains young doctors to be independent, think on their feet and work in a stressful environment,

it does not mean that one has to do so in a sleep-deprived state. A well-rested person trains and learns better. There is a pressing need to relook at our manpower distribution and take small steps to reduce the current 30-hour duration of continuous duty hours.

2. MOPEX

Every six months, the Medical Officer Posting Exercise (MOPEX) is a source of anxiety for MOs who are not yet in a residency programme. The main worry is being placed in an unranked posting – one that is not among any of the doctor's selection. Since each MOPEX rotation lasts six months, it may result in half a year of working in an area that has limited manpower, high workload and difficult calls. For some MOs, being placed in an unranked posting happens more than once, with almost a full year gone. It is not uncommon to hear sentiment that one has little control over where they worked. This is set to become a bigger issue in the future as the number of graduates continues to increase while residency places are slashed – more MOs will enter the MOPEX pool, increasing competition for places.

What do you think can be done to tackle these issues?

Manpower mismatch is normal – there will always be certain departments that have higher demands of workload and vice versa. What we can hope for is greater transparency and accountability regarding the number of MOPEX slots that are available, how the postings are matched, and the percentage of individuals who are actually able to match with a posting of their choice. There is often speculation on how these are determined and the real number of places available. The biggest problem is that no one knows for sure and they feel that their choices are not valued.

HOs and MOs form a large proportion of the hospital's frontline staff. These junior doctors are often dealing directly with patients and their families, are the first line of response, and invest a great number of hours working to deliver patient care in our healthcare institutions. For SMA to remain relevant to junior doctors, my hope is that we remain in touch with the issues on the ground and strongly advocate on their behalf. Junior doctors must feel that the SMA is concerned about what affects them, and is sincere in its cause to better the healthcare system through a collective effort.

With regard to working hours and after-hours coverage, SMA can advocate to the Singapore Medical Council (SMC) and the National PGY1 Training and Assessments Committee to enforce the guidelines that has been put out. It would be great to also speak with the parties involved in MOPEX allocation to find out the statistics and methodology behind the matching process.

My escapes are reading (especially people's stories), jogging and being among nature. When the opportunity presents, I enjoy new adventures especially amid the mountains.

The Editor's take

These are very good questions. Indeed there should be greater accountability by organisations such as SMC, MOHH and individual hospitals on the handling of manpower and posting assignments. Dr Benny Loo, Chairperson of the SMA DIT Committee, and team are writing up the results of the survey, which will soon be published on an appropriate platform. Anecdotally speaking, the MOPEX MOs have already been an underprivileged group. I am also curious as to how they are affected by the residency system!

SMA has always been a safe and good place for doctors to advocate for the larger collective interest. Those of us who have served as student leaders and "junior" leaders will know well that this kind of volunteerism comes with very little appreciation; we only get what we put in. To the naysayers who keep saying that "SMA should do something", my question to you is – are You doing anything? SMA needs more doctors who see beyond self and truly understand what it means to be an effector of change.

– Dr Tan Yia Swam, Editor