



A Doctor Still in Training

Text by Dr Ng Chee Kwan

This issue of *SMA News* focuses on doctors in training (DITs), specifically on topics closely related to junior doctors who are doing their house officer training or residency. There is no doubt that the training for junior doctors is arduous with long work hours. I recall myself doing as many as 12 calls a month as a paediatrics house officer, all of which were unpaid calls. As a medical officer in general surgery, I also did night calls without post-call privileges, so that I could help with clearing the team's cases the following day.

Additionally, I had to allocate time to study for the postgraduate examinations. The FRCS Part 1 examination was very tough, and I remember the countless hours spent studying, as well as the numerous meet-ups with my friends during which we would rehearse our answers to the viva questions. I also recall the two months that I spent in the Glasgow student accommodations while sitting for the various papers of the FRCS Part 2 examinations. A few years after, I managed to cross the final hurdle of the urology exit examination, and I celebrated the fact that I would never have to take another professional examination again.

Having said that, obtaining paper qualifications was just the beginning of my training as a qualified specialist. I still had to go overseas for one year to

receive training in the subspecialty of my choice, before returning to Singapore and managing cases on my own.

Though I have been practising as a specialist for 19 years now, I still consider myself a "doctor in training". Notably, learning is more enjoyable when there is no pressure from examinations. In addition to attending medical education talks and peer review learning sessions, I also take time off to attend scientific meetings to update myself on the latest developments in my field. Sometimes, I would get an interesting case and I learn or refresh my knowledge by reading up on it. My patients are the best source of learning for me – when they get well, they confirm that my treatment is correct; when things do not turn out as well despite my best intentions, I learn from the experience and improve on my treatment plans.

I have also realised that learning is not confined to medical knowledge. Some basic knowledge of health law, such as the requirements for informed consent and medical confidentiality, are necessary for my day-to-day practice. Knowledge of medical ethics is useful for deciding the best course of action when I am faced with unusual situations. For example, I received a recent request from a colleague to perform an additional surgery after the patient was already under anaesthesia and had not given consent for the surgery.

After I considered the relevant section of the Singapore Medical Council's Ethical Code and Ethical Guidelines, and obtained a second opinion from another colleague, I was satisfied that the surgery was justified in the circumstances and proceeded to carry it out. Medical expert witness training is also helpful in preparing myself if I am ever called to give evidence as an expert witness in court. I also keep track of upcoming or newly introduced healthcare policies, so that I can give relevant feedback to the authorities in my role within the SMA.

My best wishes go out to all DITs, especially house officers and residents. The SMA DIT Committee was set up with the aim to provide representation to junior doctors, and I encourage DITs to reach out to the Committee to provide feedback regarding any issues on the ground. ♦

Dr Ng is a urologist in private practice and current President of the SMA. He has two teenage sons whom he hopes will grow much taller than him. He has probably collected too many watches for his own good.

