Exploring the Hospital Clinician Pathway

Interview by Dr Aaron Goh

The Hospital Clinician (HC) scheme is a relatively new career pathway in Singapore's healthcare system and is often viewed as an alternative to the traditional residency programme. Its flexibility, structured training and opportunities for growth make it a compelling mainstream option for junior doctors seeking a fulfilling career. To shed light on this pathway, **Dr Aaron Goh (AG)** spoke with **Dr Shawaf Farmanullah (SF)**, a senior HC in the Department of General Surgery, National University Hospital (NUH), and **Dr Aaron Chong (AC)**, an HC in the Department of Emergency Medicine at Woodlands Health. Their insights reveal the HC scheme's unique advantages and its potential to redefine medical careers.

AG: Could you briefly introduce yourselves and your current roles? What inspired you to pursue the HC pathway?

SF: I have been a HC for two years. I recently passed the diploma examination and was promoted to senior HC. During my medical officer (MO) postings, I explored various surgical specialties such as cardiothoracic and colorectal surgery but had difficulty choosing a single specialty. The HC scheme's broad-based exposure across departments, including medicine and anaesthesia, was therefore attractive to me. It also offered the potential to engage in leadership opportunities, which aligned with my interest in healthcare administration.

AC: I have been a HC since January 2025. After cycling through my MO Posting Exercise postings, I decided that I wanted more focused experience in critical care. The HC scheme at Woodlands Health offered a chance to gain directed training in emergency medicine and other relevant specialties like orthopaedics and general surgery. It provided a structured path to explore my clinical interests while staying in a familiar hospital environment.

Day-to-day experience

AG: Could you describe a typical week in your life as a HC?

SF: Most of my week is spent in the surgical high dependency unit, functioning at the level of a registrar. I manage critical care patients and coordinate plans with surgical teams. Furthermore, I am undergoing training in colonoscopy, with the eventual goal of independently leading my own elective lists. I also teach rotating residents and MOs on critical care topics such as point-of-care ultrasound (POCUS). The role also allows flexibility to pursue quality improvement projects and healthcare administration/leadership.

AC: As a relatively new HC, I am currently rotating through required postings which include general medicine, emergency and surgical specialties. In the emergency department, I am rostered to attend to the patients, just like any MO would. While in general medicine, I participate in ward rounds and multidisciplinary meetings. The role includes opportunities for audits and peer review, with flexibility to explore specific clinical interests like POCUS or toxicology.

AG: How does the HC role integrate with the broader healthcare team?

SF: As a senior HC, I function at the registrar level and administer care to patients across all surgical disciplines. When there are complex patients requiring the input of multiple surgical subspecialties, I help to coordinate care across the various teams. I also provide the first line of acute care when patients deteriorate, especially if residents or consultants are in clinic or OT. Eventually, when I become a principal HC, I will be expected to function at the level of a consultant and will be the primary attending physician for patients under my care.

AC: As junior HCs, we perform the same duties as any MO, but with greater responsibilities and expectations as we are familiar with the workflows and protocols of our home department. This also prepares us to take on more senior responsibilities in the future.

When posted to other departments, we draw on our emergency medicine experience to support the team, especially in procedures and protocols they may be less familiar with. There are also ongoing efforts to involve HCs in residency teachings, aligning our development more closely with emergency medicine residents.

AG: What are the most rewarding aspects of working as a HC?

SF: The flexibility to customise my role is key. As an HC, you have the autonomy to focus on your specific clinical interests. The permanency of working in my chosen department, rather than rotating through potentially unwanted postings, is also a huge plus. The programme also offers a set career path and much room for growth.

AC: I echo what Shawaf said about being able to direct your own learning. Additionally, working in a single hospital allows for greater familiarity with the processes and systems, and helps build better working relationships with the staff there. It has also been nice to receive mentorship from the HC programme directors.

AG: What are some challenges of being a HC, and how do you manage them?

SF: The scheme's newness means that many may not fully understand the HC role. In the initial stages, I often found myself explaining my role to many people, though this has lessened as I became more familiar to the department. Another challenge is the lack of HC programmes in niche specialties like cardiothoracic surgery, but this may change as the scheme grows.

AC: It is true that we spend a lot of time explaining our role to others – not just to the teams that we work in but even our family and friends! As a new scheme, the HC's place between the MO, resident and consultant roles is still not fully established. Moreover, while there are lots of opportunities as a HC, a lot of the scheme is very self-directed. I would advise having a clear sense of direction and to know what you would like to gain from the programme for those interested.

Contrasting HC, residency and RP

AG: What are some of the key differences between the HC pathway, the residency programme and the Resident Physician (RP) scheme?

SF: Residency focuses on specialisation over a period of five to six years, while the HC scheme is a two-year, competency-based programme emphasising broad-based skills. Unlike the RP scheme, where roles are department defined, HCs have more autonomy to shape their scope of practice.

AC: The HC scheme is also shorter than RP progression with a diploma examination taken at the end of two years. The diploma provides you with the necessary qualifications to take on senior roles within a shorter timeframe.

Appeal and viability

AG: Why is the HC pathway a viable and attractive career option for junior doctors?

SF: Its shorter duration, opportunities for non-clinical work like administration or research, and flexibility to tailor your career make it appealing. The ability to switch disciplines without being locked into a single specialty is also attractive.

AC: The scheme provides certainty in rotations and a clear career goal with fixed timelines. It is ideal for those seeking directed training in a chosen field, with the promise of a position in the department of your choice at the end of it.

AG: What opportunities for personal development or leadership exist within the HC programme?

SF: I am exploring healthcare administration, with my institution supporting further education like a Master of Business Administration or Master of Public Health. My department and programme director have been quite supportive of my interests and have tried to involve me in various high-level meetings and quality improvement projects.

AC: One thing I was struck by was the level of mentorship from our clinical supervisors. The monthly check-ins with them are helpful in navigating our clinical careers. The Woodlands Health HC scheme also offers opportunities for audits and research, similar to residents and RPs. The departments are generally supportive of HCs pursuing further education in areas that are relevant to their job scope.

Advice for junior doctors

AG: What advice would you give to junior doctors considering the HC pathway?

SF: Keep your options open and talk to current HCs to better understand the role! Even if you feel it does not work out for you, you can still pursue residency if needed. The HC scheme is a good option for those seeking a fixed department while exploring career paths.

AC: You have a long career ahead of you – it is good to explore around to find out what you really want to do. Being in the HC programme helps you gain confidence in your clinical practice, which will be beneficial no matter where you practise in the future.

AG: Where do you hope the HC pathway will go in the next five to ten years?

SF: I hope to see the success stories of principal HCs who have been through the system, demonstrating that the pathway leads to independent, consultant-level roles. This will prove the HC scheme as a viable alternative to specialisation.

AC: I envision a robust HC workforce that brings strong clinical competencies, offering a fresh perspective on medical careers and supporting the junior manpower pool. ◆

Dr Goh is a medical officer and member of the SMA Doctors-in-Training Committee. Outside of work, he enjoys hiking, music and catching up with loved ones over a good conversation.