

The Post-MBBS Decision

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In line with *SMA News* being by doctors, for doctors, the Medical Officer's (MO) column was launched in 1994. Coordinated by Dr Au Kah Kay, the column served as a channel for younger doctors to communicate their feedback and advice, thus introducing MO concerns to the wider community. The following article marks the column's debut in the March 1994 issue.

When I was 18 years old, I posed this question to a school friend "What are you going to do?". He replied that he had decided to study Medicine.

7 years later, I asked the very same question to a few colleagues, all of whom graduated with me not too long ago. Their replies were hesitant, unconvincing and it was obvious that most had not made up their minds concerning their future training and careers. For young doctors, there is a palpable air of uncertainty after MBBS.

Some of us are determined to do a postgraduate specialist degree. Yet scepticism can be found in our "determination". Why do we specialize? Is it because of financial remuneration? Or is it because of prestige and a sense of academic achievement? Many do not know the answer. Some of us specialize by the process of exclusion – we do not like general practice. Others pursue specialist training with vigour in the early years, only to be disillusioned later on. It is increasingly common to hear of young doctors drop out of advanced training after obtaining basic postgraduate qualification.

For others choosing family medicine, what are our reasons? Regular working hours with time for family and other activities? Higher initial salary? Seeing a variety of illnesses and dealing with both medical and non-medical problems? Again, some chose this by exclusion – because we do not think we can get a specialty traineeship. Some feel it is increasingly difficult to get a job after basic postgraduate training and others see no endpoint in the training itself.

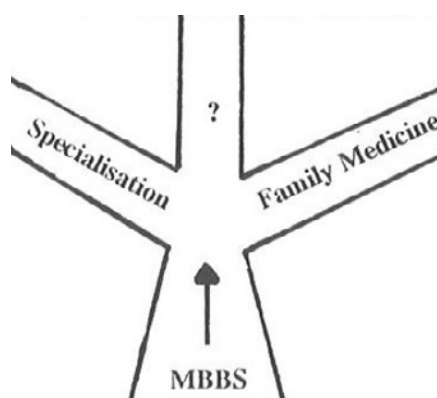
There is another group of young doctors who feel perhaps the most neglected. They are the "ordinary MOs", trying to finish serving the government

bond, making the best of each 6 monthly rotations, some inevitably proving less useful than others. Very often, they end up doing postings which will never be of any relevance to them in future eg neurosurgery, cardiothoracic surgery and neonatology.

We lack the much needed career guidance and direction. What can be done?

Some suggestions:

1. Central Direction from MOH



At the end of our first year as medical officers, we are eligible for traineeship. We receive an invitation letter along with an option form. It is brief, providing only a list of specialties available with no details. ***It would be extremely helpful if some relevant statistics can be included in the letter:***

- the number of doctors at present in each speciality and their respective positions
- projection of number of specialists required in various fields in the future
- the number of trainees who apply for each speciality in previous years and the success/failure rate
- a list of less popular specialties with available registrar positions

2. Career Guidance

This should ideally begin with the undergraduate medical student. From the third year onwards, we are rotated through various departments and specialties. This is perhaps the only chance we get exposure to specialties like ENT, Ophthalmology, Paediatrics, Forensic Pathology etc. During each rotation, a single session on training and career prospects could be included in the programme.

At the postgraduate level, a short series of forums by specialists in various departments could be organised prior to traineeship application in October. The forums could focus on training requirements (For example, a pair of steady hands is essential in Ophthalmology), career opportunities and future directions of the various specialties.

3. Well Defined Syllabus

In the United States, many centers offer detailed information on their postgraduate programmes and syllabus of each speciality. An intern seeking residency in a particular speciality receives this information with the application forms. Many of us are unaware of the exact syllabus and training programme when we initially apply for traineeship, relying on information provided by friends and colleagues.

Senior doctors often argue that the onus is on ourselves – to plan our careers, to choose our training and to derive satisfaction from our work. We are responsible for our lives and what we make of it.

We agree.

However, a little help would be much appreciated. ♦