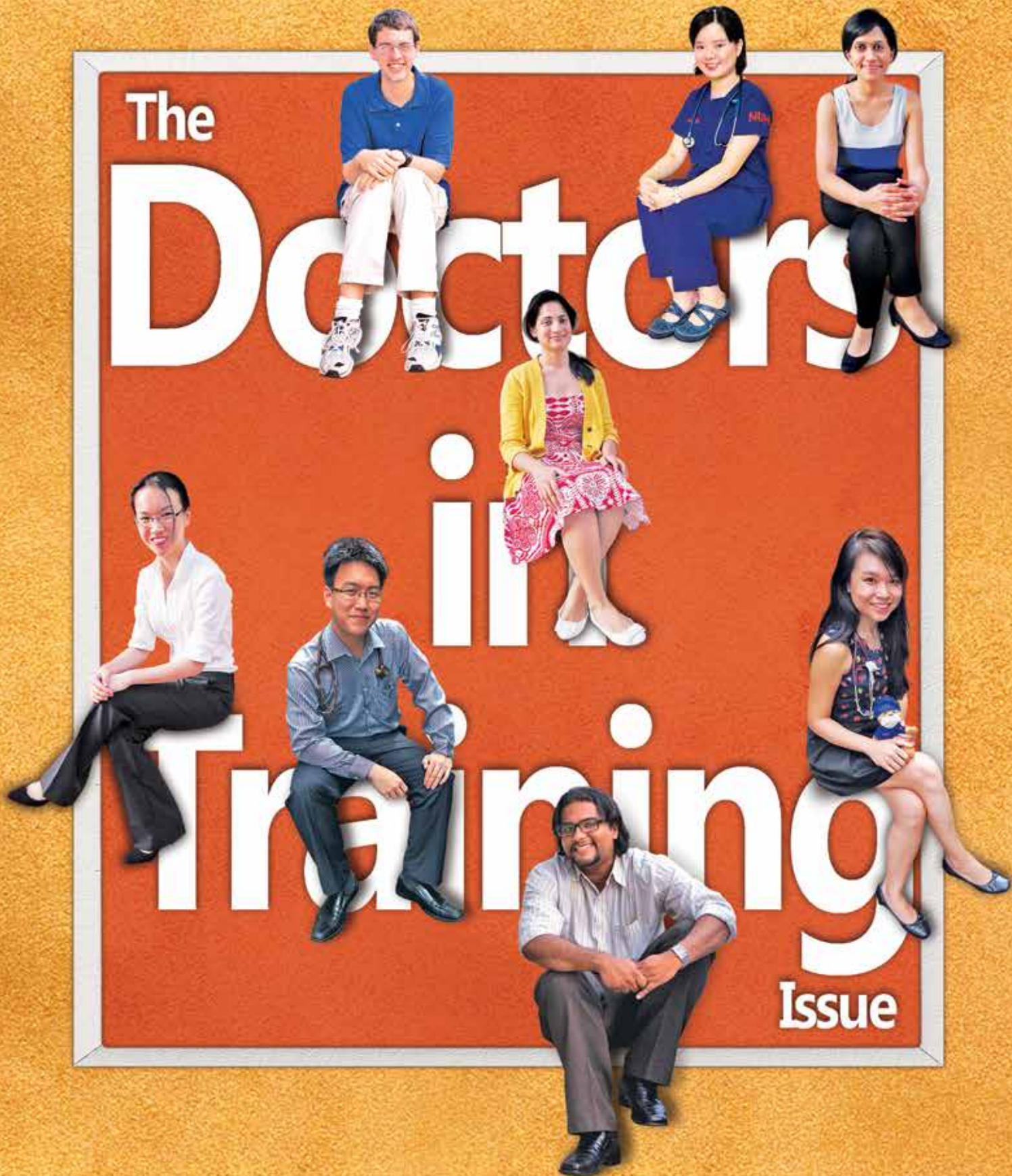


SMA NEWS



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Change Is the Only Constant

By Dr Tan Yia Swam, Deputy Editor

SMA News' first Doctors in Training (DIT) issue in April 2012 was warmly received by both doctors in training and those who have completed training! The articles from junior doctors gave insights into the major changes that have happened over the past few years. This year, in keeping with the shift of the nationwide changeover of postings to July, instead of the traditional May issue placement, SMA News has decided to shift our DIT issue accordingly.

Current medical officers (MOs) and registrars have done two seven-month long postings, instead of the usual six-month postings so that we can "catch up" to July. I am not entirely sure why – I believe this is to facilitate the residency programme which starts every July.

As a recap, let me try to summarise the Basic Specialty Training (BST)/Advanced Specialty Training (AST) system, as compared to the new residency system. In the old system, after medical students graduate from National University of Singapore, they would serve one year of housemanship, divided into three postings of four months each. Subsequently, they would work as MOs in any hospital from either cluster (SingHealth or National Healthcare Group) in six-monthly rotations. Those

interested in specialising would start taking the relevant Part I examinations, and apply for BST. Their entry into BST might happen any time in their next few years as MOs, depending on the number of vacancies in each BST programme and how they perform in the interviews.

The bottleneck is at the AST level, where MOs who have finished BST would have to apply both to the Joint Committee on Specialist Training for eligibility to enter AST, as well as the department they hope to enter. Some departments allow their MO specialists to backdate the posting as an AST posting, some departments only allow backdating of a service registrar posting, yet others do not allow any backdating at all. Most programmes have two to three years of BST and two to four years of AST. Various programmes have defined compulsory rotations and some recommended ones, so trainees would usually make their own internal arrangements regarding their choice of rotations. After completing AST, the trainee would then take the relevant exit examinations, and eventually be allowed to register as a specialist. Typically, I have observed that most AST registrars could find employment as consultants with their departments.

Photo: iStockphoto

Now, the residency system appears to provide a much more structured training. Every year of training is planned out, and residents go through a prearranged rotation through subspecialties deemed relevant to their training, for variable periods of time (for example, Transplant for one month, Paediatric Surgery for one month, Orthopaedics for two months, Palliative Medicine for two months).

Each subspecialty has come up with their residency programme, which may be anything from four to six years. Each cluster and each individual department has its own programme director who oversees the training curriculum, the selection of residents, and the regular evaluation of each resident.

Some programmes allow doctors to enter residency once they graduate, and they are called Residency Year 1s (R1s). Some want their new residents to do a transitional year before starting training – this is usually the equivalent of the housemanship year. In the past three years, in an attempt to convert BST to residency, there have been some senior MOs who started as R1s, alongside R1s who are fresh graduates. There has been much talk about the “conversion” of these seniors MOs to a higher year of residency training, but I understand that this suggestion has not been approved for any programme by the Accreditation Council for Graduate Medical Education.

Please note that the above review is just my simple superficial analysis. For more details about the residency system, do refer to the official websites, and talk to current residents.

In this issue, we have a range of articles from medical students and junior doctors who share their thoughts on how training and life has been thus far. We also feature an article from a doctor who has been through the US residency system (page 30), as well as an article especially close to my heart, which is written by a senior of mine who seems to have been “played out” by the system, but I’ll let you decide after reading the piece (page 33).

I would also like to take the opportunity to welcome the new student members from Duke-NUS Graduate Medical School and Yong Loo Lin School of Medicine to SMA – we look forward to your support and future contributions to our work of putting patients first! **SMA**



Dr Tan Yia Swam is a General Surgery registrar at Tan Tock Seng Hospital, who is currently doing her out-rotation at National University Hospital. She is busy juggling career, family and volunteer work at SMA. Stress relief comes in the form of Facebook, 9GAG and watching nursery rhyme programmes with her baby.

A Warm Welcome

Dear Doctors,

Congratulations on your graduation, and welcome to the fraternity of doctors in training!

As you commence your work, I hope that you will support SMA as we continue to advocate for your well-being, so that you can be in the best position to serve your patients, keeping their best interests at heart.

The SMA DIT Committee is here to support and advocate for you. If you encounter difficulties in the course of your work or have ethical/professional queries, please feel free to contact the DIT Committee directly at dit@sma.org.sg.

I wish you all the best.

Warm regards,

Chia Ghim Song

On behalf of the SMA DIT Committee

The SMA DIT Committee

The SMA DIT Committee was formed to provide a voice for doctors in training in Singapore. SMA is committed to ensuring that all doctors in training have access to high quality undergraduate, prevocational, and vocational education and training, as well as appropriate working conditions. The Committee provides leadership and representation on issues of importance to junior doctors, including aspects of education, training, health and safety. The Committee also serves as a platform to advocate matters of importance to junior doctors, so as to work towards our vision of an improved healthcare landscape in Singapore.

The members of the DIT Committee are:

Chairperson

Dr Chia Ghim Song

Vice Chairperson

Dr Lim Kheng Choon

Members

Dr Ho Quan Yao

Dr Glen Liao

Dr Benny Loo

Dr Ng Chew Lip

Dr Sia Ching Hui

Dr Tan Yia Swam

Advisors

Dr Chong Yeh Woei

A/Prof Paul Ananth Tambyah

Dr Wong Tien Hua