



# A Cautionary Tale

## – The New Residency System

By Anonymous

### Introduction

This was an invited article from an acquaintance who has taken the longer route to enter a specialty training programme. Some might suggest that he or she was lousy, and that was why he or she didn't get in after so many rounds of interviews. But I do wonder, if he or she is not competent, would he or she then be accepted into the residency programme? Was this out of sympathy?

I also fear retribution for this brave doctor who has agreed to share his or her story after months of persuasion. I want to raise awareness for those who have been marginalised, and feel "played out" by the changes in system. In the rush to welcome medical students into a five-year training programme and restricted working hours, what will happen to those of us who have trained for five to ten years and worked overtime to help cover those compulsory postcalls? I know few people would dare to complain, after all, this is Singapore. If you want to share YOUR story anonymously, contact us at [dit@sma.org.sg](mailto:dit@sma.org.sg).

– Dr Tan Yia Swam, Deputy Editor

3 May. The day that I hoped would not come. I knew it would, eventually, but I didn't want it to. I had just finished my last registrar call and I felt drained. Although I had been operating the whole night, I was not weary from the call. Rather, it was what I was about to embark on that was bringing me down. Yes, I was starting my residency.

"Hang on a minute," you might be thinking, "Registrar to resident? Seems to defy natural logic." But then again, there was nothing natural or logical about this. "How did it come to this?" you might ask. Well, I am still searching for the answers myself. Perhaps I should start at the beginning...

I always tell anyone who cares to listen that my career should be a cautionary tale for anyone who does not know what he or she wants to do. Having taken the time to decide what I wanted to do, I now feel that I have been penalised for staying true to my convictions.

Let me start by saying that I did not know what I wanted to do when I graduated. Not the faintest clue. I did not want to short-change myself by choosing a specialty simply because everyone else was signing up for it. My grand plan (if I could call it that) was to do different specialty rotations and see what I liked (or didn't like).

It was not until I was in postgraduate year 6 that I decided on my chosen specialty. After having done more postings than most people I know, I finally decided what I wanted to do as a career. With that, I decided to apply for traineeship. By this time, the Basic Specialty Training/Advanced Specialty Training system had given way to a "new" seamless training programme.

Two interviews. Two rejections. Things were not going according to plan. I was evidently not the type of trainee they were looking for. This struck me as quite funny when I cast my mind back to my interviews, and remember at least three others who did get their foot in through the door, but have since had their traineeship terminated, left for private practice, or joined another subspecialty. It was

after the second interview that I first started to hear murmurings of a new training programme, and it was not long before I realised that the second interview was the last one for the seamless training intake. By the time the next traineeship exercise rolled around, there would only be the residency programme to apply for.

I guess my "problem" is that I enjoy my work. Most of my peers would not have waited around like I had. I had no Plan B, as they said. I guess they were right, but I also believed that good things come to those who wait (long enough). After having waited long enough, I was delighted to assume the service registrar position that was offered to me by the department. Although it was a promotion, it was not exactly career advancement, as I would soon find out.

It was a great feeling when I was finally promoted a few months after the interview. I enjoyed the autonomy and power to make clinical decisions and run the teams I was in. I was also afforded the privilege and responsibility of operating independently (at least in the emergency operating theatres). It was a great feeling operating on and then following up on *my* patients. Having my name on the door in the Specialist Outpatient Clinic was the proverbial icing on the cake. I was no longer just another anonymous medical officer (MO). I had responsibilities and I loved it. That was the most professionally satisfying period in my career to date.

"All good things must come to an end" – little did I know how true this saying was for me. The shadow of the residency programme loomed large. My service registrar position did not clear a path to a consultant job. I "needed" a training programme to allow me to do that. I "needed" to apply for the residency programme. There were a lot of questions about how and where I would fit in this programme. "That's not important; the important thing is to get in" was the message I got.

Just the application process should have been a forewarning of what was to come. The person at MOH Holdings (MOHH) told me that I would have to resign from my registrar position and join MOHH just to apply (as a hospital employee, because my name did not appear in the MOPEX [Medical Officers Posting Exercise] MO pool where the bulk of the applicants would come from). "Resign just to apply? How absurd!" I thought. Things would only get more preposterous.

Thankfully, I did not have to tender an immediate resignation to apply. Getting selected was not that difficult. Having been around for so long, I was a familiar face to the selection panel at my interview. The reality of what was to come only started to dawn on me as it got closer to the date of my residency interview.

I would indeed be starting the training programme as an MO (or resident; there is no distinction as far as I am concerned). Not only that, but I would be starting

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my residency training with a “foundation year”, which required me to do MO postings in specialties outside of my chosen field, for example, Anaesthesia. Yes, at this stage in my career, I needed to have “foundations” laid. On paper, I was no different from a medical student who had just graduated.

That first year was a humbling experience. Many a night on call, I wondered why I was doing this at this stage in my career. It was not something I had done since my houseman days ten years before. From unfamiliar clinical work to upstart registrars who felt it their duty to “educate” me, the first year was an extremely difficult one.

I looked forward to returning to my own department, to get back to what I loved, to resume my surgical training as a registrar. How naive I was!

A few months into residency, even when I was back in my department, it became clear that I would be functioning as an MO. I was devastated. It felt like all that I had done before this counted for nothing. I would not be making any independent decisions about patient management during the ward rounds; I would not be doing the surgeries that I used to perform.

Instead, I would be doing the things that I had done when I first joined the department several years before. It was a confusing time for me and for those around me. It was hard enough explaining to colleagues about my peculiar situation. It was even harder explaining to my old nursing and allied health colleagues what was happening. They thought I had been demoted for some grave mistake that I had done. Yes, *demoted* – the word that best describes my current situation. It is the word no one in the residency programme will use.

The past year has been chastening. Assisting my previous MOs (now my registrars), watching them fumble through procedures that I would have done more competently, running clinics as an MO and being “educated” by newly minted patient service assistants and staff nurses on what I should do. My pain is exacerbated in the outpatient clinic when my previous patients ask me, “Hey Doc, you’re back? Haven’t seen you in a while. How come your name is not on the door?”

Truth be told, I have forgotten what it is like to be a registrar. I feel that I have lost something in the time that I have been away; something that I still have not found in the time that I have been back. I sincerely feel that my surgical skills have stagnated since my residency began. I am sure I will be competent at the end of my training, but I could be so much more.

I am grateful for the support and teaching that have been structured into our programme, but I cannot help but feel that I have had to sacrifice something to get to where I am today. Why doesn’t anyone seem to understand or even acknowledge this?

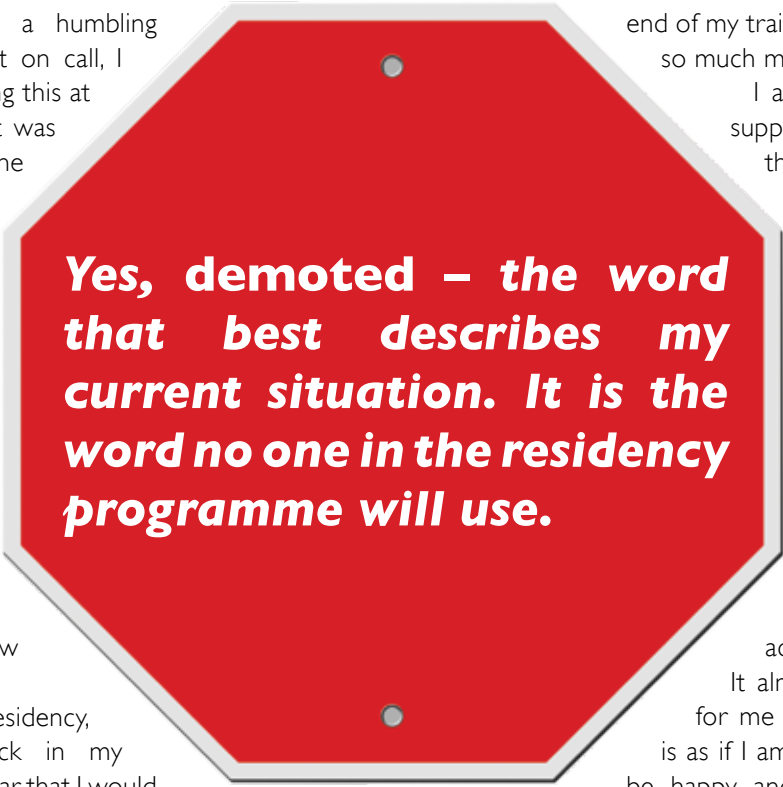
It almost seems wrong for me to feel this way. It is as if I am only expected to be happy and grateful for the opportunity I have been given. I feel

like I have had to dumb down my own expectations and fit into this new system. When I first came back, I was told that one of the reasons that I would not be allowed to function as a registrar was the fear of possibly being cited by the programme auditors during a site visit, for allowing a first year resident to do the equivalent of a third year resident’s roles. I am secretly hoping they will receive a citation for not allowing me to function to my maximum capability.

Have I ever thought about quitting? I know of others like me who have. It would probably be the easier thing to do. But I don’t know how to do things the easier way, as my career clearly shows. No, I won’t quit. If I do, then the system wins; it would have succeeded in breaking my will. Quitting would make all my sacrifice and effort meaningless.

If I had another chance, would I do the same? Probably. Taking my time to decide what I wanted to do with my career has given me one priceless commodity – *experience*. That’s something nobody can take away from me. I always tell those who ask me for advice, “Take the time to figure out what you want to do; don’t rush it.”

But I also tell them, “Don’t take too long though; you might end up like me.” **SMA**



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