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# SMA NEWS

THE SINGAPORE MEDICAL ASSOCIATION



## Service and Training Scheme

The number of younger doctors in the public sector has become inadequate to man the positions in that sector. Does this mean that we are not training enough? The Singapore Medical Association does not think so. Rather, it may be the terms of service and working environment that need to be looked into to attract doctors to stay in the public sector.

The recent pay revisions are of course welcome. With the restructuring into the two clusters, there have been further adjustments to bring the salary closer to market rate, although it is conceded that the matching will be at the 60-70 percentile of the private sector. It is also recognised that money, whilst important may not be the only factor. Training opportunities, recognition of work done, and collegiate relationships are also important.

The SMA has worked with the two clusters, NHG (National Healthcare Group) and SHS (SingHealth Services) to develop a service and training scheme for doctors who are presently not in public service as well as non-trainee medical officers in public service.

A briefing was conducted for doctors with an interest in the scheme on 24 September 2000.

### NEW OPPORTUNITIES

The scheme provides new opportunities

for the non-trainee medical officers to receive training in general practice/family medicine. This will give them better preparedness for their career as family doctors. For those who intend to stay in public service, the career structure has been defined and runs parallel to the hospital specialist career structure.

### TRAINING COMPONENT

The training component of the scheme is a sponsored programme of training leading to either a diploma in Family Medicine or a MMed (Family Medicine). The details have been sent to all doctors for their information earlier on.

### SERVICE COMPONENT

The service contract is three years. For doctors who have worked in the private sector for some time, a conversion of the recognised experience will be computed into the starting pay. The clusters have positions for part-time work as well. Part-time can be any duration of time short of the 42 hours a week that defines the full-time work. Whether these part-time posts will fulfill the training requirements will need to be examined.

### Q & A

There were questions on the floor at Q&A time. Doctors wanted to know if the training and service scheme is a one-off attraction for doctors to fill the shortfall. The two CEOs reassured those present that the scheme is not a once-off

effort but rather it is part of the ongoing ethos of providing better opportunities for training, in this case the training of the primary care doctor. There were also questions on how the sponsorship scheme will compare with the existing traineeship scheme.

Hitherto, there has been the MMed (Family Medicine) traineeship scheme in existence since 1992 as a definitive scheme in the Ministry of Health. With the restructuring into the two clusters, the administration of the traineeship scheme will be in the hands of the clusters. The entry training requirements will remain the same.

The Graduate Diploma in Family Medicine is a new programme initiated by the College of Family Physicians, Singapore to provide a scheme of training for doctors who may not wish to have such a fast-paced, rigorous programme of the MMed (Family Medicine). Graduands from the Graduate Diploma of Family Medicine (GDFM) will have fulfilled some of the requirements for the MMed (Family Medicine) namely, the family medicine teaching programme and the hospital postings. The GDFM holder will need a 1-year polyclinic posting and the accompanying structured programme of tutorials and workshops to fulfil the requirements of the MMed (Family Medicine). ■

We have compiled a list of Frequently-asked-questions on page 7 which should address some of your common concerns. Details of the new scheme are posted on SMA website: [www.sma.org.sg](http://www.sma.org.sg).



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Tel: 223-1264  
Fax: 224-7827  
Email: [news@sma.org.sg](mailto:news@sma.org.sg)  
URL: <http://www.sma.org.sg>*