

# Priority *Not* Included

When I was asked to write an article on the Basic Specialist Training (BST) and Advanced Specialist Training (AST) programmes in Singapore, I agreed with a caveat: that I will not be persecuted for what I am about to write. Although that promise was made, I hope I will be forgiven for not feeling reassured.

I am a Basic Specialist Trainee in General Surgery (GS), and am now looking forward to relinquishing that position for one that brings with it better pay and social standing. (Not to mention greater responsibility, and heavier pressure from the top.) Becoming an Advanced Specialist Trainee is something all of us junior doctors aspiring to specialise want, and need.

My views may be biased, but I am speaking primarily as a GS BST, with certain opinions garnered from conversations with my colleagues in both surgical and medical disciplines.

## NOT SO PRIVILEGED

I applied for a BST in GS nearly 3 years ago, which involved an interview with some of our nation's most esteemed senior surgeons. It was a rather harrowing experience, but with a positive outcome – I soon received notice that I had been granted traineeship.

However, the euphoria did not last long when I realised that nearly 30 other applicants had been granted the same privilege. That was in excess of 90% of the number of applicants. It started me thinking – what was the point of this whole exercise?

Those of us who had been granted traineeship have discussed this several times, and we came to one conclusion: so many traineeships had been given out to one end – to increase selection pressure at the AST level, so that there will be more candidates competing on an equal footing for an AST post when the time came to apply for one.

That took the wind right out of our sails, or at least, right out of mine. I thought I had achieved something significant, only to realise that it did not count for anything. This realisation was hammered home when I found out that you did not even have to be a basic trainee to apply for AST! So apart from having 'declared' an interest in becoming a surgeon, applying for BST did nothing else for me.

True, there are intangible benefits to being a trainee. But honestly, in the course of my training, I have not noticed any difference in the way non-trainees are treated. We all receive the same number of tutorials, and with a policy that grants the majority of junior doctors the postings of their choice, both clusters have effectively negated another benefit: that

trainees get priority in their posting choices so that they might be able to complete the requirements for further examinations.

I personally know of non-trainees who have not been delayed in any way despite not taking up traineeship. They too have managed to: (1) rotate through all the necessary postings within the same time frame; (2) take their further examinations at the appropriate times; and (3) receive the same tutorials and training opportunities as I have. More surprisingly, some of them have attained AST positions even earlier than us trainees, simply because they were not tied to a 'due period'.

I asked a few other BSTs for their opinions, and they all feel the same way. It makes me wonder why we still apply for traineeship, and in so doing, have our hands tied behind our backs. Perhaps the sponsorship rewards are the main draw. The examination/course fees for preparation programmes and additional leave given for studying and examinations do add up to quite a bit.

## AN UNCERTAIN FUTURE

But that's where the preferential treatment ends and the free-for-all battle begins. The number of people jostling for AST positions means that you are looking at *at least* a 2-year wait for each job. Worse still is the fact that there is no guarantee. Nobody knows if the job is a certainty a few years down the road – a risk all of us are forced to take.

I can understand where the policy-makers are coming from. The idea of having more basic trainees compete for advanced training is certainly more than palatable to these administration fellows, who, in my opinion, have not got their feet planted firmly on the common ground. The anxiety that basic trainees go through while wondering if they will be granted a position of their choice has led to a number of very eligible trainees leaving for life outside the institution. And these people are now doing very well for themselves.

To quote a colleague of mine: "The truth is that it doesn't impact on AST promotions, and it doesn't mean you are damn good. It's just an interview by a select biased few. But since it's convention, I applied anyway."

And that is just it – simply convention. It does not confer any truly significant training benefit, nor does it ensure smooth passage to a specialist job. But this is simply the way the GS traineeship is governed, not to mention some of the medical disciplines as well.

### About the author:

*The writer is a young 20-something who lives life with a passion, and works just as hard.*

*Someone, whose pursuits take him to many places a stereotypical doctor would not be found in, but whose career path has taken a rather conventional spin.*

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Specialties such as Otolaryngology, Ophthalmology and Psychiatry select their trainees at the BST level. Advancement is promised as long as you fulfill the training requirements and pass the necessary examinations. The cohort of doctors practising in these fields clearly indicates that this practice does not compromise overall quality.

Instead, what it confers are the benefits of having more focused basic trainees who can concentrate on carrying out

their duties and passing their examinations without having to worry about the future (or lack of one).

Well. As 'convention' would have it, I took up a basic traineeship in GS. I went through the relevant postings, took my examinations at the appropriate time, and passed them. But I still do not feel as if I have achieved anything in my medical career. And I have no assurance that I will continue to forge ahead in my life as a doctor – until I am granted entrance to an advanced training position. ■