New Service And Training Scheme For **Medical Officers - Try It!**

For doctors joining this service and training scheme, this scheme consists of a service contract of three years together with a sponsored programme of training leading to either a diploma in Family Medicine or a MMed (Family Medicine).

A new service and training scheme for doctors interested in a career of general practice/family medicine was launched and announced recently. This scheme is developed jointly by the SMA and the two clusters NHG (National Health Group) and SHS (SingHealth Services) for doctors who are presently not in public service but wish to participate in such a scheme. Doctors who are now in both the clusters who are non-trainees may also apply for sponsorship in this family medicine service and training scheme.

For doctors joining this service and training scheme, this scheme consists of a service contract of three years together with a sponsored programme of training leading to either a diploma in Family Medicine or a MMed (Family Medicine). 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.

THREE CONDITIONS IN SELECTION OF POSITION

In his welcome address at the briefing of this scheme, the President of SMA, A/Prof Goh Lee Gan shared his opinion on what he considered to be three elements that are important to younger doctors in selecting a position.

1. **The Basic Pay Package**
   In the last few months, doctors' pay rises have been announced and younger doctors' pay have been given a bigger increase compared to that of older doctors. This is a move in the right direction because the pay of this group of doctors has not had adequate increment in past years.

   There has also been comparison of the differences in pay offerings in the two clusters for medical officers. By and large, both the basic pay packages and allowances offered are broadly similar over a longer term of several years of service. Whilst the size of the immediate pay package is important, it is also important that these differences be taken in the context of other factors.
2. **Performance**
   What will make a difference in the individual will be year end performance bonuses for having done a good day's work and having taken care of the patients and the organisation well. An organisation that inspires you to do well, to find meaning in your work, has good seniors and mentors may well be just as important as the quantum of dollars that you take home.
3. **Training Opportunities and Career Development**
   The third element is training opportunities. In the consideration of a position too, should be on-the-job-training opportunities and career path development. For the first time, there is now attention paid to the training needs of the non-trainees. In the training scheme, two tracks are now being offered: the Graduate Diploma in Family Medicine (GDFM) and the MMed (Family Medicine). The GDFM may also form a springboard to the MMed (Family Medicine) in that it fulfils part of the requirements of the latter, namely, the family medicine teaching programme (FMTP).

   An important point to highlight is that training opportunities will not be limited by which cluster the doctors are in. In other words, there could certainly be cross cluster postings to meet training needs. There is therefore one barrier less to consider in considering which cluster to work in.

A MORE DEFINED CAREER DEVELOPMENT PATH

A more structured family medicine programme is now in place to provide a more defined career development path for family medicine. I am glad to note that positions leading to consultants are now in existence. There are at the moment, three doctors appointed as consultants in family medicine in the polyclinics. I am optimistic that with the focus on primary care and integrated care, there will be more senior positions available.

Eventually in Singapore, everyone should be able to aspire to be a specialist in his or her field of work. With that new mindset, we would have as a nation begin to reduce the present wastage of some 50% of our medical manpower towards zero. Presently, those not in the specialist tracks are neglected. There is no training programme for them. With the scheme that will soon be launched, a first step has been taken to achieve the goal of everyone potentially a specialist in his or field of work.

It will take us many years to strengthen the primary care sector but as has been observed by one politician, a journey of ten thousand miles begins with the first step. If you are, why not try it? ■

WHAT TO DO WHEN THINGS HAD GONE WRONG?

HOW TO HANDLE MEDICAL MISTAKES EFFECTIVELY

The practice of medicine can be a legal and ethical minefield for the ignorant and inexperienced. Conscientiousness alone is inadequate protection. Medical mistakes may be made not only by ignorance and inexperience but also by human failings, carelessness, error of judgement and misadventure.

The patients and the public today expect a greater accountability and transparency from the medical profession. They want to know 'Why' and 'How' even when there is no medical negligence. The medical profession is expected by our disciplinary bodies to justify our decisions and actions and articulate them properly when called upon to do so.

Letters of complaints to the SMA, SMC, MOH, CASE and even the Members of Parliament (MPs) about doctors and medical outcomes is not uncommon. How do we respond to such complaints? Some scream at the messenger, some cry foul - such ungrateful patients! Others would apologise profusely while some turn aggressive and want to sue the patient for defamation.

Whatever the response as professionals, doctors are expected to respond to all letters of complaints promptly and appropriately.

To err is human. Many medical mistakes are inconsequential and can be corrected easily. Others can be serious and lead to permanent damage and even to fatality. Common human tendency is to blame others for our mistakes and to deny or conceal mistakes. Is it appropriate to conceal medical mistakes if the patient is unaware? Is denial a good form of defence when the patient raises questions when things are not right? It takes the brave and wise to speak the truth with minimal damage or harm.

Learning to deal with medical mistakes in an ethically and legally appropriate manner is an important skill to acquire in the practice of medicine. In addition to safeguarding the patients rights, doctors must learn to protect their own and their fellow colleagues' rights.

The Seminar entitled "What to Do When Things Had Gone Wrong" is to be held on Sunday 5 November 2000 at 3pm at the COMB as part of the SMA Ethics Convention 2000. The Seminar will address three important issues by way of an Interactive Case Study Discussion. The issues are:

1) How to deal with a letter of complaint.
2) What to do when a medical mistake is known to the doctor.
3) What to do when a patient writes for a refund of monies when a diagnosis is missed, and the patient has gone elsewhere and received the accurate diagnosis and appropriate treatment.

A panel of experts will serve as resource persons for the Case Study Discussion. This will be followed by a "Meet The Experts" Session - where you could address all the questions you want on medical mistakes but did not have the opportunity.

We all need to learn from our mistakes but better still to learn to avoid or prevent mistakes — see you at the SMA Ethics Convention 2000.

Please refer to full details and registration form on Page 11.

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FAQs

The SMA has prepared a list of FAQs for doctors interested in the GDFM programme and the MMed (Family Medicine) programme as part of the service and training scheme being offered by the two clusters.

1. **Can I apply for sponsorship of the MMed (FM) scheme if I am a first year MO?**
   No. The entry requirement for MMed (FM) programme is third year MO. First and second year MO can apply for the Diploma FM scheme.
2. **If I wish to continue with the MMed (FM) course after completion of the Diploma, do I have to go through the entire duration of 3 years or will I be exempted for some courses?**
   MOs who have completed their Diploma FM need only fulfill one more year of polyclinic posting with structured training programme of tutorials and workshop to be eligible for the MMed (FM) examination.
3. **Do I have to re-apply for separate sponsorship for MMed (FM) scheme after completion of the Diploma? Does this mean I will be bonded for another 3 years, i.e. all in all, 6 years?**
   You do not have to be bonded for another three years to finish the MMed (FM). The GDFM may have fulfilled the hospital posting requirements and also the Family Medicine course (FMTP). You will need a whole year of polyclinic posting and structured training with tutorials and workshops to complete the MMed (FM) programme. Also, as this is a different sponsorship from the GDFM sponsorship, you will have to re-apply for a sponsorship of the MMed (FM) programme.
4. **During my 3 years contract duration, can I switch my postings in between clusters?**
   If the two clusters are agreeable, the scheme should be transferable.
5. **What happens if I have to leave the service before the contract duration?**
   If you should leave before the 3-year contract, you will need to serve one month notice and repay the cluster the training fee for the course.
6. **When is the next quarter for the Diploma and MMed (FM) beginning?**
   The academic term for the programme begins in July every year. The FMTP modular course which is integral for both MMed and Diploma programmes consists of 8 modules held every 3 monthly. The next quarter begins in Oct 2000.