

# Representing Our Junior Doctors



It has never been easy working as junior doctors, and the SMA Doctors-in-Training (DIT) Committee constantly seeks to support them on their journey. In this article, we invite Dr Goh Ying Xian and Dr K Sri Karpageshwary from the SMA DIT Committee to share about their respective stream's ongoing work in helping junior doctors.

Text by Dr Goh Ying Xian

Dr Goh is a medical officer and a member of the SMA Doctors-In-Training Committee. She is in her happy zone when you find her with coffee (milk, no sugar, please), music and her loved ones.



As medical professionals, our daily work requires us to care for our patients. It is important for us to take good care of our own well-being so that we can better take care of others. Our job is fast-paced and often a matter of high stakes – this demands a high level of focus and efficiency, which, no matter how stimulating it can be for some, can easily cause us to be drained and burnt out (whether we are cognisant of it or otherwise). Therefore, it is crucial and increasingly recognised at the systems level that the well-being of medical professionals needs to be safeguarded in order to provide better healthcare for the general population.

Back in medical school, I had the opportunity to be part of a small committee working on medical student well-being; and now as a member of the SMA DIT Committee, I am glad to be continuing in efforts to look out for my peers as part of the National Wellness Committee (NWC) for Junior Doctors (JDs, defined as house officers, medical

officers and junior residents). The DIT JDs on the Committee try to give our impression of the issues fellow JDs face, find ways for more views on the ground to be heard and give our perspectives on the solutions proposed.

The subcommittee that I am in – Stream 1 – specifically looks at inpatient workflow with the aim of improving JD working hours. The humans behind this subcommittee include fellow JDs like myself, senior clinicians from each hospital cluster and different specialties, as well as Ministry of Health Holdings (MOHH) HR representatives. It heartens me that there is political will on a national level to improve JDs' working hours, and that there is a platform like this for brainstorming of solutions and discourse – because this is a challenging task – to make changes to a system we have inherited (for all its good and bad) while ensuring patient care continues on.

Some may say that this is a matter of supply and demand (increasing supply to meet an unchanged/increasing demand) – but at what cost?

- Monetary: how many doctors can our society afford (to train and to hire)?
- Educational: how do you ensure JDs gain sufficient experience effectively (adequate exposure during functional hours; ie, not too post-call)?
- Aspirational: how to build fulfilling careers in the long run for JDs (are there sufficient generalist and specialist tracks available)?

These questions do not have easy answers and require other NWC JD Streams to chip in solutions as well.

The first baby step (out of many more to come) involves planning for a 24-hour call system. There are currently ongoing pilots at several inpatient departments to trial the effectiveness of 24-hour calls (that allow JDs to go off at 8 am post-call) and explore the possibility of expanding it nationwide. As a JD, I cannot deny that the thought of this does make me happy – who would not like a few more hours of rest after a long tiring night? Yet being on this subcommittee has made me realise the challenges accompanied: other JDs having to chip in more on the day you are post-call, and some senior doctors potentially needing to step down to help. In addition, data on JD working hours needs to be accurately captured to assess the effectiveness of this policy. For this, the SMA DIT Committee advocates passive work hour surveillance (eg, EMR log-on time), instead of putting the onus on JDs to actively report their working hours.

Improving JD well-being is a work in progress with various stakeholders involved and substantial resources required. MOH and MOHH have taken a bold step forward to define and acknowledge the issues surrounding JD well-being, and has begun to address these issues in turn. I hope we can all see ourselves as part of the solution, and lend our support to strengthen SMA's voice in this national conversation.

Text by Dr K Sri Karpageshwary

Dr Sri is a mother, wife and geriatrician in training. She is passionate about advocacy for her geriatric patients to ensure optimal care as well as for junior doctors to ensure a balance between their well-being and clinical commitments. In her spare time, she loves nature and listening to music.



The viral quote by Michael John Bobak came to mind when I got the invitation to write this piece: "All progress takes place outside the comfort zone."

COVID-19 has served as a catalyst to brave uncharted waters in healthcare, but now that the storms have passed, we are presented with an opportunity to address deep-rooted issues within the medical system. In particular, the concerns of the JDs.

The Ministry of Health (MOH) in conjunction with MOHH and stakeholders from various hospitals have set up national workgroups focusing on JDs' multidimensional needs in our ever-changing medical landscape.

I was nominated by the SMA DIT Committee to be part of the Stream 2 workgroup – which focuses on career development and training opportunities – serving as a conduit to channel concerns from the ground and to transform them into action plans with the likes of Prof Marion Aw, Prof Chan Choon Meng and Dr Lydia Au.

The SMA DIT Committee is an amalgamation of like-minded physicians with varying seniority to discuss issues pertinent to doctors' growth and welfare. Some of the prominent initiatives from the Committee include the House Officer handbook and post-graduate preparatory workshops.

### The imminent challenge

Medical school often presents a singular perspective with respect to career progression post-graduation, much like racehorses with blinders on. Graduates steam ahead to the path of a specialist, particularly after the inauguration of the residency framework.

The current reality is that of dwindling available positions for each residency track. The result is a shrinking pool of middle rung JDs working towards the specialist track and several deserving applicants not getting into their desired residency.

Thus, we have to consciously remove our blinders even more so than before to widen our horizons and dive into available prospects that can not only further our careers but also serve as a good fit in the long term.

### The discussion

The purpose of the Stream 2 workgroup is to present diversified career options for JDs.

Apart from the specialist track, the other tracks highlighted are the hospital clinician (HC) track and the resident physician (RP) track.

The HC track aims to attract JDs who want to practice broad-based inpatient care in tertiary institutions with the opportunity for advanced training and non-clinical positions (eg, in leadership and education).

The RP track serves JDs who have an interest in community-based practice, tapping further into the recent Healthier SG initiative to further emphasise the need for care continuity.

Each track has its own predesigned framework with specific requirements to be attained within a stipulated time for subsequent progression.

Awareness precedes change. Various channels of outreach are hence proposed by the Committee, including career fair days, MOHH-assigned career counsellors, and online enquiry channels for JDs to tap into. The recent SingHealth Residency Open House also centred a booth featuring the HC scheme.

### The future

The hope is not only to ensure talent retention, but for each JD to find his or her niche and thrive in our medical community. For that to effectively occur, exploration of career opportunities is prudent.

Continued momentum is paramount to ensure that change is encouraged, and processes are reviewed regularly to ensure the highest quality of training.

In the medical fraternity, JDs are an integral weave in our medical complex network. The JD workgroups and the SMA DIT Committee recognise this and strive to ensure that recommendations given are sustainable, applicable and practical for the future.

The time is now for JDs to venture into new possibilities and create their own frontiers. ♦