



Highlands and Home

Text by Dr Marcus Chong

Whenever I think about my time in the UK, my mind often wanders to my year working abroad in Scotland. I once envisioned working abroad long-term with regular Highland adventures, quiet retreats on rugged coastlines and yearly trips back home. I had already met my fiancée by then – also a Singaporean doctor abroad – and was soon faced with a decision to make: whether to trade the Highlands for home.

Learning in Sheffield

My medical foundations were built at the University of Sheffield, where I spent five happy years immersed in a curriculum that combined structured teaching with unique opportunities for early patient contact. From the outset, there was a strong emphasis on blended learning, where tutorials, flipped classrooms and traditional lectures were all woven into the programme. Each module taught in the first year culminated in patient encounter sessions, where we would interview patients living with chronic disease. For instance, a neurology module would have a Parkinson's patient as an interviewee. These sessions, ungraded and unstructured, left a deep impression. They taught us not just to recognise disease, but to empathise with the lived reality of those we would one day care for.

Alongside this, we also had module-linked tutorials in general practice every year. Students would visit public

primary care clinics, receive tutorials from preceptor GPs and were given opportunities to interview patients. Clinical placements took place in a variety of hospitals and care settings, from small district general hospitals to major trauma centres with subspecialist tertiary care.

What I appreciated about my time in Sheffield was the space it gave me to explore life beyond medicine. I joined the General Practice Society committee, assisted as a researcher for a systematic review project and pursued a wide range of hobbies: from Olympic weightlifting and CrossFit to an unexpected stint as a stunt cheerleader. Weekends were filled with hikes and community activities through my local church.

Equally formative was the experience of independence. Living abroad forced me out of my comfort zone – cooking, cleaning, managing bills, buying and maintaining a car, all while juggling studies and clinical placements. In retrospect, the necessity of “adulthood” so early was as much a part of my education as anything I learnt in the lecture theatre.

Working in the UK

I met my fiancée during the later years of medical school, and many weekends were spent travelling to Glasgow to see her. Over time I grew fond of the city itself – its warmth, its character and its closeness to the Highlands. When the time eventually came to choose where to begin my first job, Glasgow felt like the natural choice.

I started my housemanship at Forth Valley Royal Hospital in Stirling, a 45-minute drive from Glasgow. This regional hospital is renowned in the West of Scotland for excellent teaching, a robust culture of mentorship and a busy clinical load. As with any newly minted junior doctor, housemanship was a tough process of continuous learning, humility and hard work as I built up my clinical acumen and knowledge.

A work week typically ran between 40 and 48 hours due to frequent shift work and increased staffing allocations. Night shifts took place every two months, but 12-hour shifts were very common – either in four-day or three-day long stints, happening every three to four weeks. Singaporeans would call these “half calls”. In Glasgow, I noticed a stronger adherence to contracted working hours than in Singapore where senior staff themselves ensured timely handovers so juniors could leave on time. Patient loads were heavy, with upwards of twelve patients per junior clinician, and the pace of work was no less relentless despite dated communication systems (pagers!), paper medical records and longer waits for tertiary investigations. While frustrating, these constraints taught me to work within systemic limits and develop efficient work practices – a mindset that benefitted me when I later returned to Singapore. Notably, Forth Valley was already transitioning towards electronic notes as part of a planned migration that integrated community and acute care records.

Despite its challenges, my experience in the National Health Service revealed strengths I had not experienced elsewhere. Primary care practitioners were anchors of chronic care and were effective gatekeepers to secondary care. In the best-case scenario, they helped to prevent unnecessary pressures on specialist outpatient care and ensured better outcomes through preventive care principles. Allied health professionals were empowered to provide higher echelons of care where required, including widespread deployment of advanced nurse practitioners in triage and junior-doctor-equivalent roles. I came to value this multidisciplinary approach as it cultivated shared responsibility and collaboration in patient care.

Perhaps the most striking difference lay in cultural attitudes towards autonomy and family involvement. In the UK, patients with capacity make informed decisions with limited family mediation, while in Singapore, a “family-first” ethos often prevails. Witnessing these contrasts reminded me how deeply medicine is shaped by cultural values, and it challenged me to reflect on my own assumptions.

Beyond work, my off days were spent going on day trips to lochs and lazy walks through the cafes (or pubs!) of Glasgow’s West End. Some memorable experiences included the Isle of Skye and completing the North Coast 500, a week-long driving holiday around the perimeter of the Highlands.

Working in Singapore

In truth, meeting my now-fiancee was pivotal in anchoring my decision to return. I have often remarked to friends that, had it not been for her, I might well have remained abroad.

I immediately noticed a stark difference in working practices when I started work as an internal medicine junior doctor in Singapore. The pace of work was much faster. Scans, blood tests, procedures and specialty referrals could

sometimes be concluded within the same day – a significant improvement over my experience abroad. Extensive use of electronic medical records and ordering systems made documentation much faster and more convenient; I am grateful that I no longer have to routinely transcribe fluid prescription orders on paper folios!

Patient load was significantly increased and there were far more administrative tasks that I had been unfamiliar with (eg, exit round notes, pre-clerking and pre-rounding). I have observed how junior doctors here are empowered to have first-line responsibility for patient care; this obviously necessitates a much more robust understanding of a patient’s presentation, issues and holistic plans. The vast majority of my junior colleagues arrived much earlier at work to pre-clerk and pre-round patients before ward rounds, necessitating longer working hours for an already demanding role. The full-call system also came as a huge shock to me. I am immensely grateful to the many seniors and colleagues who supported me during the long shifts, and I remain hopeful that more Singapore hospitals will transition towards float and half-call systems to better support junior doctors’ mental well-being.

My readjustment extended beyond work to daily life itself. Singapore’s relentless pace is reflected in its crowded streets, packed public transport and a busyness that seeps into every corner of daily life. Although the process took time, it was greatly eased by the consistent support of family and friends. The assurance of returning home to a warm meal, caring parents and a close-knit community of long-standing friends provided stability during a demanding transition. Beyond the practicalities, there was comfort in the everyday sights, sounds, and rhythms of Singapore – those intangible aspects that told me I was home.

Conclusion

Coming home was an intensely personal decision. After six years of finding my home in a very different country, Singapore almost felt foreign. Simply comparing the two healthcare systems and educational experiences would diminish their complexities, missing the point. I gained perspective, and a newfound appreciation for the family and community I had left behind in Singapore. Whether it is the Scottish Highlands or Singapore’s high-rises, what matters more is the community you find, the patients you serve and the family that walks with you. That, more than anything, made a difficult choice simple.

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Legend

1. Dunrobin Castle, one of many stops along the North Coast 500
2. Old Man of Storr, Isle of Skye

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