

{ To Through-Train or Not? }

By Dr Tan Li Feng



I BELONGED to the second last A-Level batch that missed the much feted through-train scheme by a whisker. So I thought I should count it fortuitous to be the second batch to enter the residency “through-train” programme.

Much like the A-Level through-train, the residency “through-train” has also been greeted with much controversy. The pros and cons of either system are bounteous. The former system was more flexible (or laissez-faire) and self-directed (or unstructured); while the new promised more structure (or greater bureaucracy) and greater certainty (or less flexibility).

As I had always wanted to do geriatrics, it was not a difficult choice for me to jump onto the kiasu Singaporean student bandwagon to sign up for the internal medicine (IM) residency programme straight out of medical school. It also helped that IM was not a complete lock-in either, as I knew that if I did not find geriatrics appealing after a while, there were many other IM subspecialties available to choose from. In that way, I got the best of both worlds – a guaranteed

training spot and some flexibility for manoeuvring. I am not sure if other specialties enjoy this advantage as well.

However, as IM residents came to learn soon after, there was also a price to pay for such flexibility. Senior residency subspecialty spots are not guaranteed. The chances of landing a senior residency spot seem at times as random as the vagaries of the wind, dependent on the year that you are scheduled to apply in and the competition you face in that particular cohort. Neither was there an option of waiting a year to apply in a less competitive cohort. The budding cardiologist who daily holds onto his or her aspirations to get by every arduous medicine call might very well end up doing general medicine or being lost at the end of junior residency, due to factors that are at times beyond the resident's control. Some flexibility has since been introduced to the senior residency matching process, but certainly the promise of turning consultant in six years upon graduation is unfulfilled for a selected group of residents.

Thankfully, I did not have to go through that disappointment as a resident. If anything, the residency system's certainty and push to "churn out" specialists helped me move on despite having my training disrupted by a happy bundle of joy – the birth of my son. I am certain that without the residency programme, I would not have been able to keep to the schedule of completing my junior residency programme within the stipulated 36 months. Thanks to supportive and enlightened programme directors who helped mould my schedule in an "infant residency programme", I was able to be matched to my senior residency programme of choice before I had even

attempted my registrar exams. This would have been impossible in the old system. I passed my exams within months of starting senior residency.

As a new mother, moving on to senior residency sooner, rather than later, has certain advantages and was definitely a factor in my decision to continue training rather than dropping out as the light at the end of the tunnel seems closer within reach. The only downside so far has been that because I never got the chance to do any paediatrics, as breadth of training was sacrificed for intensity and relevance, I am no wiser when it comes to little ailments that my infant gets.

residency family), then take the plunge. However, if marriage is undertaken merely to escape singlehood and not be left on the shelf, then it is a dangerous commitment with possibly painful outcomes for all involved.

Not everyone is suited for marriage, and not all would enter into one at the same time in life. But thankfully, residency is not marriage. It is only one part of a doctor's journey. Sometimes it is a highway, other times a blip or a detour. But in the grand scheme of things, what does it matter if you take six, ten or 15 years to train? It is simply a matter of perspective – something we doctors need in all that we do. ■

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The residency system is assuredly not for everyone. Unlike the old system where junior doctors were not given dedicated guidance, the residency system benefits some, potentially at the expense of others, but it can also ensnare some. It is expeditious but should not be rashly undertaken. Perhaps it can be likened to marriage. If one is ready for commitment, accommodation, loss of some autonomy and in-laws (one big, fixed



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