

Perspective from a Junior Doctor

Interview with a Junior Doctor Working in London and Singapore

Interviewed by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B))

Hi, can you tell us which country did you graduate from and where did you do your Post-Graduate Year (PGY) I?

I am currently post-graduate year (PGY) 4. I graduated from a university in London and did my PGYI in psychiatry, geriatrics and general medicine in 2 major universities in London. Subsequently I came back to Singapore to work as a Medical Officer.

How would you describe your PGY I and why?

My PGY I was enjoyable. I liked the experience because of the positive and accepting culture in the London hospitals towards every team member. The doctors are not so hierarchical and we address each other by first name regardless of seniority. Senior doctors will help out with junior doctors' tasks when junior doctors' manpower is short. The opinions of doctors, nurses, allied health and other team members are valued. I will describe the culture in London hospitals as open, friendly and inclusive. I did not feel like an outsider as a Singaporean studying and working in London.

Please describe a usual day's work as a PGY I in a London hospital.

A usual day's work is from 9am to 5pm. Junior doctors do not need to pre-round the patients. The doctors start the day with the ward sister or nurse in charge presenting the new admissions that came during the night shift. That usually takes about half an hour. After that, we have the doctors' round. Each medical team consist of one consultant, one registrar, one senior house officer (the equivalent of a medical officer in Singapore) and one house officer (PGYI). Each ward of 25 patients is taken care of by 2 medical teams. The doctors' round usually takes about 2 to 3 hours. We spend about 10 to 30 minutes with each patient. Sometimes the nurses and allied health staff join the doctors' round. After the round will be lunch time. In the afternoon we do our changes- trace investigation results and manage the patients accordingly.

Are you able to finish on time at 5pm?

Yes, we almost always finish promptly at 5pm. If we work beyond 5pm, even if it is for 15 minutes, we have to submit a report to the hospital administration. The hospital administration will then give feedback to the respective departments and also ensure that the extra work time is recorded for reimbursement accordingly.

Would the senior doctors be upset to receive feedback from the hospital administration that their junior doctors are working overtime?

The senior doctors are not upset with the junior doctors submitting the report. The culture in the London hospital is built upon an understanding that a tired doctor is more prone to making mistakes. Hence, hospital administration and doctors whether senior or junior all try their best to improve the system so that doctors do not work overtime and potentially compromise patient care.

Do you have night shifts as a PGY I in a London hospital?

Yes, there are two teams of doctors who do the after 5pm work. One team works from 5pm to 8pm. Junior doctors scheduled for the 5pm to 8pm shift will start at 9am and end at 8pm. The second team works from 8pm to 8am.

How often do you have to work these out-of-hours shifts?

On average, we work one to two 5pm to 8pm shifts a month. As for the 8pm to 8am shifts, we do this about 1 week out of a month. During this one week, we will not have to do day shift work. We will work 4 nights (8pm to 8am) in a row and this is followed by 3 rest days before resuming our day shift routine.

Can you name one thing that helped you feel empowered while you were working in London as a PGYI?

The very strong British Medical Association (BMA) in UK helped junior doctors feel empowered. In 2019, the BMA organized a junior doctors' walkout. Some of the outcomes included new limits on how many weekends junior doctors do, the number of long shifts, of up to 13 hours, they can do in a row, and a pay rise.

Why did you decide to come back to Singapore to work after having such a good PGYI experience in London?

I took up the MOHH grant during my studies in London and therefore am obliged to return to work in Singapore after my PGYI in London.

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How was your experience moving from London to work in Singapore?

Let me start with the positives in Singapore. When I came back to Singapore to work, I was impressed with the better healthcare infrastructure and system here. The IT system is better, and the equipment are also better. The Singapore healthcare system is very efficient, and things get done, for example, inpatient scans and procedures. Patients have a shorter wait time in Singapore to receive medical care from a specialist. There are less free loaders and social admissions in Singapore because of copayment.

The work culture is quite different. The senior doctors have higher expectations in Singapore. They can also be quite harsh when junior doctors are ignorant of some things or make mistakes. I have heard degrading remarks being uttered by senior doctors sometimes in front of patients, such as, "how did you manage to graduate?" and "didn't your medical school teach you this?"

Secondly, the working hours for junior doctors are longer in Singapore hospitals as compared to London hospitals. However, some hospitals in Singapore had tried a float night shift before COVID that showed potential to improve PGY1's working hours. Another practice in Singapore that stresses the junior doctors is that most senior doctors here expect the junior doctors to come about one hour before the doctors' round to familiarize with new admissions and events that occurred during the night.

Thirdly, the amount of administrative work is more in Singapore as compared to London. In London, the primary administrative work is the discharge summary. In Singapore, there are other documents such as Agency for Integrated Care (AIC) nursing home referrals, Covid Treatment Facility (CTF) excel form, etc. In London, some hospitals even have scribes and physician associates to support the medical team. Physician associates are post-graduates (3-4 years course). Junior doctors in these hospitals feel more supported in their daily administrative tasks.

Fourthly, there is a stronger respect for continuing learning in London. For example, the hospital team tries their best not to page the junior doctors from 12pm to 1pm as this is the time for junior doctors' teaching session which occurs once to twice a week. During these teaching sessions, the junior doctors will hand their pagers to their ward nurses.

What are some of the differences in your experience in patient care as a junior doctor in London as compared to Singapore that we can learn from?

The patients in London generally have a greater health awareness. Patients have greater autonomy in making decisions on their medical care apart from their family

members. Patients I encountered in London are informed of their diagnosis and relatives do not ask doctors to withhold such information from the patients. The public have a lot of trust in the hospital medical team, and they understand that the medical team is busy taking care of their loved ones. During my time in the London hospitals, there were no instances of relatives requesting regular updates from the medical team. At most, if the patients request, updates to family members were done at admission and prior to discharge. During the hospital stay, the patients will disclose whatever information to their own relatives that they are comfortable with.

Secondly, I also observed more collaboration between the different disciplines in the London hospitals. For example, the Geriatrics Department has a pre-operative service to optimize the elderly patients prior to their surgery.

Thirdly, hospitals in London take a strong stand to protect hospital staff against harassment by patients and their family members be it verbal, physical or sexual. Senior hospital staff will investigate each harassment report and recommend definite actions to prevent repeat offences. A London hospital can maintain a blacklist of patients who repeatedly harass staff of that hospital and subsequently when they turn up at the hospital again, they will not be registered to be managed at that hospital unless it is a life-threatening condition.

Finally, may I suggest that we re-think how we can retain experienced non-specialists in the public healthcare system as senior doctors. I have friends who are experienced doctors leaving the public healthcare system because they were unable to get into a residency program and they were not able to receive good work offers as non-specialists. They shared with me that when they stayed on as senior physicians, it was still MO work they were asked to do plus more responsibilities.

Thanks for giving me a chance to share and giving a voice to junior doctors.



*Our Junior Doctors are usually holding the fort at the frontline.
We should cherish and protect them.*

■ CM