

# SMA Junior Doctors' Survey 2008

The SMA Junior Doctors' Committee (JDC), comprising junior doctors from several graduating years, was recently convened after a prolonged hiatus. The committee was formed with the burden of lending a voice to the community of junior doctors in SMA and identifying the challenges that junior doctors are currently faced with.

Although anecdotal feedback had been received, a short electronic survey was designed by the JDC to identify potential concerns of our junior doctors.

## METHODS

The survey was anonymously administered via email from Nov 08 through Feb 09 to all SMA members who were registered with the Singapore Medical Council (SMC) from 2003 to 2008. In other words, the survey targeted incumbent house officers, medical officers and junior registrars or the equivalent. From a sample size of 1217 SMA members, 390 responses (response rate of 32.0%) were received as at 28 Feb 09.

## RESULTS

90.3% of respondents were local graduates. 95.9% are currently house officers or medical officers. 37.7% were undergoing basic specialist training (i.e. MO trainees or MO specialists). Only 5.6% of respondents were in non-clinical vocations (e.g. Pathology or Public Health).

79.7% of respondents felt that their current salary did not meet their expectations. Of this, 18.6% comprised House Officers and 78.8% comprised Medical Officers (including MO Specialists and Trainees).

75.4% of respondents remained in their current place of practice only because of contractual obligations or bonds. If they had not been bonded, 32% would either leave for private practice or leave the country to practice medicine elsewhere;

3.1% would switch to a non-medical career. Of the remaining respondents who would stay in the public sector, 71% would leave after completion of their specialist practice. 65% of respondents who would leave the public sector would do so for better working hours and better quality of life.

Most felt that the current number of night calls per month was acceptable and the ideal number of night calls per month was 3 or less. 41.5% felt that their biggest worry during a night call was not getting enough rest to cope with work the next day. 31.5% were worried about not being able to cope with the workload.

86.4% of respondents made, or came close to making a clinical error which compromised or would have compromised patient safety due to fatigue.

Only 26.8% of respondents felt that the current specialist training program was adequate. 13.2% were not confident of assuming the role of a junior specialist even after basic training. 9.8% felt that there was a severe deficiency in the current system of specialist training. The area which most felt needed improvement urgently was the amount of protected time for training.

91.8% felt that having a clinical mentor would be beneficial. Majority (51.5%) felt that the mentor would best be at registrar level.

53.3% of respondents were not interested in clinical research, with the most common reason being a lack of personal interest.

## CONCLUSION

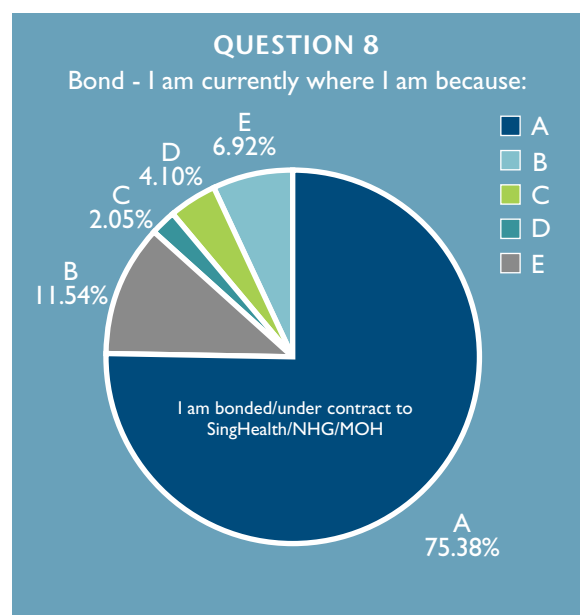
Currently, SMA membership for junior doctors (registered in Singapore from 2003-2008) stands at 23%. Hence, the responses of SMA members may not be representative of the sentiments of the population of junior doctors at large. Nonetheless, the survey achieved a credible response rate of 31%, and may have identified concerns and issues worth further deliberation. ■

## APPENDIX

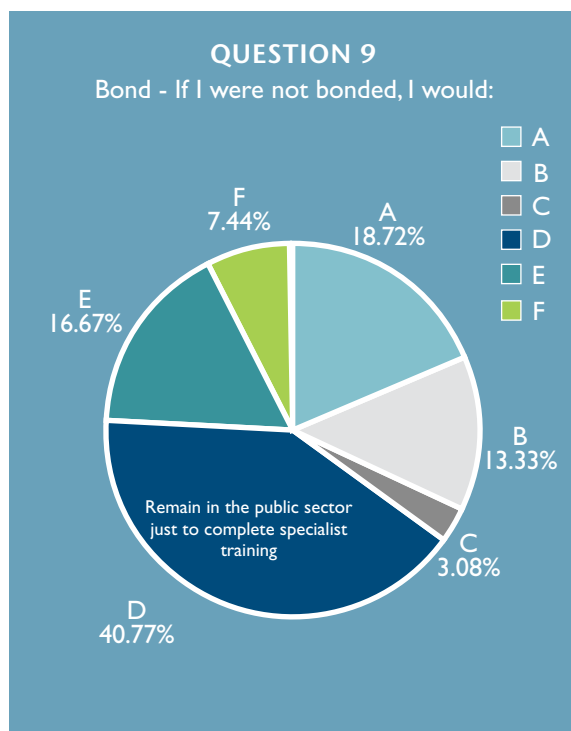
- 1) **About Yourself - Country of Graduation:**
  - (a) Singapore
  - (b) Other (Please Specify):
- 2) **About Yourself - Year of Graduation:**
  - (a) 2003
  - (b) 2004
  - (c) 2005
  - (d) 2006
  - (e) 2007
  - (f) 2008
  - (g) Other (Please Specify):
- 3) **About Yourself - Current Appointment:**
  - (a) House officer
  - (b) Medical officer (MO)
  - (c) Trainee
  - (d) MOS
  - (e) Others (e.g. Registrar, Locum etc. Please Specify):
- 4) **About Yourself - Vocation of Practice:**
  - (a) Medical
  - (b) Surgical (including Emergency Medicine)
  - (c) Non-clinical (i.e. Public Health)
- 5) **Remuneration: How much salary (monthly) would be reasonable for your current job (excluding night call allowances)?**
  - (a) \$2500 or less
  - (b) \$2501-\$3500
  - (c) \$3501-\$4500
  - (d) \$4501-\$5500
  - (e) \$5501-\$6500
  - (f) \$6501 or more
- 6) **Remuneration: I think that my salary:**
  - (a) Does not meet my expectations
  - (b) Meets my expectations
  - (c) Exceeds my expectations
- 7) **Remuneration: I am paying for the following every month, on average if applicable (you may select more than one):**

(Note: for the amounts that you are unable to input here, kindly indicate them in the "Remarks" box at the end of this survey. Thank you.)

  - (a) Repay bank loan for medical school tuition fees (\$\_\_\_\_\_ per month)
  - (b) BST training fees (\$\_\_\_\_\_ per month)
  - (c) Co-payment for 'popular' BST or seamless specialty training (\$\_\_\_\_\_ per month).
  - (d) Examination fees for specialty training (cost incurred so far: \$\_\_\_\_\_)
  - (e) Other (Please Specify):
- 8) **Bond - I am currently where I am because:**
  - (a) I am bonded/under contract to SingHealth/NHG/MOH
  - (b) I am satisfied with my current job/career path
  - (c) I am not aware of the options
  - (d) I have not considered this issue
  - (e) I am not bonded



- 9) **Bond - If I were not bonded, I would:**
- Leave the public sector for private practice
  - Leave the country for clinical practice overseas
  - Quit the practice of medicine and switch to a non-medical career
  - Remain in the public sector just to complete my specialist training
  - Remain in the public sector anyway
  - N.A. (I am not bonded)



- 10) **Bond - If I were to leave, or have already left the public sector, whether for private practice or a career switch, the greatest reason is/was:**
- Better financial returns
  - Better working hours/quality of life
  - Better prospects/professional advancement
  - Loss of interest in medical practice
  - I have no intention of leaving the public sector

- 11) **Training and Professional Development - (MOS, MOT and those intending to specialise, please answer A; all others, please answer B)**

A. With regards to the current training structure for junior doctors who intend to specialise:

- The training is sufficient - I am confident that I will be able to assume the role of a junior specialist after my BST training
- I am not sure that I will be able to assume the role of a junior specialist even after my BST training
- The training and supervision of trainees can be improved
- There is a severe deficiency in the current system of training

- 12) **Training and Professional Development - (MOS, MOT and those intending to specialise, please answer A; all others, please answer B)**

B. With regards to the current training structure for junior doctors who do not intend to specialise:

- The training is sufficient - I am confident that I will be able to function independently as a general practitioner
- I am not sure that I can survive on my own in general practice
- The training and supervision of non-trainees can be improved
- There is a severe deficiency in the current system of training for non-trainees

- 13) **Training and Professional Development - With regards to training (specialist/general practice), the area that needs improvement most urgently is:**

- Amount of protected time for junior doctors dedicated to training
- Immensity of workload that overwhelms teaching staff
- Lack of a teaching culture
- Inherent deficiency in training programme
- No improvements are necessary

- 14) **Training and Professional Development - Are you aware of how your performance is assessed by your department?**  
 (a) Yes  
 (b) No, I think the system should be more transparent  
 (c) No, I am not interested to know anyway
- 15) **Quality of Life - The number of night calls allocated to you every month is:**  
 (a) Acceptable  
 (b) Too many  
 (c) Too little  
 (d) N.A.
- 16) **Quality of Life - What is an acceptable number of calls per month?**  
 (a) 3 or less  
 (b) 4-6  
 (c) 7-9  
 (d) 10 or more
- 17) **Quality of Life - Have you ever made, or came close to making, a clinical error which compromised (or would have compromised) patient safety, due to fatigue?**  
 (a) Yes  
 (b) No
- 18) **Quality of Life - What is/was your biggest worry during a night call?**  
 (a) Inadequate supervision at night  
 (b) Not getting enough rest to work the next day  
 (c) Not being able to cope with the workload  
 (d) N.A. (I never had to do a night call)  
 (e) Other (Please Specify):
- 19) **Quality of Life - Do you think having a mentor would be beneficial to you? If yes who should he/she be?**  
 (a) Yes, senior staff (Associate Consultant and above)  
 (b) Yes, registrar  
 (c) Yes, senior medical officer  
 (d) No
- 20) **Clinical Research - Are you interested in clinical research?**  
 (a) Yes  
 (b) No
- 21) **Clinical Research - What is the greatest factor that hinders you from clinical research?**  
 (a) Lack of personal interest  
 (b) Lack of system to accredit accomplishments in research  
 (c) Unaware of career options involving clinical research  
 (d) Poor remuneration from clinical research  
 (e) Other (Please Specify):

