



Twelve Reasons

why we should (actually “must” lah) support the Residency Programme.

The Hobbit had originally written a more reflective article on the residency programme but some guys on the *SMA News* Editorial Board disagreed with the original approach. They sent me back to my drawing board because they wanted the Hobbit to be funny. Sheesh. Here we are, on an island that hosts the prestigious APEC Summit, landmark inaugural Youth Olympic Games and the all-powerful and pervasive World Toilet Association, and you still need a barefooted three-foot-tall guy to be funny? Gimme a break...

Anyway, I have been accused of being too negative recently over some things. I will now address this resolutely with this article, showing that I am actually positive about many things, including global warming, the financial crisis and the ban on Malaysian pork. Anyway, in line with my intrinsic optimism and belief that the folks in power always do the right thing, here are the Hobbit’s Twelve Reasons why we should (actually “must” lah) support the residency programme.

Reason #1

We should support the residency programme because it’s a great idea to attest to one’s department’s cohesion and collegiality. Basically, there will be three kinds of young doctors in the department – residents, trainees (old system of specialty training) and service medical officers (MOs). The residents will work less while the rest will work more

because the former get protected time for training. The residency programme will show that our trainees and service MOs are selfless folks who will work more and not complain in order that their resident-colleagues will get good, structured training. The programme will also show that our department chiefs, heads, division chairmen and CMBs are fantastically capable people who can make young people very and equally happy even when they have differing workloads but around the same pay.

Reason #2

We are going to adopt the American system, and the Americans are always politically correct. In other words, young female medical students/doctors going for residency selection interviews will NOT get Prof Chee Yam Cheng-type questions like, “Do you have a boyfriend/ fiancé?”, “Do you plan to get married?”, “Don’t you want to get married and have kids?” In the great United States of America, such questions are almost tantamount to sexual harassment and I am quite sure you cannot ask them in residency selection interviews. (Prof Chee: Please note)

Reason #3

We should support the residency programme because we will finally get to prove that some old policies are complete rubbish. Remember the days when only a second-year MO can work in the Accident and Emergency Unit (A&E) because first year MOs and

HOs were deemed too inexperienced for A&E, and hence not suitable for A&E postings? Well, with the residency system, some A&E residents will get to work there in the third posting of their first year of residency (equivalent to third posting of housemanship). Isn’t that neat???? I am sure if our A&E patients know of this, they will appreciate this positive development.

Reason #4

The residency programme will also provide good evidence to show that the young doctors now – the products of our much vaunted world-class education system – are much better than the products of yesteryear. Since they can become specialists as soon as five years after graduation when compared to those idiots long ago who took seven to eight years, these current folks must be a lot brighter and hence, they should be paid more too.

Reason #5

The residency programme will see medical students being selected as residents even before their MBBS finals results are released; they will be chosen based on results from their first four years of medical school. Such a revolutionary move can be extended to all levels of academic progression. For example, you can forget about the PSLE and choose secondary schools based on results from Primary 1 to Primary 5. Then, you can select admission into junior colleges by using results from only Secondary 1

to Secondary 3 without the 'O' Levels and so on. This is great revolutionary thinking on the part of our medical educationists which others should adopt!

Reason #6

The residency programme will demonstrate the selflessness of Yong Loo Lin School of Medicine (YLLSOM) graduates and the love they have for their Duke contemporaries, as they have a first year of residency that lasts 14 months as compared to Duke's 12 months. Again, I am sure these extra two months will provide the opportunity for the YLLSOM graduates to demonstrate the humility they inherently have, which will allow them to accept this extra training with gratitude and equanimity.

Reason #7

The MOH budget has increased considerably in the last few years. All that money has to go somewhere. Increasing existing salaries would be most inappropriate in a global recession. Might as well spend the money on training and paying trainers before someone decides to splash the dough on management consultants or some rebranding exercise...

Reason #8

A specialist said this during a townhall session, "The math doesn't add up in the residency programme." That person was saying that something has to give when the residency programme demands so much more resources as compared to the traineeship system. For example – can waiting times not be lengthened when surgeons supervise residents from "skin-to-skin"? The Hobbit thinks all this is unfounded fear. We are already learning New Math in our schools. The residency programme will demonstrate that normal concepts of mathematics, resource utilisation and waiting times do not necessarily apply to something that is unquestionably good and exceptional.

Reason #9

We behave true to tradition. In the fifties and sixties, we adopted the

British system and now we adopt the American approach. We have a tradition of following what waning empires and hegemonies do.

Reason #10

The residency programme is supposed to have a core faculty of trainers – specialists who devote a significant proportion of their time to teaching residents. There is some mention now that these trainers will be adequately reimbursed for their teaching efforts and the loss in time available to see patients, but no details are available. Hence we should support the residency programme because it demonstrates how our specialists are willing to dedicate themselves to teaching residents without even knowing how their teaching efforts will be rewarded vis a vis seeing patients.

Reason #11

We have been told that the introduction of the residency programme has got nothing to do with the first Duke folks graduating in 2011. But really, that's so unimportant. The real deal here is that many of these Duke graduates are supposed to be our clinician-scientists of the future. So they need all the help they can get because when they graduate, they are already about 30-years-old. So we should support the residency programme because this will inadvertently and coincidentally (the Hobbit stresses, only inadvertently and coincidentally) help Duke graduates become specialists faster when compared to the old traineeship system. They can then also become clinician-scientists faster. At the very least, if they don't choose to do so, the folks who put in place the residency programme cannot be blamed.

Reason #12

(The Only Not-so-Positive Reason out of Twelve Reasons)

The Grand Vizier Orc of Isengard, Morgoth Ukrask hissed to me recently, "The residency programme could well be someone's legacy. You never mess around with someone's legacy. In other words, it's very precioussssss." We

should support it out of fear of being chided, if nothing else. You don't want to end up being rebuked and labeled in public. You also don't want to run the risk of being asked unanswerable questions like, "Why are you against me?", "Why do you oppose change?" and so on.

Anyway, when I get old and need a specialist to treat me, I will first ask the specialist, "Were you a resident or a trainee when you were undergoing training?" And then I will choose the resident. You must believe me. The Ring I wear tells me to tell the truth to all of you. Let the Hobbit now conclude this month's very positive article with this...

"The Hobbit Residency Rap"

BOOMZ! We should and must support
residency
Just like we support urgency, hesitancy
and intermittency
Yo! Doctor, please don't criticise
Trust me, your words may get you
ostracised
Don't question and don't be negative
Some folks take things personally and
are very sensitive
If some things don't make sense
to you now
Please tell yourself, "That is because
I am just dull"
Hey, we need many more specialists fast!
So too bad, apprenticeship is a thing
of the past.
Trust the Americans to get healthcare right!
The traineeship system can go into
the night.
Let the residents see fewer patients
While the rest see more with pure zest
and elation
Hey baby, I know it sounds paradoxical
And some may even whisper,
"It ain't practical..."
But remember brother, you must not
oppose this change
Lest they call you inappropriate or strange
You can decide which facets of truth you
want to see
Unlike with BPH, then surely you
cannot pee
BOOMZ! 