

By Dr Tan Yia Swam, Deputy Editor

The NEW eMOPEX: Factors Influencing Your Posting

We interview our favourite characters to ask them what they consider while making their decisions for the new, decentralised MOPEX.

Mr Soh Nott Mi (final year medical student)

“Whatever! HOPEX is even worse – anyway, I need to pass final MBBS first! Less than 3 months away, I’m so screwed... Just heard that Prof K feels that our curriculum doesn’t prepare us for real working life, because most of our practice will eventually be in public health rather than acute care. So what did I do all my hospital postings for? Why all the mugging and memorising of Bailey or Harrison? Yet if I don’t, the examiners laugh when I cannot tell them the diagnostic criteria of antiphospholipid syndrome! But at least I can clerk patients, take blood and do discharge summaries!”

Dr Buay Song (disgruntled male HO, younger cousin of Dr Buay Zai See)

“On come on! I attended the briefings. All of us HOs-turned-MOs have to do emergency medicine posting and one hardship posting – no, “posting-in-need”. And we are reminded that unless one is known to the HOD, or has certain significant surnames, one will find it hard to get one’s first posting of choice, especially if it’s a popular one. I sure die *liao* – only got Buay Zai See and Buay Pai Say in my family; they are of zero political leverage to me!”

Dr Lobbo (male houseman who signed up with Hogwash Hospital)

“Lobbo is happy to serve in whatever capacity required. Lobbo humbly hopes that in demonstrating eagerness and willingness, Lobbo can get his posting and specialisation of choice. More importantly, join Slide-N-Win and prosper when Hogwash prospers. Ooh *BAD* Lobbo! *BAD* Lobbo! Cannot talk about profits and money when life is at stake! Lobbo must do extra calls to punish himself!”



Dr Ai Geef Arp (first year female MO)

“On no! I’m not a trainee yet so I may be placed to serve a hardship posting – no, “posting-in-need”! And they are phasing out the hardship compensation money as well as the money-in-lieu of post-call! Very strange concept – as far as I know, no one since 2007 has gotten money-in-lieu. Oh boy – if there were, I would be owed a LOT of money. While in GS, no one goes post-call. At least, not if you wanted to do surgery. I did all the right things, but still cannot get traineeship, how? How?!”

Dr Buay Zai See (final year surgical trainee)

“Oh well. Sh*t happens. Since I couldn’t get a registrar job, I will still have to apply for MOPEX. From the briefings, seems like there was enough common sense to help trainees get into relevant postings. Now I wonder if there is a centralised registrar allocation, so that anyone who’s eligible will know when there’re AST jobs available, apply and get employed based on merits rather than by hear-say, or by “talking to the boss”. Networking is all-important, and so is being in the right place at the right time. Sometimes I wonder if it’s still worth it to play the game, but then, I have a family to feed. So just work and work and hope for the best.”

Dr Tan has resolved her quarter-life crisis. No need for sportscars or branded handbags. A perfect day is one spent enjoying the sunset on a beach, in the company of that special someone. Having a martini and/or a margarita as well would be heavenly.

Dr Seow Kah Kia (*first year surgical registrar*)

“I’m not affected by MOPEX – thank goodness I got a registrar job! The conference in France went really well. Zai See is quite unfortunate *lah*, he was in the right place at the wrong time. I mean, with me around, he would have found it hard to get the job; that’s why he left. One needs to network with the right people and talk to the right boss. Must play the game and keep the mouth shut *lah*. Sigh, what WERE his parents thinking when they named him?”

Professor Tua Tao Kay (*senior Surgical Consultant at Singapore Fictional Hospital*)

“I fully approve of the choice-driven MOPEX. Let the HODs choose who they want. Personally, I like to handpick my own team of MOs – it has been a well known process for years. Who wants an MO who is not talented, or worse still, not interested? I can train a monkey to operate, but the monkey must still have a brain and a reasonable pair of hands.”

Mister Moe Ree Lax (*senior Con and HOD of Surgery, Chill-out Hospital*)

“I’m cool about MOPEX – I welcome all MOs, especially sweet young things of the female persuasion, hahaha! Oops – best take that back – these female MOs nowadays are quite fierce. Oops! Another faux pas! Hahaha, I think everyone should lighten up more, joke a bit more and laugh a bit more. I wonder if I can include “sense of humour” as a compulsory trait for my MOs and registrars. Otherwise, everyone’s so scared and quiet in the OT and M&Ms. Year after year of terrified obedience is getting to me. Now that I’m getting older, I want to be surrounded by happy faces and laughter!”

Professor Tio Sah Bo (*HOD of Dept of Fictional Surgery, SFH*)

“I agree with Prof Tua; I generally agree with him about most things. I understand the need for general training so I try to take in a mix of baby MOs and trainees, but I have to admit it is quite tiresome to have to keep training new people over and over again. Strangely though, I’m not sure why trainees seldom come back to us. Mr Moe is stealing all our good trainees! What is he doing differently there? I can throw a BBQ as well as he can! Though.. I need my trainees to be quiet in the OT so that the team is focused, and be serious during meetings because we take our meetings very seriously.”

Professor Dumb-old-bore (*Headhunter of Hogwash Hospital*)

“While I would NEVER dream of speaking against another MOH directive – after all, Hogwash lives to serve, for the right price – I have to admit that allowing all MOs to apply to all postings may not be quite ideal. There will be some over-subscribed postings and some unpopular ones. It is rather difficult to have to reject so many MOs applying to my hospital. On the other hand, I am glad I get to choose my MOs. We have to be... *select* regarding the *caliber* and *mindset* of the type of people working here. Too many Give-It-All members lower our profit margin. Meanwhile, I beseech all our readers to remember our excellent service quality and care when it comes to choosing hospitals. Here’s wishing us prosperity and reasonably good health in the new year!”