

Leadership by Example - 3 Senior practising family physicians signing up for the coming GDFM intake

By Dr Lee Kheng Hock

Leadership by example calls for leaders who are prepared to say, "Do as I do and not do as I say." Three senior members of the family physician fraternity had signed up for the new intake of the GDFM program. Despite their seniority, they had no qualms about being coursemates with newbies who had just joined the fraternity. In their eyes, structured vocational training in family medicine is a commitment to quality and the validation of family medicine as a distinct discipline. The College Mirror took the opportunity to speak to the trio.

Dr Cheng Heng Lee, is a veteran family physician in solo practice. He is a Director of Health Maintenance Office Pte Ltd, a doctors' 'co-operative' with more than 40 general practitioners as share-holders.

Dr Wong Weng Hong, is one of the founding physicians of Healthway Medical Group. He is presently the Chief Executive Officer of the group practice.

Dr Goh Jin Hian is the Executive Director of Parkway Shenton Pte Ltd.

CM: *Some doctors feel that there is no need for practising doctors to sign up for structured training in family medicine. As senior family physicians with many years of experience, what are your thoughts?*

only update and expand my knowledge and skills but also allow my competency to be validated through formative assessment.

Dr Wong: As physicians, our perspective



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- Dr Cheng Heng Lee, Director of Health Maintenance Office Pte Ltd

Dr. Cheng: We always believe that family medicine is a distinct discipline with its set of required core knowledge and skills. Personally, as a practising family physician, I want to satisfy myself that I meet these requirements. The structured training conducted by the College will not

must always be patient-centric. Whatever that will help bring better care and outcome for the patients should be supported.

The questions that some doctors may have is whether the current program will

really help them deliver better care, counting in the investment in time and money. These issues are especially pertinent for the GP's in the private sector, especially those in solo practices.

Dr Goh: I personally believe that structured training is necessary in all fields, and not just medicine. Such structured training and the accompanying work experience should be documented and audited, and there should be open sharing of knowledge and experience to create a learning environment.

CM: *A common perception is that further qualifications is just paper chase that is useful only if one is in government service or in public practice, where it is recognised for promotion. Do you agree?*

Dr Cheng: I believe there is further value beyond just the piece of paper for promotion purposes. Regardless of level, whether it is graduate diploma, masters or fellowship, all the structured programs are practice oriented. The objective has always been to have doctors who will be more effective in patient care.

Dr Wong: If "paper chase" is the common perception, then perhaps we have not done enough to communicate that the programs are designed to help us deliver our best to our patients. Again we need to be honest and look at what we have done to see if the programs really fulfill this objective.

Perhaps the best thing to dispel the misconception is to listen to what some GP's, especially those in solo or small practices, want to see in a patient-centric program.

Dr Goh: I do not think that paper qualifications in themselves are important. However, if the paper is a by-product of a structured and systematic form of continuous training and education, then I have no issues with that. A paper chase, however, can be harmful if a doctor feels that the paper signifies the completion of education in any medical field. The fact is, education never ends and must be continuous.



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, Parkway Shenton Pte Ltd

CM: *Some people feel that family doctors do not need to be highly trained as they should refer all the complicated cases to the hospital. What are your views on this?*

Dr Cheng: Referring a complicated case to hospital initially for workup of diagnosis and management is reasonable but family physicians still have to play the role of an integrator of care or to continue the care of the patient in the community after he or she is discharged from the hospital. Patient often look to their family doctors for advice and information on health.

The care provided by specialists and sub-specialists in hospitals tend to be fragmented. A high level of knowledge and skills is necessary if we expect family doctors to provide holistic continuing care to such complicated cases.

Dr Wong: Family doctors need to be safe, be aware of their gaps and weaknesses and know when to refer cases that are beyond their scope to facilities best suited for the patients. Family doctors serve a unique purpose in the community. Once we are clear and have an agreement on what our purpose is, then we will know how well we need to train ourselves.

Dr Goh: It is quite common to find specialists referring to other specialists when a patient has concomitant medical conditions. This may be a malady of sub-specialisation or simply a case of doctors being more conscious of medical

litigation. Family doctors are unlikely to behave differently. I feel that family doctors should be well-rounded in their training and competent, so as to be able to know when a patient needs to be referred and whom to refer to. This is different from



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being 'highly trained'. It may be detrimental to a patient if a doctor continues to manage a patient, failing to recognise that it is clearly outside his area of expertise.

CM: *What are your visions for professional development of family doctors in Singapore?*

Dr Cheng: Presently only 7.6% of the 4,086 registered, "non-specialist" doctors are vocationally trained through structured programs such as the MCGP, MMed or GDFM. More practising family physicians should take up structured training programs. This way, we will send a strong

message to everybody that family physicians possess special skills and knowledge that can be validated and we are all committed to professional development.

Dr Wong: People choose to be family doctors for a variety of reasons, but I hope we have one key overlapping and overriding reason that is common to us all, i.e. to serve the patient the best we can. If we all believe in that and together work on it, professional development and greater self-worth will follow.

Dr Goh: I believe that ultimately, all doctors should practise in groups, where they are subject to peer review and where they can freely discuss cases in a supportive atmosphere. Whilst CME and other training programs can, to some extent, ensure continuous education, there is still no way of determining how such

education is applied in practice when a family physician operates on his own without any form of audit.

Groups of family doctors can also internally decide on which area each individual doctor should take a special interest in.

This ensures an even spread of skills that can be developed in the GP community. We then won't have a situation where every GP wants to be trained in 'the flavour of the month', for eg. anti-aging, aesthetics, etc, leaving the unglamorous fields bereft of good physicians.