



The Seminar

The Transforming Primary Healthcare seminar was conducted on 15 May 2004 to share experiences after the study visit. The opening address was given by Prof K Satku. (See front page) The seminar was chaired by Dr Arthur Tan.



A/Prof Shanta Emmanuel

Role and status of General Practitioners in Glasgow and in Singapore

A/Prof Shanta Emmanuel then kicked off the seminar with a presentation of the role and status of General Practitioners in the two countries. She noted that general practice in the past 20 years has been undergoing remarkable changes as part of the increasing prominence of primary care and this was a global phenomenon.

Successive UK and Scottish governments in their discussion papers and policy documents have called for greater attention on primary care, the latest document being 1st April 2004.

Reforms to Primary Health Care has been targeted at two levels. First at the level of service contracts between NHS and the general practitioners and second, at level of professional licensing mandated by General Medical Council. The certification to practice is revalidated every 5 years. Revalidation is expected to be implemented in UK by end 2004 and all general practitioners have to be re-validated before they can continue to practice.

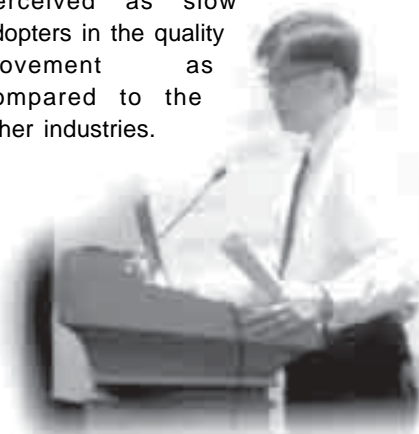
In comparison, there has been also been increasing attention directed at the primary care setting in Singapore. The Health Minister has defined his directives for primary care. (See following figure)

Minister's Directives for Primary Care

- **Family Physicians should do more than provide just outpatient care, ie, provide holistic family care**
- **Promote healthy living – focus on health promotion and disease prevention**
- **Strengthen the role of the family Physician – “Every Singaporean should have a good family doctor”**
- **Focus on Quality Of Care and not Quantity of Care**
- **Audit of Care important and to focus on good outcomes**
- **Exploit IT in primary healthcare provision**
- **Implement an Appointment System in Primary care clinics**

Quality Assurance: Audit & Significant Event Analysis

Dr Lee Kheng Hock presented the development of quality assurance activities in the Scottish scene. He noted that quality assurance is the clarion call for all health service providers. The medical profession has often been perceived as slow adopters in the quality movement as compared to the other industries.



Dr Lee Kheng Hock

Confusion between means and ends often result in suboptimal effort and outcome. Understanding the history and definition of quality helps us to stay focus on means and ends. Audit of clinical practice and significant event analysis had proven to be very effective tools in quality assurance programs in the medical

services. Increasingly it is adopted as essential knowledge and skills in vocational training and continuing professional development.

In UK, quality assurance has been incorporated into the new General Medical Services contract of United Kingdom's National Health Service (NHS). It has introduced a novel way of rewarding quality by paying for achievement of quality indicators. Quality assurance is also incorporated into the recently introduced 5-yearly revalidation process of doctors there. The NHS is able move in this direction largely due to its consistent effort in funding and developing a nationalised primary care delivery system. The new contract for GP had been hailed as the biggest and boldest initiative at quality improvement in primary care that the world had ever seen.



Dr Tan Chee Beng

Training and Education in Family Medicine

Dr Tan Chee Beng presented the training and education developments in the UK. He noted that UK has a fairly well established system of educating and training general practitioners. Undergraduate training is guided by the recommendations of the General Medical Council. This is to ensure undergraduate training produces “tomorrow's doctors”.

General Practice is recognised as a distinct discipline and all doctors intending to practice as general practitioners must undergo structured vocational training. The Summative Assessment is a test of minimum competency and trainees must pass

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before they can become GP principals. The MRCGP is a College examination which is set at a higher level. All GP trainers must possess the MRCGP.

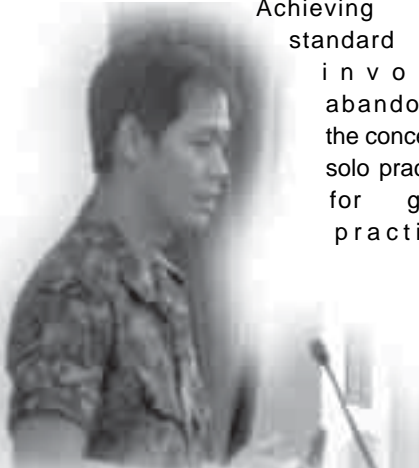
There is increasing emphasis on continuing professional development of general practitioners in UK. Peer appraisal ensures maintenance of competency through a formative process of reviewing consulting skills, significant events, referral and prescribing patterns. There are lessons to learn from the UK system of educating and training general practitioners. We need to review our current system of training family physicians in Singapore towards an increasing emphasis on continuing professional development.

Service delivery

Dr Goh Jin Hian presented the service delivery aspects in the Scottish scene. He noted that service delivery broadly encompass professional aspects and the physical clinic / practice structure aspects.

The main aim of professional service delivery is to improve the way the healthcare system manages diseases within a country. Ultimately, the people will enjoy a better quality of life at an economic cost that is acceptable to all stakeholders.

Achieving this standard may involve abandoning the concept of solo practices for group practices



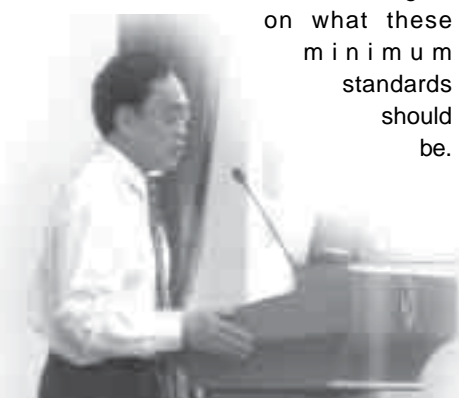
Dr Goh Jin Hian

where lifelong learning can be encouraged by organisational programs and audits. It may also require the restriction of patient care to a specific group of doctors, so that the management

of diseases can be coherent and the doctors can be made responsible for attaining the desired clinical outcome. To achieve the goals of community programs, a multi-faceted approach, involving practice managers, nurse managers, physicians, pharmacists and therapists, is required and should be coordinated from a national perspective.

Ensuring uniformity of quality standards in the physical clinic and practice structural aspects between the public and private sectors is challenging as it involves funding issues. And also whether a competitive free market is better than a controlled environment. For example where minimum standards are met but there is lethargy to go the extra mile. In this context, all stakeholders need to agree

on what these minimum standards should be.



A/Prof Cheong Pak Yean

Raising service delivery standards in primary care in Singapore will require a roadmap, spelling out the processes and protocols to be followed, how these will be audited and how continuing professional development is carried out to achieve lifelong learning and improvement. A carrot and stick approach may be ultimately necessary.

Lessons learnt

A/Prof Cheong Pak Yean presented the lessons learnt by the study team. We learnt not just from the didactic programmes organized but also from visiting GP practices and discussions with doctors and other members of the primary healthcare team in Glasgow.

Organising primary care teams into group practices with a number of doctors and

other healthcare workers under one roof has many strengths. Ensuring minimum competency for independent practice in UK has ensure a consistent and uniform standards. Video to teach and assess consulting skills is well established in the various training programmes. The well-funded NHS Education Trust has resulted in a robust and sustained vocational training programme. A range of quality



A/Prof Goh Lee Gan & Dr Tan See Leng chairing Q & A session.

assurance measures are gradually put in place to monitor and improve primary healthcare delivery.

Finally, because of the active participation of the various stakeholders of primary care in Singapore in this study trip, there is also a greater awareness of the positive measures that must be taken together to reform primary healthcare in Singapore.

Question & Answers

In the question & answer session, several questions were asked on improvement of primary care. It was noted that there would be a need to attend to several aspects of infrastructure support, training, and creating better confidence and positive image of the general practitioner in the minds of the patients.



Question & Answer session