

And the Work Goes On...

by Dr Wilson Eu, Editor

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2009 - 2011

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Twelve months ago, Family Physicians everywhere were confronted with the specter of the flu pandemic. Practicing medicine in the community became like a military exercise involving strategies ('revised flu pandemic framework'), equipment (secure supply of PPE), ammo (national antiviral stock-pile) and communication (middle of the night MOH MedAlerts via SMS). Thankfully all that is behind us as influenza A (H1N1-2009) takes its place as another member of the many viruses that we are confronted with everyday. Now that all the action and excitement has abated, work of the College seems more prosaic and run-of-the mill.

Nothing could be further from the truth.

FMMC (Family Medicine Modular Course) is coming of age

For 10 years, the FMMC has formed the backbone of the teaching and academic learning for those who undertake the Graduate Diploma in Family Medicine (GDFM) and the MMed (FM). From August 2010, doctors will be able to participate in individual modules of the FMMC. They will have access to the soft copy of the course notes before the workshops. After pre-reading, participants can check their learning through an online MCQ assessment and earn CME points too. Workshops centre on case scenarios commonly encountered in everyday practice. Discussions will be lead by a resource person who is a specialist in the topic and enable participants to crystallize the application of that topic's learning points to their individual practices. CME points are earned here too.

Of import is news that participating and completing individual modules of the FMMC will enable suitable doctors to enter the Family Physician Register (FPR).

FMMC is sometimes confused with Family Practice Skills Courses (FPSC). FPSC is a separate course run as a continuing professional development programme of the College with the reading materials in the Singapore Family Physician. FPSC will continue to be provided by the College.

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Attending courses like the FMMC is all about keeping ourselves current and skilled to be a better Family Physician. Does it make a difference? In this issue, a few doctors who are doing the GDFM and some who have done the courses/are involve in teaching it will share their individual stories.

College e-Digest

A new initiative which the Practice Management committee will roll out is the setting up of an online newsletter. E-Digest will compliment the College Mirror as a timely communication platform. Information will be pushed to the e-mails of College members on a quarterly basis. Establishing an e-newsletter will also enable the College to rapidly download and disseminate advisories and circulars. This would be particularly useful in situations such as the H1N1 outbreak.

It would also enable us to obtain feedback from members and conduct e-feedback polls.

Where is the value of training? How can we make it real?

Minister Khaw Boon Wan in one of his many speeches exhorting Singaporeans to have a personal FP said, "Good GPs are our unsung heroes. They do not appear on TV or in newspapers, promoting beauty treatments to the rich and famous. They work long hours, persuading Singaporeans to eat a balanced diet, exercise regularly, control their blood pressure and quit smoking. They also comfort the terminally-ill, supervise home-nursing of the severely-disabled, do home visits so that elderly patients can avoid unnecessary trips to hospitals.

Our healthcare system today is strong. Our doctors are largely dedicated and ethical. They retain their strong noble calling to serve the weak and the infirmed. But will the future be the same? I alone cannot provide the answer. The answer must come from the society at large. What value, Medicine? How much are you paying your GP for a consultation session on managing your diabetes which may save your toe? How much are you paying another for a session to whiten your skin?

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(from page 3 - And the Work Goes On...)

If we, as a society, misalign our priorities, we cannot blame doctors for shifting their focus.... We must ensure that GPs continue to find it meaningful to be good GPs, serving the community at large."

(Opening of the Singapore Disease Management Conference 2008 & 1st International Conference on Healthcare Transformation 09 May 2008)

Thus there are a few steps after the training and the FPR, that must be in place so that the potential of a trained family physician to be realised.

Singaporeans have a deep trust in the ability of the Government to deliver on healthcare. The recent Accenture Citizen Experience Study (ACES):2010 shows that:

- Singaporeans trust government to make improvements in healthcare. Almost nine in ten (86%) have some or a great deal of trust in government's ability to deliver improvements. These are overwhelming levels of confidence.
- Government is seen as a primary player in healthcare in Singapore. More than seven in ten respondents wanted them to play a greater role in four key areas of healthcare: responding to health epidemics (79%), setting and maintaining quality standards (76%), promoting healthy living (70%) and providing services directly to citizens (71%).

Thus the College (Profession) needs to work with MOH (policy makers) to ensure that the public, press and third party payers are aligned in this worthwhile vision.

Do Singaporeans recognise "The real McCoy"?

Recently, on Facebook, MOH posted the following Question of the Week (April 27), "The 'One Family Physician for every Singaporean' is a vision that we hope will gain ground with more and more Singaporeans. A good GP who is well trained to provide all-round healthcare service can be that family physician who looks after you and your family on a continuing and trusted basis. Do you have Family Physician? Share with us your personal experience with your FP." (<http://www.facebook.com/sghhealthminister>)

The posts in response were illuminating. Contrary to the

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maligned view of FPs as cough and cold doctors or pencil pushers writing out referrals to hospitals, many Singaporeans wrote of a close relationship with their personal Family Physician.

JC

"Rather clinic hopping, we stick to one FP (essentially paying the same cost for me) as we have the peace of mind, knowing that our FP knows of each members past illnesses, allergy and recent medical record well. Instead of 'I'll give you medicine for sore throat, fever, and mc', it'll be 'he reacted to this medication well last time, we can try and going by experience, he should get better in 3 days time.. "

That being said, few GPs are willing to provide that type of service without additional charge. My FP is always happy to spend a quick 5 mins doing a 2nd review of my condition or to discuss related conditions that might affect my other family members, and not charge me if no follow-up is required. That element of 'family-centric service' is rare in Singapore."

“The FP knows our every "intimate" medical detail and is in a position to actually advise or even chastise you about your own lifestyle that impacts your body.”

-TSH

Others shared about a rapport stretching many decades:

TSH

“My family has had the same family physician for the last 30 years. He was actually a doctor who had worked with my mum when she was a Nursing Officer in the 60's ; He left the government hospital to set up his own private practice and my family still goes to him today. He's on the brink of retirement so some of us have "switched" to seeing his Dr Nephew. The close rapport you have with a family physician is something you will never find walking into any clinic. The FP knows our every "intimate" medical detail and is in a position to actually advise or even chastise you about your own lifestyle that impacts your body.”

Many expressed comments indicating the great value placed on having an 'all-rounder':

LT

“I think that's definitely something we should explore. I have a family physician who has been looking after my family for more than 30 years. It is not just basic medical treatment he provides; rather, an all-rounded physician care that includes counseling on various lifestyle issues and liaison with other specialist doctors (where needed). That has allowed for proper follow-up care and appropriate treatment. I have learnt that having a family physician actually saves me costs and time. Since my FP knows my medical history well, he understands what works for me and what doesn't, thus eliminating unnecessary costs spent on drugs I don't need. He also knows when I need to be referred to a specialist or when to order blood tests, etc. So again, I am not put through unnecessary tests and consultations. This will in turn, reduce the patient load of other specialist doctors and in the long run, reduce patient-waiting time and costs. I understand the polyclinics now run a FP program so it is affordable for the general public.”

And for some, even after retirement when costs are (presumably) no longer borne by a third party,

PSL

“... Having developed an excellent TRUST relationship with my ex-company Dr, I decided to continue using them as my Family Physician even after my retirement from service 1 1/2 yrs ago.

... At least for my family (parent, siblings & niece & nephew) there is synergy and holistic medical care for all members. “

Thus, there is an existing level of appreciation and confidence in the work of Family Physicians in the community. We should continue to educate, cultivate, and market our seminal roles in giving personal, primary, comprehensive and continuing care of individual patients in the context of their family and their community. At the same time, policy issues such as appropriate access to government subsidies by patients and for doctors: access to necessary subventions in order to maintain high practice standards and teaching must be in place.

In this issue we welcome Dr Kelvin Goh to our Editorial Team A. He is a FP leader in his practice and will bring a fresh perspective and drive to the team.

39th Annual General Meeting

As the 22nd Council approaches our annual AGM, the call goes out to all members to come and participate in our Annual General Meeting. It will be held on Saturday, 26th June at 4pm, Level 2 Auditorium, College of Medicine Building.

And so, the work goes on. So, come join the College and have a hand and a say in how we can make Family Physicians the preferred primary care providers in our community. **ICM**