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On Numbers, Settings and Teamwork in Family Medicine

The Permanent Secretary, Ministry of Health, Mr Chan Heng Kee spoke at the dinner on 25 February 2017 to celebrate the 30th Anniversary of Family Medicine (FM) in NUS YLL School of Medicine. He traced the evolution of FM education in Singapore, paid tribute to FM leaders who developed the infrastructure before delving into the three elements going forward viz. Numbers, Settings and Teamwork.

Mr Chan Heng Kee

Evolution of Family Medicine Education in Singapore

When undergraduate Family Medicine training was first started in 1971, it entailed a one-week posting to a GP clinic. This was supplemented by ten lectures on General Practice, organised by the then College of General Practitioners. In 1987, Family Medicine was formally recognised by the NUS Faculty of Medicine as an academic discipline. A dedicated Academic Family Medicine unit was set up.

Fast forward to today - Family Medicine is part of the core curriculum in all three medical schools in Singapore. The curriculum has also been enhanced. Since 2007, Yong Loo Lin has had in place an 8-week Family Medicine rotation that includes stints at polyclinics, GP clinics, as well as sub-acute, rehab and palliative care units.

We also have a robust postgraduate Masters of Medicine residency programme in Family Medicine. In addition, the Graduate Diploma in Family Medicine and Programme B, both run by the College of Family Physicians Singapore, provide opportunities for practising GPs to upskill themselves in Family Medicine. Fellows of the College have since 2014 been inducted to the Chapter of Family Medicine Physicians, Academy of Medicine Singapore - an endorsement of the discipline.

These strides were only possible because many family physician leaders had played an active role shaping Family Medicine education and practice since the early days. Among them are the late Dr Wong Heck Sing as well as other family medicine leaders including Dr Lee Suan Yew, Dr Alfred Loh, Associate Professor Goh Lee Gan, Associate Professor Cheong Pak Yean and

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ON NUMBERS:

"60% of the doctors in polyclinics and GP clinics are accredited as family physicians … about 1,700 today...We need to double this to 3,500 by 2030..."

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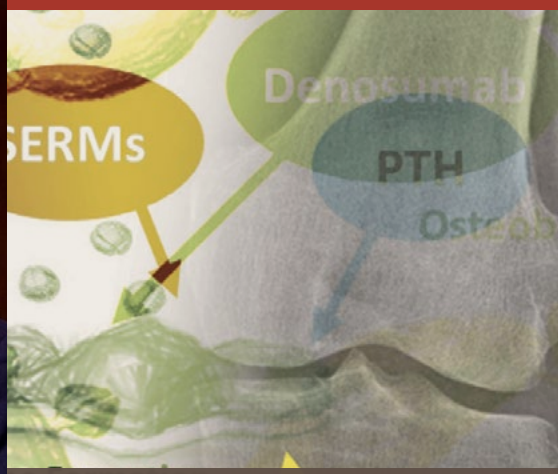

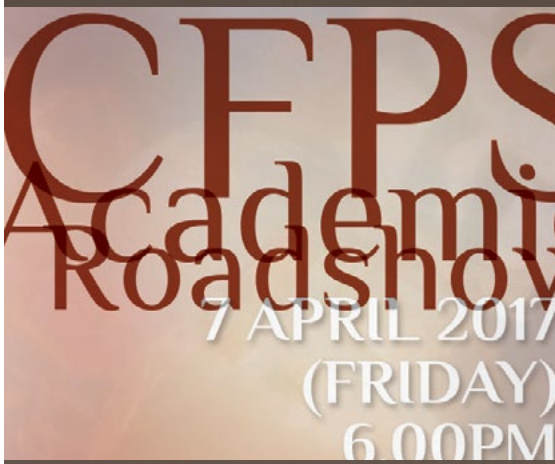

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Associate Professor Lim Lean Huat. Some of them are amongst us this evening. May I ask you to join me in recognising their immense contributions.

Three Elements Shaping Family Medicine Education

Family Medicine has come a long way - as an academic discipline and as an integral part of healthcare delivery. Today, about 60% of the doctors in polyclinics and GP clinics are accredited as family physicians. As we look ahead to meet our future healthcare needs, there are a few elements which I think Family Medicine education and practice will have to take into account – Numbers; Settings; and Teams.

More Family Physicians Needed

Let me first talk about Numbers. To put it simply, we need to train more family physicians. All of us know of our rapidly ageing demographics, increased chronic disease burden and case complexity. We also know that a hospital-centric healthcare system is unsustainable. We must therefore put more focus on person-centred primary and community care, to enable Singaporeans to be comprehensively cared for, through their life journey, in the community. I believe this is in line with the principles of good Family Medicine.

We have about 1,700 family physicians today. Based on MOH's preliminary projections, we need to double this to 3,500 by 2030, particularly in primary care in GP clinics and polyclinics. These are where most patients will, and should, turn to as their first and continuous line of care.

Our education and training pipelines must be able to respond to meet these needs. This is why MOH has set up a workgroup to review how the Family Medicine residency programme's training pipeline can be enlarged, while maintaining standards. We are also working with the College of Family Physicians Singapore to strengthen its GDFM in chronic disease management, geriatrics and mental health.

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Standing (from left): A/Prof Lim Fong Seng, A/Prof Yeoh Khay Guan, Dr Tan See Leng, A/Prof Chen Fun Gee, A/Prof Quek Swee Chye, A/Prof Kenneth Mak, Mr Chua Song Khim
Seated (from left): Mr Chan Heng Kee, Dr Lee Suan Yew, A/Prof Benjamin Ong

Standing (from left): A/Prof Cheong Pak Yean A/Prof Lau Tang Ching, A/Prof Aymeric Lim, A/Prof Dan Yock Young, A/Prof Lee Kheng Hock, Prof Lawrence Ho
Seated (from left): A/Prof Lim Lean Huat, Prof Lee Hin Peng, A/Prof Goh Lee Gan

ON SETTINGS:
"By 2030 …we expect 10% of family physicians to be practising in community hospitals."

Working in Different Settings

Second, Settings. Today, close to 90% of our family physicians practise in GP clinics and polyclinics. Only about 2% practise in community hospitals. The rest work in acute hospitals and other settings.

While GP clinics and polyclinics will continue to anchor care in the community, the need and role of Family Medicine beyond these traditional primary care settings will grow, especially in intermediate and long-term care. By 2030 for example, we expect 10% of family physicians to be practising in community hospitals.

Training programmes must therefore expose Family Medicine trainees to different settings. More exposure in less-traditional areas such as palliative care, community hospitals, transitional care and home care, are needed for trainees. For those whose practice is based in community hospitals, a more targeted training approach might have to be developed. MOH has thus started discussions with the College of Family Physicians Singapore to explore how Family Medicine training can better support care in community hospital practice.

Working Together in Teams

Third, Teams. The family physician of the future, regardless of his work setting, will increasingly work within a team of providers. This is inevitable; driven by the increasingly complex case mix and fast pace of medical advancements. Given smaller families and diminishing family support, family physicians will also find themselves having to do more to coordinate care for patients. Even the most well-trained ones will need the support and collaboration of other members in the healthcare family.

The importance of team-based care in chronic disease management is a key reason we developed Family Medicine Clinics and Community Health Centres. It is also why we are working to strengthen links between primary and specialist care, such as through direct access to specialist outpatient clinics for selected conditions based on established protocols.

From left: A/Prof Lim Fong Seng, Mr Chua Song Khim, A/Prof Benjamin Ong, Mr Chan Heng Kee, A/Prof Yeoh Khay Guan, A/Prof Quek Swee Chye, A/Prof Dan Yock Young, A/Prof Goh Lee Gan

Teamwork is also relevant in the context of GP clinics. MOH is developing the Primary Care Networks concept to bring solo GPs together in networks. We hope that this will enable them to share administrative and clinical resources, and explore opportunities for collaboration. We have also developed GPConnect, an IT solution for GPs, to strengthen links across the sector and with Regional Health Systems.

ON TEAMS:

"The most important element for team-based care …is not structure and systems, but people."

The most important element for team-based care to succeed is however not structure and systems, but people. Beyond the acquisition of clinical knowledge, emphasis will need to be placed during the education and training of young family physicians, on practical skills in team-based practice. We hope that family physicians and Family Medicine educators can embrace this philosophy of inter-professional collaboration in their practice, learning, as well as teaching of junior doctors.

Conclusion

Ladies and Gentlemen, the NUS Yong Loo Lin School of Medicine has made commendable efforts to nurture the growth of Family Medicine in Singapore over the past three decades. We know that it will continue to play a leading role in Family Medicine. I am confident it will evolve its education and training system and methods to meet the challenges ahead, including the three elements which I just spoke about.

To all family physicians with us this evening, thank you for your dedicated service. We believe the future holds exciting prospects for primary care and Family Medicine. We look forward to your continued contributions in shaping our healthcare system for the future, so that Singaporean can enjoy better health, better care and a better life.

Images courtesy of NUS Division of Family Medicine

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A Tale of 3 Clusters

Interviewed by Dr Phua Cheng Pau Kelvin, FCFP(S), Editorial Board Member

The six regional health systems in Singapore will be reorganised into three healthcare clusters for the central, eastern and western regions. Polyclinics will also be reorganised, in line with the geographical reach of the three new clusters.

- **Central**: Alexandra Health System will merge with National Healthcare Group (NHG)
- **East**: Eastern Health Alliance will merge with Singapore Health Services (SingHealth)
- **West**: Jurong Health Services will merge with National University Health System (NUHS)

There are a few major challenges in healthcare for Singapore over the next few decades:

1. The increasing healthcare needs of an ageing population
2. Increased chronic disease burden
3. The need to manage future growth in healthcare manpower and spending (i.e. increase productivity and efficiency)

MOH stated that this reorganisation will enable Singapore to meet "future healthcare challenges" with the following improvements:

- Each cluster will have a fuller range of capabilities and facilities across different care settings
- Will be able to deliver more comprehensive care and person-centred health promotion.
- Able to implement changes more swiftly and decisively.

Family Physicians: How will these changes affect patient care especially primary care?

The editorial team sought to appreciate how the above changes will affect family physicians and the way they care for their patients. We interviewed a few family physicians practicing in different settings for their view on this matter. There were a few common themes voiced out:

1. They recognise that care coordination and case management are essential to care for patients in the community;
2. IT enablers are crucial for successful implementation of common platforms for communications between the various providers, including primary care;
3. The key to a healthier population starts with a strong primary care team.

We also spoke to a few family physicians who run their own clinics. They felt that these changes are unlikely to affect their practice in the near future. This is not surprising as this is a recent announcement and the Ministry and the clusters have yet to announce detailed plans on any changes to the current model of care or collaborations with GPs.

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