



# THE College Mirror

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## Interview with Dr Lai Yi Rong

Interviewed by Dr Tan Eng Chun, MCFP(S)



Dr Lai Yi Rong

Recently, the social media was abuzzed with a story by a grateful father recounting how a family physician saved his 4 year-old son, Brandon, from impending anaphylactic shock from Buckwheat noodles. The post garnered nearly about 20,000 likes within hours. The mainstream media quickly picked up the story, and featured the heroine, Dr Lai Yi Rong, on their news.

College Mirror caught up with our heroine, who is an alumna of the 2014 MMed (FM) graduating class to recount for us the incident.

### College Mirror (CM):

Can you briefly tell us what happened that day?

### Dr Lai Yi Rong (YR):

It was at 8:20 pm and I was getting ready to close the clinic when I heard the worried voice of a mother at the clinic counter saying, "My son is very sick." From behind the closed door, I heard a high pitched cough outside which sounded like stridor. Sensing that something was wrong, I rushed out of the consultation room to look at the boy. The boy appeared flushed with facial swelling, and the first thing that struck me was that he is gasping for air and in respiratory distress.

I immediately got the young boy into our treatment room and my

differential then was either upper airway obstruction or bronchospasm. Thinking it was bronchospasm, I mixed salbutamol and adrenalin solution in the nebuliser and put it on my young patient.

Meanwhile, the mother was concerned that it was the oranges or buckwheat soba noodles that he has eaten that caused this. Worried that the child could be having anaphylactic reaction to buckwheat, I encouraged the mother to keep the child awake while I prepared the adrenalin solution for intramuscular injection. To my relief, the young boy improved dramatically after the nebuliser and the wheezing stopped.

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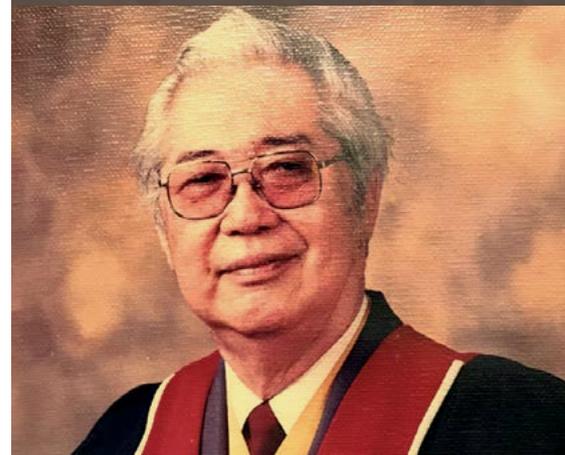
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# Infectious inspiration

by Dr Low Sher Guan Luke, FCFP(S), Hon. Treasurer, Editor

The word "infectious" conjures up negative images and connotations. We see it in our practices all the time, and many of our patients come with infections that we try our best to treat. However, not all infections are bad. When I was a young boy, my mum used to tell me to go for "chickenpox parties" and get infected. The rationale is that if I catch the chickenpox virus as a boy, the clinical manifestations and complications are not as severe as an adult and I will develop immunity in the process. So I did go for my chickenpox party when I was in Secondary 2, and lo and behold to no one's surprise, I came down with chickenpox, recovered from it, and am now stronger and immune against varicella.

There has been a spread of infection in the college... an infection of inspiration. It is something very subtle, but is started by our pioneers and forefathers which included current and past Presidents, council members and members of the College who have led the good and inspiring example, and young Turks who have also modelled after them. These young Turks include Bangyu, June, Nelson and Rose and many more names too numerous to mention. Day after day as I teach and work alongside them, I see how they have grown from being trainees themselves, to now being dedicated tutors who are so responsive to the trainees' needs and questions. I know for certain that our next generation of good tutors are rising up to the challenge and taking up the teaching baton! These folks never fail to amaze me how they can set aside time to guide their trainees despite having busy work schedules or having the heavy duties of a working mummy. I always tell the trainees that they are very lucky to have inherited such tutors because it is a thankless job that demands so much and offers little in return, except for the safe passage through rough training and rigorous exams, culminating in happy smiles during convocation, all of which are beautifully captured on photos on 18th November 2017 evening at NUSS Guild House. These are due payments for the tutors who gave their best to the trainees and their efforts have finally paid off!

The results for the MMed (FM) exams were released really close this year on 17th November 2017, just 1 day before the convocation dinner. There were some surprises, of course. The college programme for the MMed (FM) training has traditionally aimed to "Leave no men and women behind" and given hope to countless doctors who have somehow not gone through

the residency programme for various reasons. Many can attest to the benefit of being accepted and having completed the training, to become better family physicians themselves, wherever they may be practicing. Giving almost everybody a chance also means almost not discriminating against anyone, and substrate selection is not a luxury that the College MMed (FM) programme indulges in. We take whatever is given to us, try our best to mould however we can and not throw anyone out of the window if possible. The end results in some years are encouraging, and other years less so because of the vast differences in trainees taken in. But we stand strong in our belief that College leaves no one behind so everybody gets a second chance. Even though the second chance is given, it is still an uphill task for the trainee to brush up his skills and prove himself worthy of passing the rigorous exams and earning the MMed (FM) title.

It is said "Aspiring doctors should pursue family medicine as a career". College is of course responding to the call to increase the training pipeline alongside other residency programmes as well as relooking at the current training programmes to make it more relevant. Family medicine, just like internal medicine, geriatric medicine and rehabilitation medicine, are the more generalist disciplines. The latter 3 are considered specialists and not the former. I can see why aspiring doctors, when given the choice of the 4 generalist disciplines, may gravitate to those which confers them as specialists upon completion of the training. On the ground, it can be a real challenge to sell family medicine as a training programme to these aspiring doctors when it is not considered on par with the other specialist generalist disciplines.

The College Mirror is also undergoing a revamp. We are going to have more teams for College Mirror, and with that, new sub-editors and members whom I'm sure will inject new life and ideas into the publication. We will have more details on this coming in 2018. I also wish to take this chance to welcome Dr Tan Eng Chun onboard our College Mirror editorial board. Dr Tan is a good friend of mine whom I have known for the past 5 years, also from the MMed (FM) college programme who has passed the rigorous exams and have come back to teach and write! It is kudos to this thankful spirit in many of us that really makes up the College work.

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**CM:**  
How is the family now?

**YR:**  
Brandon was sent to the hospital, where he recovered well. He was discharged after 2 days. The mother mentioned that he was quite well when he reached the hospital but the doctors wanted to admit him for observation.

**CM:**  
What are your thoughts or lessons you would like to share with our fellow colleagues from this experience?

**YR:**  
I like the fact that one of the newspaper article mentioned that Family Physicians are not just "cough and cold doctors". My post graduate training, through the GDFM followed by MMed (FM), has sharpened my clinical skills and prepared me to handle this emergency situation and other complex clinical cases. As Family Physicians, we provide comprehensive, continual and holistic care for our patients, even those with complex care issues. This requires extensive clinical knowledge, and integrating skills from various disciplines. These are skills sets unique to the family physicians that no one clinical discipline possesses.

Patients of today have increasingly complex medical issues and as Family Physicians, we have to continuously upgrade and acquired other clinical skills. I thus took up Graduate Diploma in Palliative Medicine after my MMed (FM). Currently, I am providing Home Care Services for a Non-Profit Organisation to various patients that require palliative and homecare medical services during my non clinic days.

■ CM

(continued from Page 2: Infectious inspiration)

Lastly, College can never be what it is today if not for our diligent secretariat staff, who are the unsung heroes at the end of the day. We wish to make special mention in this issue for Miss Jennifer Lau, who has tirelessly worked for College and earned her prestigious 10-year long service award! We hope that our secretariat will grow from strength to strength and continue their good work for the College!

Yes, the infectious inspiration is spreading slowly but surely in our College, amongst her tutors, sub-editors and secretariat. This is one infection that is good and needs no prescription to treat.

■ CM

## Advancing Knowledge Frontiers through Medical Writing – what we learned from APAME Convention 2017

by Dr Low Sher Guan Luke FCFP(S), Honorary Treasurer, CM Editor  
Dr Low Lian Leng FCFP(S), Honorary Editor

**Asia** Pacific Association of Medical Journal Editors (APAME) 2017 convention was held over 17 to 19 August 2017 in Vientiane, Lao People's Democratic Republic (PDR) for the very first time. It was jointly organised by the University of Health Science (UHS) Lao PDR and the international organising committee of APAME, in collaboration with the regional offices for the South East Asian and Western Pacific regions of World Health Organisation (WHO). The theme of the convention was on "Search and Access for Reading, Citing and Writing" which was a must-have essential skill for every medical writer and editor. College of Family Physicians Singapore sent their team of medical editors Dr Low Lian Leng (Honorary Editor) and Dr Low Sher Guan Luke (Honorary Treasurer, and Associate Editor) to the convention.

APAME was established ten years ago, and has held at least one full-fledged academic meeting annually in different parts of Asia. Since then, it has enabled many of the medical journal editors in the region to meet together, collaborate and network with each other so as to learn and share best practices. It also fostered continuing education of medical journal editors, reviewers, editorial staff, publishers and librarians who attended the convention.

Through the workshops and seminars, we learned how to raise editorial standards and promote professionalism in medical editing through education, self-governance and self-assessment. A wide range of interesting topics covered related to research, writing scientific papers, avoiding plagiarism, falsification and fabrication were taught. Even the supposedly basic stuff like finding the right title, coming up with an impactful abstract and putting in the correct keywords required a lot of art and science that could go a long way in improving the readability of the articles and increasing citations. Roles of the editorial offices

and copy editors were also shared in the group. Through the exchanges, we also learned more about some of the organisations such as WHO and its Western Pacific Region Index Medicus (WPRIM), Committee on Publication Ethics (COPE), International Committee of Medical Journal Editors (ICJME) and the work that they have done in the realm of medical publications, publication ethics and publication indexing.

One lesson from the convention lecturer stuck to my head. He said, to help more people, we cannot just settle on being good doctors, but we need to embark on the quest for new knowledge through research, and share such newfound knowledge to the rest of the fraternity through publications. "A good doctor helps thousands of patients. A good researcher, writer and teacher helps thousands of doctors and millions of patients." Well said indeed!



From left to right, Dr Low Sher Guan Luke, Prof Jose Florencio Lapena (Immediate Past President, APAME), Prof Wilfred Peh (President, APAME) and Dr Low Lian Leng

people were friendly and warm, and tried their best to assist us whenever possible despite the language barriers, both during and outside the convention. There were many sights that were unique to the capital, and the people took a lot of pride in preserving their culture and way of life as they knew it. It was indeed a refreshing break from the tall skyscrapers in the metropolis of Singapore, as the Lao buildings were mostly low-rise, humble-looking, rustic and charming in their own ways, exuding their characteristic architecture styles to tourists like us. The streets were safe to walk at night and had a life of its own with tutuks waiting for passengers and street food vendors selling local Lao food fare. Special mention goes to the night market by the Mekong river. In the daytime, Mekong river is a peaceful stretch of waterbody that separates Thailand from Lao,

(continued from Page 5: Advancing Knowledge Frontiers through Medical Writing)

and we can see occasional fishermen harvesting their catch. But come nightfall, the Lao bank of the river transforms into a night market which sees local people setting up sprawling stalls and selling all sorts of goods including apparel, shoes, bags, electronic devices... the list goes on and so does the long queue of stalls, drawing huge crowds of local and tourist shoppers alike. It was indeed a sight to behold!

At the end of the convention, we bring home much more than just knowledge and skills, but also the friendships forged during the convention, ideas to strengthen the relevance of our Singapore Family Physician (SFP) journal, and ways to encourage our family physicians to publish more good articles through topic reviews, case reports and even research! Our team sincerely thanks the College for allowing us this opportunity to learn from our fellow medical editors in the Asia Pacific region.

CM

## 6th Asia Pacific Primary Care Research Conference

by Dr Fok Wai Yee Rose, MCFP(S), Editorial Member

**The** 6th Asia Pacific Primary Care Research Conference (APPCRC) in conjunction with Family Medicine Symposium was held at The Academia on 21 to 23 September 2017. This is the first time that the College of Family Physicians Singapore (CFPS), SingHealth Duke-NUS Family Medicine Academic Clinical Programme and other institutions from the public and private sectors came together to organise this event. A total of 400 participants from 6 countries had attended this important event.

The theme – *Advancing Best Care through Education and Research* emphasises the importance of education and research in supporting and advancing the development of Family Medicine, and importantly, to bring about better patient care across the continuum of care.

### Remembering our history

The inaugural APPCRC was held in Malaysia in 2009 and was mooted by senior leaders in Primary Care research who came together to brainstorm for ideas to advance Primary Care research. Five countries including Taiwan, Singapore, Myanmar, Hong Kong and Malaysia came together. The inaugural conference was so successful that future conferences were swiftly put in place.

Primary care research agenda include 4 core areas – namely:

- 1) Clinical research
- 2) Health services research
- 3) Research on education and teaching
- 4) Research on methodology

### Highlights of APPCRC

This includes the much esteemed research championship workshop which provides a platform for family physicians to showcase their research ideas and develop a robust research protocol under the wise counsel of experienced family medicine researchers in the academia. Besides this key event, live competitions for best

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All images courtesy of SingHealth Duke-NUS Family Medicine ACP

poster and best oral presentation awards added to the excitement of the conference.

High profile educators and researchers presented their talks including keynote lectures on “Nudges for healthy living”, “Pushing the boundaries of Family Medicine” as well as “Promoting careers in Family Medicine”. Participants were spoilt for choice in the multiple workshops that offered a buffet menu ranging from psychometrics, quality improvement, education, ethics, meta-analysis, scale development and validation, Evidence-based medicine (EBM) and health interventions. A roundtable discussion on conducting complex intervention trials in primary care settings was scheduled. This had serve to encourage and support high quality research in family medicine as well as to link up those with common interests to participate in collaborative research projects.

The time is ripe to promote Family Medicine and Primary Care as an academic specialty and to deliver EBM for best patient care. Come, help us realise our dreams and goals for Family Medicine!

■ CM



Mr Ng How Yue, 2nd Permanent Secretary, Ministry of Health in his opening address.

That said, there is still much to learn and an exciting path ahead, as you continue to hone your practical clinical skills and expertise.

I urge you to remember that you play a critical role as a Family Physician – you are the first contact point of primary care for patients across the nation; and you are also a pivotal force in spotting and tackling challenges facing our healthcare system.

**PRIMARY CARE TRANSFORMATION TO MEET EVOLVING HEALTHCARE NEEDS**

We are moving into an important milestone in Singapore’s healthcare journey. We are living longer, more fulfilling lives. The average lifespan of Singaporeans today is 83 years, 15 years more than in 1971, when the College of Family Physicians was first formed. This is a laudable achievement and testament to the strong foundation of our healthcare system.

But there is also the reality that we are a fast-ageing population. By 2030, one in five Singaporeans will be above the age of 65, and this year’s annual Population in Brief report shows that we are greying at a faster pace compared to the last decade. Coupled with the rapidly rising burden of chronic diseases, our healthcare resources are being stretched and tested.

The current healthcare system is largely hospital-centric, and the handling and management of patient care tends to be disease-specific. For patients struggling with multiple chronic conditions and requiring multi-disciplinary care, the treatment journey is often fragmented and complex.

In order to ensure that healthcare remains accessible, affordable and sustainable, primary care needs to be transformed to meet the evolving healthcare needs of our population. As a community of providers, this entails a shared vision to shift ‘Beyond Hospital to Community’ – towards more patient-centric care, with holistic and continual care coordinated by and anchored in the community.

**ROLES OF FAMILY PHYSICIANS**

This change in approach has implications for Family Physicians and how you define their work.

Our vision of ‘One Singaporean, One Family Doctor’ encapsulates the key roles a Family Physician plays in a patient’s life and that of his or her family.

Family Physicians are uniquely placed to not only be an integral part of our communities but form long-term relationships with patients and their families. This allows you to play many roles – as a confidante to your patients, a trusted adviser to their caregivers navigating the healthcare system and as guardians of basic health within the community.

Given Family Physicians’ ability to form long-standing doctor-patient relationships to develop deep insights into patient preferences, you are also uniquely placed to more effectively educate, motivate and empower patients to make healthier lifestyle choices. Well-trained Family Physicians can provide the crucial link that will enable a smooth transition between acute and community-based care, and are an integral component in Singapore’s transformative efforts to bring patient care closer to home.

To facilitate this shift, I would encourage the Family Medicine fraternity to define your roles beyond what is often circumscribed by specific care settings. To partner patients in their care trajectory and life cycle, some Family Physicians may need to perform, for example, dual sector roles in future:

Anchored in the community, and also reaching out to wherever your patients may require your advice and continuity of care, be it in an Acute hospital, Community Hospital or within a palliative setting.

These are exciting choices for the current and future cohorts of Family Physicians to think through, and to redefine themselves. Less borders, more integration as part of a larger, networked community team.

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Convocation 2017

Convocation 2017

# Enhancing Family Physician Development

Mr Ng How Yue, 2nd Permanent Secretary for the Ministry of Health, was the Guest-of-Honour at the Family Medicine Convocation Ceremony and Dinner, on 18 November 2017. He addressed the guests with the following speech.

Dr Tan Tze Lee, President,  
College of Family Physician Singapore,  
Distinguished Guests,  
Ladies and Gentlemen,

Good evening

**INTRODUCTION**

It gives me great pleasure to join you all this evening at the Family Medicine Convocation Ceremony and Dinner.

I would first like to congratulate this year’s graduates on successfully completing your course of study and attaining your postgraduate Family Medicine qualifications. This is an important milestone in your career and in your journey of lifelong learning.

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### ENHANCING FAMILY PHYSICIAN DEVELOPMENT

MOH has taken steps in recent years to better equip primary care providers for chronic disease management. This has been done through the development of Family Medicine Clinics, Community Health Centres, and more recently, Primary Care Networks. We have also enhanced financing schemes such as the Community Health Assist Scheme, Chronic Disease Management Programme, and Screen for Life to ensure that healthcare remains affordable and accessible to all Singaporeans.

Another key enabler we have committed to is promoting and enhancing the postgraduate Family Medicine training programme.

To this end, MOH has appointed a Workgroup to review the Family Medicine residency programmes to ensure that quality Family Medicine training reaches more doctors.

Among its various deliberations, the Workgroup has outlined the expected roles and attributes of Family Physicians. This includes providing holistic primary care in the community, as well as coordinating and integrating care for patients where the involvement of other healthcare professionals or care settings are required.

In addition, as part of our ongoing efforts to train more Family Physicians to be a key enabler of primary care transformation, the Ministry has been working closely with the College of Family Physicians Singapore (CFPS) to review and enhance its Graduate Diploma in Family Medicine (GDFM) programme, to ensure trainees are equipped with knowledge in Family Medicine practice as a base.

In line with the changing patient profile, the revised GDFM will take into consideration the changing disease patterns in our country, and place more emphasis on caring for older persons, patients with multiple chronic diseases including mental health, and patients who are

recently discharged from acute hospitals. The training will also feature new aspects including transitional care and extra training specific to boost the competency of Family Physicians in certain settings, such as nursing homes, community hospitals and home care.

While strong technical skills are a key part of composite care, the role of effective and empathetic communications cannot be underestimated. Family Physicians need to be skilled communicators, who are able to act as health counsellors and advocates for their patients, and to guide them in initiating and sustaining lifestyle changes, as well as adhering to treatments.

Most of all, Family Physicians will need to step up and take charge, to steer the fraternity's vision to one that remains relevant to the evolving needs of the population, and to groom the next generation of young leaders that will keep the proud traditions of Family Medicine alive.

### CONCLUSION

Our healthcare system and Family Medicine have both come a long way since the establishment of the College of Family Physicians Singapore almost half a century ago. The shift 'Beyond Hospital to Community' will depend much on how primary care can evolve to cope with the rising complexity of patient's today. I am heartened to see that so many of our young doctors are choosing this path, and all of you today will undoubtedly play a big role in shaping the future of health in Singapore.

Congratulations once more to all of our graduates today. We look forward to your continued contributions to the advancement of Family Medicine. I wish all of you the best in your noble quest. Thank you.

CM



## Sreenivasan Oration 2017: Educating Family Physicians for the Evolving Needs of our Community

Professor James Best, Dean of Lee Kong Chian School of Medicine, Singapore delivered the Sreenivasan Oration at the Family Medicine Convocation Ceremony and Dinner 2017.



Prof James Best (left) receives a token of appreciation from Dr Tan Tze Lee (right), President of CFPS

I am greatly honoured to have been invited to deliver this oration named after such a distinguished Singaporean, Dr Baratham Ramaswamy or BR Sreenivasan. As Dean of Lee Kong Chian School of Medicine, Singapore's newest medical school and a joint medical school of NTU Singapore and Imperial College London, I have been given the topic *Educating Family Physicians for the Evolving Needs of our Community*. By the end of the presentation I hope you will see why my heart as well as my head is committed.

For a start, I have been able to make a connection between Dr Sreenivasan and Tan Sri Dato Dr Lee Kong Chian. Amongst the many roles he played in Singapore, Dr Sreenivasan was Vice Chancellor of the University of Singapore at the time of its transformation from the University of Malaya – Singapore in 1962, and the Chancellor at that time was Lee Kong Chian. Another connection was that they were both founder members of the Singapore anti-tuberculosis association.

These were two of many leadership roles BR Sreenivasan undertook and the most relevant this evening was that he was the first President of the College of General Practitioners of Singapore, now the College of Family Physicians. I noted significantly that he was a General Practitioner with a special interest in respiratory disease and this is relevant to one of the issues I will address in this oration.

As a committed academic, I did further research and discovered that the first Sreenivasan Oration was delivered in 1978, making this the 40th Oration in his honour. The first was delivered by another doyen of

Singapore Family Medicine, Dr Wong Heck Sing, who was President of the College for 3 terms and an active international advocate for Family Medicine as a member of the WONCA executive. I found it very instructive to read the record of his oration titled *'The Future of the Singapore General Practitioner'* and thought it would be useful to review some of his dictums and see where we stand 40 years on. So I have chosen four and will address these in the rest of my presentation.

In his oration, Dr Wong lamented that *"The decline (of general practice) is due to fewer and fewer graduates*

**Dr. Baratham Ramaswamy Sreenivasan**

- General practitioner with special interest in chest diseases
- Vice Chancellor University of Singapore
- President Medical Council of Singapore
- President Alumni Association of U of Singapore
- Founder Member of SATA
- First President of the College of General Practitioners of Singapore

**First Sreenivasan Oration 1978: The Future of Singapore General Practitioner**

1. "The decline (of general practice) is due to fewer and fewer graduates venturing into a territory that is uncharted, untaught and unsung in the academic world"
2. "...the future general practitioner or family physician ... needs a broad education and should not concentrate on the physical and arts...and this understanding (of people) will heighten his sensitivity to the feelings of his fellow men..."
3. "The answer (to prohibitive healthcare costs) ...is in preventive medicine and no one in the medical profession is as well placed as the general practitioner to do the job provided he is well trained."
4. "In no other field of practice is it more necessary for the practitioner to continue his learning process throughout his professional career."

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venturing into a territory that is uncharted, untaught and unsung in the academic world". Does that remain true in Singapore today? I believe the situation has improved a lot and would like to tell you what we are doing in the academic world of LKCMedicine to chart, teach and sing the discipline of Family Medicine.

To achieve the goals that Dr Wong outlined requires academic leadership of the discipline and so we appointed a Professor of Family Medicine, Professor Helen Smith, who joined us over a year ago from the University of Sussex and Brighton. She has already had a very positive impact on many aspects of academic Family Medicine within our Medical School and beyond.

From the very start of our MBBS curriculum back in 2013, Family Physicians have had a strong presence on our teaching Faculty, involved in many aspects of medical education. Just before our first students matriculated we launched the Family Medicine Academy with purpose built education facilities at Bukit Batok Polyclinic and elsewhere. At the launch our Executive Vice Dean professor Lionel Lee said 'By teaching here at Bukit Batok and the other polyclinics, we are bringing our students closer to patients, their circumstances and environment. Students will experience medical care that is personal, continuing and comprehensive for all patients'. I think that is a great description of Family Medicine.

At LKCMedicine, we have also been active in engaging Family Physicians in research, as fully participating investigators, not just to provide their patients as research subjects.

So what is our vision for those of our students whom we hope to inspire to choose Family Medicine for their medical career. I see an era of well trained and highly skilled Family Physicians. When my father graduated in

1946 from the University of Melbourne, the degree of MBBS meant he was trained as a physician and surgeon – and he also delivered about 100 babies a year. His shingle or nameplate that hung on the fence outside his General Practice surgery said 'Physician and Surgeon' referring to the degrees of M.B.B.S. Since then, the rise of specialties in medicine tended to downgrade General Practice and led even doctors themselves to say 'I am just a GP'. I recently saw an advertisement from the Royal Australasian College of General Practitioners at Melbourne airport. It says 'I'm not just a GP. I'm your specialist in life'.

The message is that Family Physicians worldwide need to take pride in their profession and the skills they possess. An important strategy to enhance the skill-base of Family Physicians is to take a special interest in a branch of medicine and to acquire additional knowledge and skills in this particular area, just as BR Sreenivasan did in respiratory diseases. Other options include women's health, mental health, adolescent health, diabetes and obesity, rheumatology, cardiovascular medicine, sports medicine, dermatology, rehabilitation medicine, geriatric medicine, occupational health and many more. And of course there can be deeper interest in education and in research. Family Physicians are ideally placed to become the T-shaped medical professional, with a breadth of knowledge across Family Medicine, and additional depth of knowledge and skills in a particular field. Special interest in two fields can produce the pi-shaped individual and in a group practice or polyclinic varied special interests provide a comb shaped capability. I believe this approach leads to greater interest and longevity in a medical career, as well as greater recognition and pride in one's ability.

The other reason the highly skilled Family Physician is so important to medicine in the current era is our ageing population. It is not only unaffordable for older people to see multiple specialists for their multiple chronic illnesses, but it is bad medicine and likely to lead to confusion, over-medicating and gaps in care. I call it 'pinball medicine' where the older patient bounces from

**A broad education in the humanities and the arts.... will heighten his sensitivity to the feelings of his fellow men...**

**'Medical Humanities' has an important role in medical education**



specialist to specialist until they fall through the hole at the bottom and lose their money!

Now the second recommendation from Dr Wong was that "the future general practitioner or family physician ... needs a broad education and should not concentrate on the physical and biological sciences to the exclusion of the humanities and the arts... this understanding (of people) will heighten his sensitivity to the feelings of his fellow men..."

One of my favourite quotations that I like to share with medical students is from Franz Kafka's book 'A Country Doctor' published 100 years ago in 1917. He says 'To write prescriptions is easy, but to come to an understanding with people is hard.'

Like Dr Wong, I believe that the study of literature, art and poetry can play an important role in learning to understand and connect with our patients as fellow human beings, even if we are from very different backgrounds. We have a strong commitment to the teaching of medical humanities at LKCMedicine and our students embrace this part of their curriculum. In particular, we aim to shape the attitudes of our students to see medicine as a caring profession, to put the interests of their patients first at all times and to be compassionate and respectful.

Our goal is to produce the kind of doctors you and I would like to have caring for us and for our families. Family Physicians are ideally placed to deliver this kind of medical care and I am sure the other medical schools in Singapore share this view and these aspirations.

Dr Wong's third counsel was that "The answer (to prohibitive healthcare costs) ... is in preventive medicine and no one in the medical profession is as well placed as the general practitioner to do the job, provided he is well trained."

While it is certainly true that the Family Physician is well placed to practise preventive medicine, ranging from vaccination to diabetes screening, a recent publication identified over 290 barriers to preventive medicine

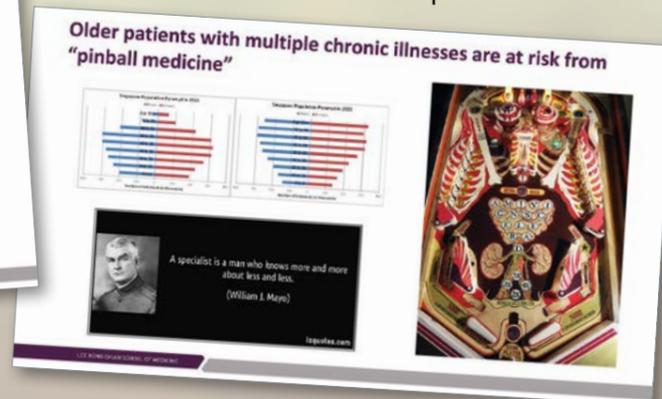
discussions with patients. For a start, the system of remuneration and recognition is biased so very strongly towards reactive or procedural medicine. I am reminded of a close friend from the same year at medical school, who is a cardiac surgeon and has performed countless coronary artery bypass grafts. When he used to come to our home in Melbourne for a barbecue he always brought a great bottle of red wine, one of many that he received from grateful patients, whose heart he had held in his hands and whose blocked coronary arteries he had bypassed.

I couldn't help thinking that if that patient had been counselled by his Family Physician to stop smoking and had his high blood pressure and high cholesterol treated, he would not have developed angina and would not have needed open heart surgery. But then 10 years later when nothing happened - when he didn't get angina or have a heart attack or need cardiac surgery - would he have brought the red wine to his Family Physician?

I have mentioned earlier the dramatic changes ahead with the ageing of Singapore's population. The number of those aged 65 or more has increased from 220,000 in 2000 to 440,000 in 2015, and is expected to increase to 900,000 by 2030. Healthy ageing is essential to affordable healthcare and to a productive, older workforce. Preventive health measures are critical to this outcome and Family Physicians are ideally placed to do the job. We must ensure this aspect of medicine is emphasised right from the start of Medical School education and we should advocate for better recognition of its importance.

The fourth and final exhortation from Dr Wong that I will cover was "In no other field of practice is it more necessary for the practitioner to continue his learning process throughout his professional career."

It is estimated that the doubling time of medical knowledge (or the medical literature) when my father



(continued on Page 14)

**26th Council (2017-2019)**  
COLLEGE OF FAMILY PHYSICIANS SINGAPORE



**Standing (from left)**  
Dr Xu Bang Yu, Dr Chan Hian Hui Vincent, Dr Goh Lay Hoon, Dr Koong Ying Leng Agnes, Dr Lim Hui Ling (Honorary Assistant Secretary), Dr Ng Lee Beng (Honorary Assistant Treasurer), Dr Seah Ee-Jin Darren, Dr Tan Hsien Yung David, Dr Low Lian Leng (Honorary Editor), Dr Lim Ang Tee

**Seated (from left)**  
Dr Low Sher Guan Luke (Honorary Treasurer), Dr Paul Goh Soo Chye (Censor-in-Chief), Adj Asst Prof Tan Tze Lee (President), Mr Ng How Yue (Guest-of-Honour, Second Permanent Secretary, Ministry of Health), Professor James Best (Dean, LKCSOM), A/Prof Lim Fong Seng (Vice-President), Dr Subramaniam Surajkumar (Honorary Secretary)

**Not in photo**  
Dr Wong Tien Hua



**FELLOWSHIP PROGRAMME  
FCFP(S) RECIPIENTS**

**Standing (from left)**  
Dr Chao Tar Liang Anthony, Dr Lee Mei Gene Jesmine, Dr Chan Qiu Hua Catherine, Dr Lee Cia Sin, Dr Koh Li Jia, Dr Loo Yu Xian, Dr Wang Mingchang

**Seated (from left)**  
Dr Hwang Ern Huei Joel, Dr Paul Goh Soo Chye (Censor-in-Chief), Adj Asst Prof Tan Tze Lee (President), A/Prof Lim Fong Seng (Vice-President), Dr Ng Chee Lian Lawrence

**COLLEGIATE PROGRAMME  
MCFP(S) RECIPIENTS**

**Standing (from left)**  
Dr Chua Kee Loon Linus, Dr Poh Zhongxian, Dr Jiang Song'En Jeffrey, Dr Tan Wee Lit, Dr Wee Wei Chieh Nelson, Dr Wan Jinhui, Dr Nor Izuan Bin Rashid, Dr Ong Chong Yau, Dr Wong Peng Yong Andrew, Dr See Qin Yong, Dr Cheong Siew Meng, Dr Bansal Vivek

**Seated (from left)**  
Dr Guo Xiaoxuan, Dr Tan Yan Fang Cheryl, Dr Fok Wai Yee Rose, Dr Paul Goh Soo Chye (Censor-in-Chief), Adj Asst Prof Tan Tze Lee (President), A/Prof Lim Fong Seng (Vice-President), Dr Komal Girish Tewani, Dr Ng Ming Yann Karen, Dr Boo Ying Ying Alicia



**MED(FM) GRADUANDS**

**Standing (from left)**  
Dr Lin Shi Jun Cheryl, Dr Zheng Lifeng, Dr Kung Jian Ming, Dr Yee Wen Jun Gabriel Gerard, Dr Meykkumar s/o Meyappan

**Seated (from left)**  
Dr Quan Yan Ling, Dr Paul Goh Soo Chye (Censor-in-Chief), Adj Asst Prof Tan Tze Lee (President), A/Prof Lim Fong Seng (Vice-President), Dr Moosa Aminath Shiwaza



**GDFM GRADUANDS**

**Standing (back row; from left)**  
Dr Foo Shao Rong Jonathan, Dr Lim Han Wei, Dr Poh Zhongxian, Dr Chee Shang Yao, Dr Chan Yong Wern, Dr Jee Yong Hing, Yang Hongseok, Dr Kwok Chun Lin, Dr Ngi Ing Hou Lawrence, Dr Tan Wei Beng, Dr Koh Shao Hui, Dr Chan Bingyi

**Standing (middle row from left)**  
Dr Lee Yew Weng Andrew, Dr Kee Bang Heng, Dr Lim Wai Kwong Kenny, Dr Tan Wei Ming, Dr Wong Shi Min, Dr Phua Hui Ling Michelle, Dr Gan Wei Lin, Dr Tan Lye Yoong, Dr Chia Min Shan, Dr Cheryl Christine Chandra, Dr Nagar Umakant, Dr Mark Nicholson, Dr Teo Wee Sim, Dr Beh Chun Yen

**Seated (from left)**  
Dr Wong Nyuk Shiew, Dr Narayanan Vinu, Dr McMullan Kaye Leanne, Dr Paul Goh Soo Chye (Censor-in-Chief), Adj Asst Prof Tan Tze Lee (President), A/Prof Lim Fong Seng (Vice-President), Dr Fazlin Binti Ahmad Faisal, Dr Elangovan Preetha, Dr Nurul Azlin Binte Azali

*(continued from Page 9: Educating Family Physicians for the Evolving Needs of our Community)*

graduated in 1946 was over 50 years; by 1972 when I graduated it was about 12 years; currently it is less than a year. Information technology is both the source and the solution to this challenge, and so our students at LKCMedicine all have an iPad to access their lectures and other information online, anywhere and at any time. They are prepared for lifelong learning for which medical school is just the warm up lap.

At the 6th Asia Pacific Primary Care Research Conference held in Singapore this September in conjunction with the Family Medicine Symposium, the tagline was 'Advancing Best Care through Education and Research' and I want to highlight the benefits from engagement in teaching and research for the Family Physician.

It took me only a couple of minutes to come up with eight benefits for the Family Physician who contributes as a teacher. Perhaps the most rewarding is the motivation and inspiration we receive from our students. And after all, the word 'doctor' derives from the Latin 'docere' – to teach.

Similarly, it was easy to produce a list of eight benefits from engagement in research. One very good reason is the intellectual stimulation of what must be a very bright mind to have earned a place in Medical School. And

*The answer is in preventive medicine and no one in the medical profession is as well placed as the general practitioner to do the job, provided he is well trained*

don't we all have some responsibility to advance medical knowledge and improve care?

I believe there is great opportunity for a collaborative effort between Medical Schools, the College, the Academy and the

Ministry to improve the engagement of Family Physicians in education and research. A programmatic effort will not only enhance the standing and status of Family Medicine, it will improve standards of care, work satisfaction and will inspire our students to emulate impressive role models to choose a career in that most challenging but also most personally rewarding of medical specialties.

So what would Dr Sreenivasan and Dr Wong encourage us to do today? I think Dr Sreenivasan would urge you to be proud of your status as Family Physicians and to develop your skills in a particular area of interest, including education and research. I like to think that Dr Wong would be impressed with the progress that has been made in the four areas I have outlined – and he would encourage you to keep going!

Thank you also for the honour of giving the 40th Sreenivasan Oration.

■ CM

## Dr Koh Eng Kheng

by Adj Asst Prof Tan Tze Lee, President, 26<sup>th</sup> Council, College of Family Physicians Singapore

Dr Koh Eng Kheng was born on 10 July 1928. A keen medical student at the University of Malaya (Singapore), he scored a Distinction in Social Medicine & Public Health, and graduated MBBS in June 1955.

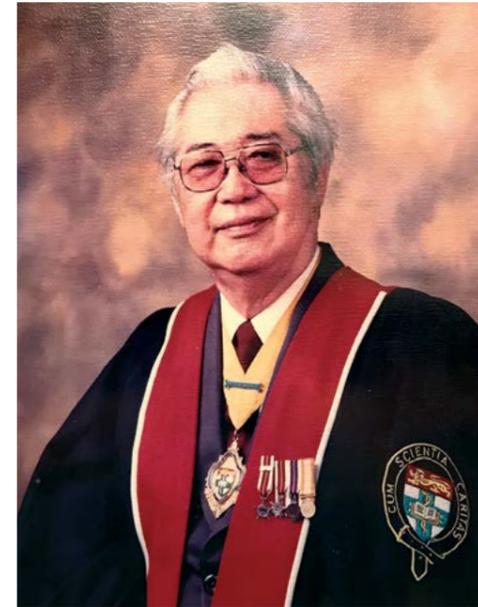
He became an associate member of the Royal College of General Practitioners (RCGP) in the United Kingdom in 1957, obtained his Membership in the RCGP in 1962, and was later conferred the Fellowship of the RCGP in 1973.

He was elected President of the Singapore Medical Association in 1972, and led the first delegation of Singapore Doctors into China at the invitation of the China Medical Association.

A founder member of the then College of General Practitioners, Singapore, Dr Koh was instrumental in the events leading to the founding of our parent college. He introduced the late Lord Hunt of Fawley, then president of the Royal College of General Practitioners to the then Minister of Health, Mr Chua Sian Chin, a meeting that opened the way to the establishment of the College of General Practitioners, Singapore.

A founder member of the college, he served 5 years in the council, then served as Honorary Secretary as well as the chairman for undergraduate education in 1974 to 1975, Editor for the Singapore Family Physician Journal from 1978 to 1979, and publication chairman from 1979 to

*(continued on the next page)*

*(continued from Page 14: Dr Koh Eng Kheng)*

Dr Koh Eng Kheng (1928 - 2006)

1980. In 1979 he was the Convocation Lecturer for the Medical Faculty and in the same year, delivered the Second Sreenivasan Lecture on "Art in Family Medicine". In the following year, he was the Speaker for 75th Anniversary of the Medical School, University of Singapore. In 1979 to 1980, he was appointed as a Member of the Singapore Medical Council.

During his years as President of the College of General Practitioners Singapore from 1989 to 1991, the following milestones of the College were recorded:

### 1990

The proposal for a Family Medicine Programme leading to the award of MMed (Family Medicine) was adopted by the School of Postgraduate Medical Studies, National University of Singapore.

Established the Postgraduate Medical Library in partnership with the Academy of Medicine, Singapore

### 1991

The Family Medicine Training programme was finalised as a 3- year-programme, made up of two years of hospital rotation postings and 1 year in Family Health Service. In the 3rd year, the Family Medicine trainees spent six months in Community Health Service and six months in Maternal & Child Health Service. There were also attachments to the departments of primary care - School Health Service, Food & Nutrition department, Training & Health Education (now called National Health Education), Health Services for the Elderly (now called Home Nursing Foundation) and a GP clinic attachment.

The training programme is very much similar in structure today except that the Family Health Service is now the Government Polyclinic Service and there is amalgamation of the Community Health Service and the Maternal & Child Health Service into one service. It has evolved into the Family Medicine Residency Programme and is geared towards junior doctors working in Ministry of Health. The College set up a parallel programme for doctors in the private sector in 1995, previously known as Programme B, now called as the Masters of Medicine in Family Medicine, MMed(FM) College programme.

### His Publications

The list of his publications included the following:

#### 1968

##### SMA Newsletter

*Medical Curriculum need for re-appraisal*

#### 1969

##### Editorial, SMA Newsletter

*An Academic Body for GPs in Singapore*

#### 1969

##### Journal of Royal GP College UK

*Emotional Disorders in General Practice in Singapore*

#### 1970

##### SMJ

*General Practice in a Developing Society*

#### 1973

##### Journal of Royal GP College UK

*Acupuncture*

#### 1975

##### Australian Family Physician

*Mental Health & Urbanisation in Singapore*

#### 1975

##### Proceedings 5th Pan Pacific,

*Conference International Society of Rehabilitation & Disabled, The Community & Rehabilitation of the Psychiatric Ill.*

#### 1977

##### AMA Gazette

*Singapore Doctor Looks at Acupuncture*

#### 1977

##### Family Practitioner (CGP Malaysia)

*The GP & Sex Education*

#### 1980

##### Royal GP College UK

*Occasional Paper Family Counselling in the East*

He had volunteered for National Service and served in the first Singapore Armed Forces (SAF's) Volunteer Medical Corps for several years. His contributions to the SAF

*(continued on the next page)*

(continued from Page 5: 6th Asia Pacific Primary Care Research Conference)

included the composition a song, "The Medics of the Field" jointly with Dr Cheong San Than who penned the original lyrics.

In 1990, he was appointed a Justice of The Peace by the Minister of Home Affairs.

**His Life's Work**

Dr Koh Eng Kheng commenced his private general practice, the Chung Khiaw Clinic, in Upper Bukit Timah in 1957. This became a two-man practice when his brother Dr Koh Eng Soo joined him in 1965. Dr Kevin Koh, joined his practice in 2003. Dr Koh Eng Kheng practiced for more than three decades, and developed an outstanding reputation as a good family physician. He worked on until 7 May 2006, in spite of his 15 years of difficult times, coping with his illnesses.

**His Final Journey**

In 1991, Dr Koh Eng Kheng developed carcinoma of the descending colon. It was then that he decided to step down as College President, to embarked on an arduous task of doing battle with this disease. He underwent a year of chemotherapy, after which he was well enough to be seen at the many continuing medical education meetings and events. In 1998, he was diagnosed with Ischaemic Heart Disease, and had two stents inserted through angioplasty.

In April 2001, he developed a hepatoma, and underwent partial hepatectomy with irradiation. However, his condition did not resolve completely. After 4 years of fighting his disease, he developed end-stage renal failure in August 2005, necessitating haemodialysis until his end came on 5 July 2006.

Dr Koh Eng Kheng was such a well-liked family physician by his patients that one died of an acute myocardial infarction on hearing of his demise, while another went into atrial fibrillation and had to be warded!

The College of Family Physicians Singapore is forever grateful for the many contributions of our Past President, Dr Koh Eng Kheng to our organization. His genuine and friendly demeanor, always ready with a smile for all patients and friends, was something most of us will remember. We will always remember him as a brave warrior, battling on despite his illness.

Some months ago, Dr Kevin Koh approached and informed the College that the Koh Family would like to make a donation to the college in memory of their late father Dr Koh Eng Kheng. We were delighted that such an honour was bestowed on the College, as the late Dr Koh was indeed one of the key figures that made the existence of the College in Singapore possible.

It is therefore our honour to establish the Dr Koh Eng Kheng Gold Medal, to be awarded to the Best Fellowship Candidate each academic year. The Fellowship of the College of Family Physicians, Singapore is the pinnacle of the academic achievement in the college. It is a rigorous programme and runs for 2 years, with exacting formative and summative components.

I present to you, the Koh Eng Kheng Gold Medal, for best candidate in the Fellowship of Family Physicians, Singapore.

CM



The presentation of the mock cheque from Dr Koh Eng Kheng's family to the College of Family Physicians Singapore at the Family Medicine Convocation Ceremony & Dinner on 18 November 2017. Adj Asst Prof Tan Tze Lee (left) receiving the mock cheque of \$18,000 from Dr Kevin Koh.

**Family Medicine Extravaganza 2017**

by Koh Jin Kiat (Y4, LKCSOM) and Jan Tan (YLLSoM)

This year, we held the 4<sup>th</sup> Family Medicine Extravaganza. The Family Medicine Extravaganza is an annual outreach event planned by the JCFMS in conjunction with students from the YLL, LKC, and Duke-NUS medical schools.



Dean of LKC, Professor James Best, gives his opening address

This year, the event was held at the LKC School of Medicine's new Clinical Sciences Building in Novena on 8<sup>th</sup> September. Almost 200 students from across all of the three medical schools attended the event.

The event was opened by Dean of LKC, Professor James Best, who shared about his father's experiences as a FM Physician, and the importance of Family Medicine now and in the years to come as Singapore's healthcare landscape evolves.

Participants then had a chance to ask programme directors and residents from each FM residency any questions that they had during a 45-minute panel discussion. During the discussion, participants heard first-hand stories about what residency was like, received advice from the doctors about choosing family medicine as a specialty, and found out more about each residency's training programme.



Dr Julian Lim (far right) answers a question posed by the participant. Also pictured (from left): Dr Aaron Singh (Chief Resident, SHS FM Residency), Dr Darren Seah (Programme Director, NHG-AHPL FM Residency), Dr Keith Tan Dihao (Third Year Resident, NHG-AHPL FM Residency)



Clockwise: Dr Valerie Teo, Dr Lim Hui Ling, Dr Loke Kam Weng and Dr Tan Shu Yun share about their experiences working in various sectors.

The first segment of the programme invited FM doctors practicing in various sectors to share their experiences in their practice, in order to give participants an idea of the breadth of work that a FM physician can undertake. Dr Valerie Teo, Dr Lim Hui Ling, Dr Tan Shu Yun and Dr Loke Kam Weng gave participants a glimpse into what their daily life was like, sharing about the lessons they had learnt from their years in practice and stories of the patients who had touched them.

The night culminated in booths set up by each of the...



Above: participants speaking to doctors at the booths and enjoying a buffet dinner.

All images courtesy of Alex Tanoto (Y3, LKCSOM)

CM

# “Thriving on Change and New Initiatives”

## CFPS Interview with Professor Helen Smith

Interviewed by Dr Low Lian Leng, FCFP(S), MCI

The College of Family Physicians Singapore (CFPS) is delighted to have interviewed Prof Helen Smith (HS), Professor of Family medicine and Primary Care at LKC Medicine. Prof Smith is already no stranger to us, having been in Singapore since 2016. CFPS Honorary Editor, Dr Low Lian Leng (LLL) caught up with Prof Smith earlier in the year where she shared on her aspirations for family medicine and research in Singapore.

### Dr Low Lian Leng (LLL):

Prof Smith, congratulations on your appointment as the Professor of Family Medicine and Primary Care at the Lee Kong Chian (LKC) School of Medicine, Nanyang Technological University. May I get you to briefly introduce yourself to the family medicine community in Singapore, for the benefit of those who have not had the pleasure of knowing you beforehand?

### Prof Helen Smith (HS):

I have been a Family Physician for the past 25 years. I have dual accreditation in Family Medicine and Public Health Medicine. I was a late recruit to Family Medicine, having initially undertaken postgraduate training in Public Health Medicine, did my doctorate in Public Health and worked as a Director of public Health in a very deprived city in the UK. But I missed patient care and so trained as a General Practitioner.

I have always combined my clinical practice in Family Medicine with an academic role. My most recent role was in the South of England, establishing a Division of Primary Care and Public Health within a new medical school, Brighton and Sussex Medical School and setting up a primary care research network for the south east of England.

I am married to a professor of respiratory medicine and allergy. We have 4 children - two pursuing careers in medicine.

Interests outside medicine are varied (rather like Family Medicine) – include wilderness walking, textile art, theatre, collecting antique furniture, cooking and entertaining, and collecting health promoting postage stamps!

### LLL:

What are your roles and responsibilities at LKC Medicine?

### HS:

To develop an academic department of family medicine that:

- Provides excellent teaching and role models for our undergraduates;
- Enthuses them about careers in Family Medicine

The department will also be focusing on undertaking well-designed research studies that will improve the health and well being of patients in Singapore, and training a cadre of Family Medicine and Health Service Researchers to become Principal Investigators and can lead their own research programmes.

### LLL:

Other than your role at LKC Medicine, how else do you see yourself engaging / value adding to the family medicine community in Singapore?

### HS:

An equally component of my role is outreach, working with individual clinicians, in the community, with primary health care organisation, professional bodies (including the College!) and the ministry of Health. I have been delighted to start working already with the College on some small initiatives, including the academic writing group.

I recognise that there has been lots achieved in Family Medicine and Primary Care in Singapore already. But there are some major challenges ahead. To provide good care for our ageing population requires us to move from reactive care to far more integrated and proactive care for the individual with multiple chronic conditions. This transition requires the family doctor to develop new clinical skills and for there to be changes to the way health care is organized, funded and delivered.

I hope that I can bring some new ideas to the table, together with my expertise in evaluation of new interventions and initiatives.

### LLL:

Prof, you have been evaluating novel ways of delivering health services and ‘new technologies’ for primary health care. Firstly, how do you think family medicine delivery in Singapore may be transformed to achieve greater value in healthcare?

### HS:

Greater value and better outcomes will be achieved by enhancing the continuity of care, the coordination of care, improved communication between generalists and

specialists, and more use of multi-professional teams in the community setting.

This is not just a ‘wish list’ but can be evidenced with data multinational studies.

Achieving these goals is currently challenged in SG by:

- Lack of mandatory training for general practice
- Lack of patient empanelment
- Lack of availability of team based care in the smaller or solo practices
- Lack of schemes/initiatives to discourage inappropriate use by patients (and inappropriate provision by clinicians) of consultations for minor, self-limiting conditions. E.g. prescribing medications for a simple upper respiratory tract infection

There are many opportunities to develop new approaches to primary health care delivery within your wonderful country. If these innovations can be formally evaluated, this will not only benefit Singapore directly but also be of interest to other countries facing similar challenges.

### LLL:

What are your opinions on the role of the College of Family Physicians in advancing academic family medicine in Singapore?

### HS:

The role of the College is extremely important in the advancement of academic family medicine and your collaboration with NUS to provide a structured training towards diploma, masters, membership and fellowship are admirable.

The inclusion of medical education and research methods on the ‘menu’ of College CME events, the annual recognition of a research paper (paper of the year) or person with a prize, offering small research grants (awarded competitively), establishing a mentoring program for early career researchers, would be additional activities the College may wish to add to its activities. The College could also offer a prize for the best medical student project in Primary Care.

### LLL:

The College is an academic body established to promote the ideals and practice of family medicine in Singapore. How can the College engage our members from all family medicine practice settings (primary care, home care, intermediate care, acute hospital interface) / sectors (e.g. academics, researchers, administrators) to help in this cause?

### HS:

To embrace this diversity I would suggest the establishment of special interest sections, groups or fora within the college e.g. intermediate care. Also a ‘take a colleague to work’ type scheme, modelled on ‘take your child to work’, would enable

other family physicians to appreciate the contribution family medicine can make beyond the conventional setting.

### LLL:

Prof Helen, you have a strong academic record in research and research grants. You are a leading exponent of Primary Care Research Networks that has been replicated throughout the UK. A Primary Care Research Network (PCRN) has huge potential to drive and elevate family medicine research in Singapore and regionally. What are the components and requirements for implementation and sustaining such a network in Singapore?

### HS:

A network needs:

- Physical home
- Budget
- Leadership
- Research expertise
- An advisory committee of practicing doctors

It needs to listen to what its members wish to do, and be responsive to these expressed interests (ie a bottom up initiative, rather than top down). The research questions must arise from the consultation.

Starting with simple projects enables the network to achieve some early successes which builds confidence

Participating in research needs to be cost neutral for the practice

A network is not a community laboratory or a data-collecting machine.

### LLL:

How do you see a PCRN driving on family medicine research in Singapore?

### HS:

Research networks are a partnership between academia and service, if successful a network will promote knowledge and enthusiasm in research, increase the use of evidence in clinical care, the generation of important research questions and ultimately better patient outcomes.

A PCRN can act as an introduction to family medicine research - participants learn research skills, can contribute data to multi-practice studies with adequate sample size and results that are generalizable. Some family doctors will get the research ‘bug’ and will then progress to developing and to leading their own research. Some members of the first network I established have developed academic careers and become professors of General Practice

### LLL:

Enhancing the standing of family medicine in academia is

(continued on the next page)

(continued from Page 19: Thriving on Change and New Initiatives)

important to improve perception and raise the prestige of family medicine. Besides a PCRN, how else can family medicine research in Singapore drive forward?

**HS:**

We need to ensure that colleagues have

1. truly protected time for their academic activities
2. mentorship
3. a firm foundation for their academic activities - ie . they are allowed to develop their own skills to a sufficiently high level before being asked to be a PI and supervise others
4. an academic community they can relate to, here they can discuss their ideas, find collaborators

**LLL:**

Finally, is there a sustainable career path for clinician investigators / scientists in family medicine? If so, what are your recommendations / advice for our junior family physicians embarking on such a career track? Career wise, is it possible to achieve a balance between clinical practice and research?

**HS:**

There is a path, but it has not been well trodden.

The balance between clinical and academic commitment is difficult whatever branch of medicine one is in. But perhaps it is even more difficult in primary care because one is often working in a smaller team.

My advice to budding family medicine academics would be never to get disheartened but to focus on the huge positives of your chosen career. It is a great privilege to combine clinical practice with teaching and research. Interacting with students, challenging the way we practice, generating new knowledge are very stimulating and rewarding. They bring variety and wonderful opportunities to interact with academics in other countries.

I might go as far as to advocate that the combination of academia and service responsibilities is good for our wellbeing as well as the health of our patients.

■ CM



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## FAMILY PRACTICE SKILLS COURSE

### Managing Complex Patients in Family Medicine Settings

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #71 on "Laboratory Medicine", held on 21 October 2017.

#### Expert Panel:

A/Prof Robert Hawkins  
Dr Cynthia Chee Bin Eng  
Dr Sharon Saw

#### Chairperson:

A/Prof Goh Lee Gan

# Thank you

## for Supporting Screen for Life (SFL)

by Agency for Integrated Care

We would like to convey our deepest appreciation for the many Community Health Assist Scheme (CHAS) General Practitioners (GPs) who have provided health screenings for eligible Singaporeans.

The enhanced SFL encourages Singaporeans to go for their recommended screening and follow-up at their nearest CHAS GP clinic. This is because early detection of chronic health conditions enables early intervention and achieves better health outcomes. Since the start of the enhanced SFL from 1 September 2017:

- **13,000** patients have taken up SFL
- **660** CHAS clinics have started administering SFL
- **600,000** invitation letters have been sent to the public

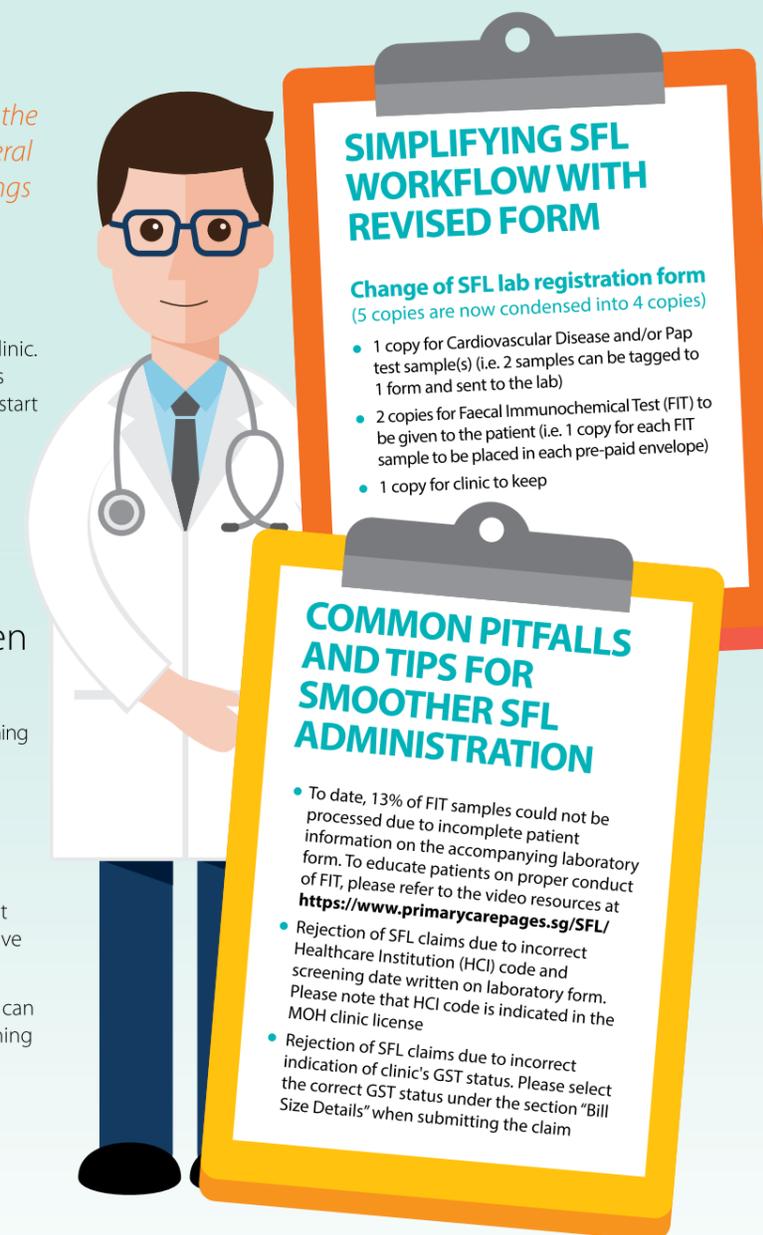
We believe SFL will support the shift towards primary care and for screening and chronic disease management to be anchored in the community.

Dr Victor Liang, Mutual Healthcare Medical Clinic, believes that SFL which is exclusive at CHAS clinics will have positive outcomes because GPs can utilise their existing patient-doctor relationship and know their patient pool better. Hence, GPs are well-placed to perform health screenings. After screening, GPs provide subsequent follow ups, dispense the relevant preventive advice, and instil positive healthseeking habits for their patients.

Dr Paul Ang, Zenith Medical Clinic, echoes the same. "With SFL, GPs can better encourage patients to take up evidence-based health screening due to the low cost."

With all scheme implementation, we acknowledge that there lies challenges to clinics' operations. Dr Alvin Ang, Our Family Physician Clinic & Surgery, shares that "having one point of contact from AIC to assist with any hiccups arising from administrative matters has definitely made it much more convenient."

AIC provides on-site SFL training for GPs and clinic staff. Contact us today at **6632 1199** or **gp@chas.sg** for more information.



### SIMPLIFYING SFL WORKFLOW WITH REVISED FORM

Change of SFL lab registration form (5 copies are now condensed into 4 copies)

- 1 copy for Cardiovascular Disease and/or Pap test sample(s) (i.e. 2 samples can be tagged to 1 form and sent to the lab)
- 2 copies for Faecal Immunochemical Test (FIT) to be given to the patient (i.e. 1 copy for each FIT sample to be placed in each pre-paid envelope)
- 1 copy for clinic to keep

### COMMON PITFALLS AND TIPS FOR SMOOTHER SFL ADMINISTRATION

- To date, 13% of FIT samples could not be processed due to incomplete patient information on the accompanying laboratory form. To educate patients on proper conduct of FIT, please refer to the video resources at <https://www.primarycarepages.sg/SFL/>
- Rejection of SFL claims due to incorrect Healthcare Institution (HCI) code and screening date written on laboratory form. Please note that HCI code is indicated in the MOH clinic license
- Rejection of SFL claims due to incorrect indication of clinic's GST status. Please select the correct GST status under the section "Bill Size Details" when submitting the claim



ScreenforLife

# President's Forum

by Adj Asst Prof Tan Tze Lee, President, 26<sup>th</sup> Council, College of Family Physicians Singapore

It has been 52 years since Singapore gained its independence, and 46 years since a few good men came together to make their dreams and aspirations of establishing a Singapore College of General Practitioners a reality.

In the early days, our esteemed predecessors had many noble ideals. We need to look no further than the articles in our College Constitution to see this. Our founding fathers' first aims were to advance the Art and Science of Medicine, by discussing medical and scientific problems, and running post-graduate education for general practitioners in the early days, now called family physicians. They were interested in high standards, and keen to encourage and help young doctors to prepare, qualify and establish themselves in family practice. High aspirations, selflessness, and always looking towards advancing the quality of family medicine for all of society were the hallmark of our college pioneers.

The college ran the first diplomate course in general practice/family medicine in the early 70's, and the first Collegiate Members of the College of General Practitioners, Singapore were newly minted in 1972, as MCGP(S). They established the first general practice journal in Singapore, then called simply "the GP", subsequently renamed the "Singapore Family Physician". Even in the early days, GPs had much interest in their community, with studies and reviews published in the journal. The College spearheaded all undergraduate and postgraduate education efforts for family medicine in the 1970s.

Fast forward to 2017, and we can see that the college has indeed come a very long way. We are now called the College of Family Physicians, Singapore. We run three well-structured courses, the graduate diploma in family medicine, (GDFM, the entry criteria for the Family Physician Register), the Master of Medicine, College route [MMed (FM)] and the Fellowship of the College of Family Physicians (FCFP). In our college convocation in November 2017, we celebrated with many of our trainees who had taken the challenge of FM training and been successful. For those who have yet to achieve this, persevere and press on, never give up, for the prize is within your grasp!

Healthcare needs in Singapore are evolving rapidly. We have one of the most admired healthcare systems in the world, yet we hear many grouses about the inadequacies of the system. Of particular concern is our rapidly ageing population, estimated to reach 900,000 in 2030, around 25% of the population. These changing demographics are already leading to many more challenges to our healthcare system, and the need for more and better trained family physicians is more urgent now than ever. But how do we attract our

young doctors to choose family medicine as a career? Is there a magic formula that can make family medicine irresistible to our newly minted medical officers?

Why is it that many medical students aspire to train in hospital medicine as opposed to work in the community as a family physician? The truth in part arose as a result of the government's focus on medical specialisation in the 70's and 80's. At the time, there was a need to build up our specialist expertise, and many specialist centres, like the National Heart Centre, National Cancer Centre, National Skin Centre, and the Singapore National Eye Centre were set up then. Specialists were glorified as bastions of the medical profession. The national media then had a fascination with the latest "advances" by the specialists, and this has imbued on the national psyche that specialisation in the key to having the "best" care. The subsequent lack of recognition and prestige of generalist doctors may further account for trainees choosing subspecialisation paths. The government did invest and develop the polyclinics islandwide, but GPs in private practice (comprising 80% of the primary care workforce) were left to develop their own systems.

There is a realisation now that, as the late Prof Barbara Starfield of Johns Hopkins University said so eloquently and we quote: - "there are lots of evidence that a good relationship with a freely chosen primary-care doctor, is associated with better care, more appropriate care, better health, and much lower health costs."<sup>1</sup> With our aging population and increasing chronic disease burden, well-trained FPs would be well placed to make a significant positive impact on the health of our nation. With proper costing and adequate funding, a strong primary care system comprising well-trained Family Physicians will prove to be the more cost effective solution for many questions in healthcare, as has been shown in many countries throughout the world.

The call for more well trained family physicians is now even more urgent than ever, as well as the need to build up community resources to better manage patients at home. Minister of Health, Mr Gan Kim Yong, in his 2017 Committee of Supply Budget Statement in March 2017, listed 3 key changes for a "future ready" healthcare system, (i) move beyond hospital to the community; (ii) move beyond quality to value; and (iii) move beyond healthcare to health.<sup>2</sup> We have seen some evidence of this move beyond hospital to the community, with myriad engagements of private practice GPs and FPs by the MOH in recent years, and various initiatives like the CHAS and Pioneer Generation medical benefit schemes.

(continued on the next page)

We have heard exhortations from the Director of Medical Services, Associate Professor Benjamin Ong, who highlighted the importance of primary care in his speech at the opening of the Asia Pacific Medical Education Conference (APMEC) in January 2017. Transformation of primary care, with the long term goal of "One Singaporean, One Family Doctor" encapsulates the "key role of family doctors as a trusted health partner of every Singaporean." He further added that with the increasing complexity of healthcare in primary care, "the professional upskilling of primary and community-based physicians through post-graduate Family Medicine training will no long be optional."<sup>3</sup>

What does that mean for us in Family Medicine? Is the Cinderella of our healthcare system about to take more of a centre stage? Will more resources be placed in the hands of the practitioners in primary care?

Will family medicine finally be recognised as a medical specialty in its own right?

There is hope yet, as Minister of State for Health, Mr Chee Hong Tat said in his speech at the SMC Physicians' Pledge

in September this year, "There remains an important need for different groups of specialists in our healthcare system, including larger numbers of doctors specialising in areas such as family medicine, internal medicine, geriatrics and palliative care."<sup>4</sup> Or as MP for Tanjong Pagar GRC Dr Chia Shi-Lu said, "Greater recognition for family medicine-such as accrediting it as a speciality - is also welcome, to help to shed the impression that GPs and family physicians are but "cough and cold doctors".<sup>5</sup>

Let us make that our goal for 2018.

1. <http://bostonreview.net/barbara-starfield-the-primary-solution-doctors>
2. [https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/speeches\\_d/2017/speech-by-minister-for-health--mr-gan-kim-yong--at-the-moh-commi.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2017/speech-by-minister-for-health--mr-gan-kim-yong--at-the-moh-commi.html)
3. [https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/speeches\\_d/2017/speech-by-a-prof-benjamin-ong--director-of-medical-services--min.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2017/speech-by-a-prof-benjamin-ong--director-of-medical-services--min.html)
4. [https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/speeches\\_d/2017/speech-by-mr-chee-hong-tat--senior-minister-of-state-for-health-2.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2017/speech-by-mr-chee-hong-tat--senior-minister-of-state-for-health-2.html)
5. <http://www.todayonline.com/singapore/big-read-specialists-or-gps-training-review-get-mix-right-just-what-doctor-ordered>

CM

## Academic Writing Group LKC

by Dr Ng Chee Lian Lawrence, FCFP(S)

Research is an area which brings much fear to the family physician in clinical practice. For most of us, we have hardly any experience nor formal training in it during our undergraduate and clinical careers.

In early part of 2016, the LKC School of Medicine, under Prof Helen Smith, Dept of Family Medicine, started a monthly Saturday afternoon meeting group in a highly interactive, peer-support, small group format and the participants' objectives determines the course content.

It aims to help develop participants' scientific writing skills that will enable them to write clearly and meaningfully for a wide range of audiences and publish their research. Participants came from National Healthcare Group (NHG) and College of Family Physicians Singapore (CFPS).

At each meeting, we update on members writing endeavours, short presentation & an activity (e.g. questions, analysis of examples etc.)

Titles included From research to publication; Writing for publication; Getting published; The art & mastery of scientific writing.

Learning Objectives were:

- Understand the scientific writing process
- Reflect on what constitutes a research question and how it can be addressed in a scientific paper
- Organise and compose a manuscript in line with the IMRAD (Introduction, Methods, Results and Discussion) and scientific journal requirements
- Understand the conventions of scientific writing
- Reflect on the ethics, authorship and conflict of interest in research

- Understand the peer-review process, including why manuscripts get accepted or rejected
- Learn how to reply to reviewers' comments
- Develop strategies for peer-reviewing papers

Course syllabus included:

1. What scientific writing looks like: scientific writing process
2. How to shape your writing: types of research, publications & journals
3. How to get published: developing a publication strategy
4. What to keep in mind: ethics, data management, authorship rules & conflicts of interest
5. How to write: style, drafts, peer-review & plagiarism
6. How to submit: letter to the editor, referencing, tables & figures
7. How to improve: peer-review, addressing comments & dealing with rejection
8. How to review: being a peer reviewer

The group of us included doctors from the NHG Polyclinics and members of the College, particularly those doing research for the Fellowship exams.

We enjoyed the more gradual and relaxed pace of teaching by Prof Helen and Prof Lorraine Tudor. Learning research was more fun and less painful this way. Through this article, we hope more of us can see the value of research and learn how to write masterfully for publication through participating in such courses. There is never quite a perfect moment to do it, except to embark on it first and perfecting it along the way!

CM



## Family Practice Skills Course #72

# Extended Consultation

Sat, 20 Jan 2018: 2.00pm - 5.30pm

Sun, 21 Jan 2018: 2.00pm - 5.30pm

Health Promotion Board, Auditorium Level 7,  
3 Second Hospital Avenue, Singapore 168937

### TOPICS

Unit 1: Overview - Extended History Taking

Unit 2: Extended Examination - Reflective Communication

Unit 3: Extended Investigation

Unit 4: The 4Ps of Formulation

Unit 5: Problem Work; Pattern Work

Unit 6: Presence Work; Positive Work

### WORKSHOPS

Day 1: Case Study

The patient with MODY - mature onset diabetes of the young in a "Difficult Patient"

Day 2: Case Study

The patient with diabetes out of control - Applying the 4Ps of formulation and 4Ps of intervention

### SPEAKERS

A/Prof Cheong Pak Yean

A/Prof Goh Lee Gan

### SEMINARS (2 Core FM CME points)

Seminar 1• Unit 1 - 3: Sat, 20 Jan (2.00pm - 4.00pm)

Seminar 2• Unit 4 - 6: Sun, 21 Jan (2.00pm - 4.00pm)

### WORKSHOPS (1 Core FM CME point)

DAY 1, 20 Jan (4.30pm - 5.30pm)

DAY 2, 21 Jan (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis.

Seats are limited.

Please register by 16 Jan 2018 to avoid disappointment.

### DISTANCE LEARNING MODULE

(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)

• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is organised by  
**College of Family Physicians Singapore.**



All information is correct at time of printing and may be subject to changes.

## REGISTRATION

### Extended Consultation

Please tick (✓) the appropriate boxes

**FREE  
REGISTRATION  
for College  
Members!**

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> <del>\$21.40</del> <b>FREE</b>	<input type="checkbox"/> \$21.40
Seminar 2 (Sun)	<input type="checkbox"/> <del>\$21.40</del> <b>FREE</b>	<input type="checkbox"/> \$21.40
Workshop (Sat-Sun)	<input type="checkbox"/> <del>\$42.80</del> <b>FREE</b>	<input type="checkbox"/> \$42.80
Distance Learning (MCQ Assessment)	<input type="checkbox"/> <del>\$42.80</del> <b>FREE</b>	<input type="checkbox"/> \$42.80
<b>TOTAL</b>		

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

I attach a cheque for payment of the above, made payable to: **College of Family Physicians Singapore** \*

Cheque number: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund due to cancellation after the registration is closed OR after official receipt is issued (whichever is earlier).

Name: Dr. \_\_\_\_\_

MCR No: \_\_\_\_\_

(For GDFM Trainee only) Please indicate: \_\_\_\_\_ intake

Mailing Address: (Please indicate:  Residential  Practice Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.**

Please mail the completed form and cheque payment to:

**College of Family Physicians Singapore**

16 College Road #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: 6222 0204