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General Practitioners (GPs) who live and serve though a time when Singapore was not as affluent. My father was born into a humble family with 5 brothers and 1 sister, and they lived in the Hougang area, in a place they call “Tapioca Garden” in Teochew. From young, dad would often recount how they would study at night with the kerosene lamp, a lamp that sometimes caught fire. And it would seem that their idea of a good time, was climbing trees and digging ditches. Dad also had difficult to control asthma, and would often have to visit the local village General Practitioner, who would usually administer intramuscular adrenaline and he would complain of the side effects, especially frequent urination that bothered him most. Probably, it was dad’s humble background and frequent visits to the local GP that shaped his world view and convinced him of the good the local GP can do.

Dad’s many small good deeds, as told by patients to me fill me with pride and inspiration. Truly, there must be some value being at the same place, same time, everyday. Being a GP in a housing estate, day in day out, we become part of the local eco system with the opportunity to contribute not just to the health of the estate, but also to the psychosocial aspects of the community. Local knowledge of the community often provides context to the patients’ various medical issues. Even as recent as early last year, I would often marvel at how my father would seem to know everyone in the estate. But I suppose this local knowledge can only come by being in the area for a really long time, and taking the trouble to take a good social history and construct an extensive family tree for patients.

Uniqueness of each GP

In an era of great competition, when “Singapore’s largest polyclinic” can suddenly appear one block and one road

away from me. It is heartening to know that there is still a place for us GPs in the community. These few months, a few of dad’s old patients suddenly returned to see us after a lapse of several years, only to find dad gone forever. Some would express regret, but though the institutions remain, the GP is **the** institution. Once gone, is gone forever. So, I hope our patients treasure and see us, while we are still alive and here for them.

Building Ties with Local Organisations

Not just people to people. My father would also build links with organisations in the area. Of them, I’m proudest of his work assisting the Singapore Buddhist Federation, especially with their early work founding Bright Vision Hospital. This wonderful relationship continues today. My dad also found himself absorbed into St Joseph’s Dying Aid Association, whom we sought help for his sending off last year. I am greatly honoured when dad’s old patients who are pastors, priests, monks and nuns come to see us. Dad also understood the importance of building our own Family Medicine community, and he was proud to have dedicated time and energy to College (CFPS) and Health Maintenance Office Pte Limited (the precursor to our modern-day Primary Care Networks).

Constancy

I still ponder and wonder about how dad came to build and maintain such wonderful relationships. Maybe it is the constancy, of being a GP at the same place, same time, everyday, doing small things with great love. For dad always reminds me that money in itself would not make one happy. Rather it is the service of others and the community that makes one happiest. And we are privileged to be local GPs, a great place to serve.

■ CM

My Experience Running a GP Clinic During a Pandemic

by Dr Quah Soon Wee, Director and Family Physician (MMED(FM)), Crossroads Family Clinic

“Dear Dr Leong,

You have not met me before but I have heard of you through the various SMA articles and newspaper forum articles you have contributed. I also sat in one of the sessions in the College auditorium where you shared about your journey in medicine and the various mission trips you went for. I have also a couple of friends and their family members who rave about your professionalism and kindness in your practice at Missions Medical Clinic.

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Despite being in the public sector for a number of years, it has always been my wish to set up my own practice. I firmly believe that the best primary care is best served by good competent GPs in the heartlands, looking after generations, having long term relationships with them and following them up. This is what I have been taught in my Family Medicine training and I want to practise family medicine that way. And hence my long term desire to set up my own practice, shape it and be a blessing to the community. I recently chanced upon an article you wrote

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for SMA news in May 2016, called "GP Incubating: Building the Next Generation of GPs" and you made an invitation to family physicians who want to set up their clinics to contact you, so here I am boldly writing you an email out of the blue. I have identified a suitable clinic space - a new estate in Tampines North, and I have put aside sufficient capital. I have done little else, other than talk to some friends who are in the private GP sector. I am keen to get some advice, tips and guidance from you, knowing that you are a leader in this field, and you are keen to guide younger GPs starting out on this journey. I am also especially keen to hear from you because you are a fellow Christian. And one of my main aims in setting up my own practice is also to be a godly doctor and GP, serving in the community and being a blessing to the community.

I will be most glad if you can be my mentor or advisor in one way or another. Hope to hear from you!

Best regards,
Soon Wee"

An email written to Dr Leong Choon Kit on 23 May 2019 kick started the process of starting a new General Practitioner (GP) clinic from scratch. My journey as a private GP is a unique one, since I have had close to zero experience in the private sector after graduating from medical school. It is with a big leap of faith and much guidance from other GPs (not least Dr Leong) that I embarked on this adventure.

Preparation phase

First things first – a clinic space. I had in mind a Housing Development Board (HDB) shop space in Tampines North. The only reason I knew that this place existed was that I used to drive past it every day on my way to work at the polyclinic. It is situated among this cluster of HDB blocks which were the first blocks to be completed in this huge new HDB estate in Tampines North. I reckoned it might be easier to set up shop in a brand new estate. Furthermore, across the road lies an existing mature HDB estate and the road is well plied by a number of bus services. That should provide the clinic with a comfortable stream of patients.

I subscribed to the E-alert system on the HDB commercial bidding website and waited for the shop space to be available for bidding. Meanwhile, I had arranged to meet up with Dr Leong to discuss my plans. But before we could set up a meeting date, the email alert came. There would be 2 clinic spaces up for bid in the estate. That Thursday morning, I parked myself in front of my laptop, filled with excitement

and trepidation. Bidding was fierce for the 2 clinics. I thought to myself: I should have just studied traditional Chinese medicine (TCM). The TCM shop had closed for bidding at about \$3K. One of the clinics was finally closed for bidding. The winning bid was \$11+K. I felt a bit demoralized as I was not prepared to pay such a high rent. The bidding for the remaining clinic continued to inch upwards to the magic \$10K mark. At about 12 noon, I got it, just under \$10K. I had mixed emotions. The rent was higher than I had expected. I wondered whether the clinic would survive. I managed to convince myself it was a good location and I could make this work.

That very night, I met Dr Leong for the first time in his Serangoon clinic, and he gave me a one-hour summary of what I needed to do to get things running. We also discussed a whole range of topics that night, ranging from setting consultation charges to third party administrators (TPAs) to buying of medications. I had the privilege of sitting in one of his clinic sessions a couple of months later, and witnessed first-hand how he practised family medicine. Much of his advice and wisdom continues to shape the practice that I am running today. Among the many pearls of wisdom he shared, the one that he emphasized the most was to not take any contracts or TPAs, to spend quality time with every single patient that walks into the consult room, and to treat the patient and the family holistically.

The next two to three months were hectic. In between morning and afternoon clinic sessions as well as after work, I busied myself meeting the accountant, contractors and interior designers, clinic management software personnel, pharmaceutical representatives and potential clinic assistants. One of the things Dr Leong helped me a great deal was to link me up with other GPs who had just started their clinics (also under his guidance). Through the group chat discussions, I was able to draw on these GPs' experiences and to freely ask questions whenever I ran into difficulties during the setup of my clinic. I also visited some of these clinics and had a better sense of spatial planning for the new clinic, what equipment I needed, and continued to draw on these GPs' experiences and expertise in running a GP practice.

Open for business!

Fast-forward to November 2019, the clinic was ready for its opening. The renovation was completed, internet broadband had been setup, clinic management system was ready and



Dr Quah Soon Wee

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images courtesy of
Dr Quah Soon Wee

the basic medications had arrived. Crossroads Family Clinic finally opened its doors on 11 November 2019. Business was slow during the first two months of clinic operations. The number of patients seen a day was often a single digit, sometimes less than what I saw in one hour in the polyclinic. I vividly recalled one Thursday morning when I had a grand total of one patient the entire morning. Those were days of self-doubt and anxiety.

I soldiered on despite the difficulties. I told myself and my staff that we shall treasure every patient that comes through the door. I had time during those initial months to write down every single patient's name and medical condition. I sometimes followed up on my patients with a phone call to find out how they were doing. I also had time to pick up new skills and learn new things along the way. I realised that I could do more than just prescribing symptomatic medications after spending 15-20 minutes with a patient with upper respiratory tract symptoms. By performing an influenza point-of-care test, I could pick up influenza and prescribe anti-virals. My patient could potentially recover faster and avoid further complications. Interestingly, I picked up dozens of influenza cases during those couple of months, including in myself and my daughter! Those were pre-COVID days when mask wearing and personal protective equipment (PPE) donning were not the norm. On New Year's Day, I was having high fever, chills and upper respiratory tract symptoms (and positive contact history). I promptly got tested, treated for influenza, and was back at work the next day.

COVID struck

The COVID pandemic arrived on our shores during the Chinese New Year period in 2020. There was a sudden shortage of masks, PPE and alcohol hand rub. Not expecting the situation to escalate so quickly, I was caught off guard and had to scramble to get these supplies. Thankfully, I was able to source for some surgical masks from Indonesia. I had also joined Dr Leong's Class primary care network (PCN) and GP+ Co-operative (Co-op), and was able to get some

of the medical supplies through them. Of course, Dr Leong himself was always availing himself to help. There was one day when I was down to my last 2 bottles of alcohol hand rub. I had to drive down to his clinic to borrow 2 more bottles while waiting for my own stock to arrive.

When the first few cases surfaced in January last year, COVID was still somewhat an unknown entity. Many were worried that it would be as deadly as SARS. I had to enforce new standard operating procedures (SOPs) and infection control measures in the clinic. At home, I also had to stick to strict infection control measures to prevent myself from potentially passing any viruses to my family. I had to go straight to the shower after reaching home. I was also advised to wash and disinfect my clothes separately. I remembered when I had to send a suspect case to National Centre for Infectious Diseases (NCID). Before the results were out, I had to quarantine myself from my wife and my kids for a day.

Thankfully, the sole case of COVID-19 that I "picked up" was a patient that I did not actually come into direct contact with. This was during late March. He was a university student who came back from the United Kingdom and was on stay home notice (SHN). He called to ask about his symptoms and whether he should come down to the clinic to be examined. His sole symptom was anosmia – "the curry I ate tasted like plain water". At that time, anosmia was not one of the symptoms that fit the case criteria for suspect COVID-19. However, reports about the link between anosmia and COVID-19 were surfacing in Europe and China. I promptly activated the dedicated ambulance and he was sent to the hospital and confirmed to have COVID-19.

COVID-19 also brought along rapidly changing guidelines, criteria and protocols. There were numerous Ministry of Health (MOH) guidelines and suspect case criteria that GPs had to keep updated with. There were guidelines for the issuing of medical certificates (MCs), guidelines for swabbing and guidelines for activating the ambulance. Then

there was the Public Health Preparedness Clinic (PHPC) scheme / Flu subsidy scheme to administer, with its own set of guidelines. And not too long ago, Safe Entry protocols and Patient Risk Profile Portal (PRPP) was introduced. It was once again helpful to be in a community of GPs in the PCN. The WhatsApp group was a platform for ideas to be shared, concerns to be raised and quick solutions and answers to be found.

The circuit breaker that stretched from late March to early June, and the months that followed, was a difficult period for most GPs. Patient load was very low as people stayed home and shunned clinics. Health screenings, regular medical examinations and vaccinations were disallowed during the circuit breaker period. Many clinics including mine were able to survive only because of the rental subsidies and wage subsidies doled out during that time.

Opportunities

Despite the many challenges due to COVID-19 pandemic, there were also opportunities abound in learning and trying new things. In April 2020, MOH invited PHPC clinics to perform swabs for suspect cases that fit the swab criteria. After some initial hesitation, I decided to take up the role and have been swabbing cases that fit the criteria in my clinic till today. Testing for COVID-19 in the clinic is a tedious process. There are infection control protocols to adhere to, PRPP forms to fill, and of course the unenviable task of convincing the patient to get the swab done. However, many patients do appreciate the convenience of being able to see a doctor and getting a swab done in the same clinic.

Being a PHPC clinic that does COVID-19 swabs also opened up an opportunity to do pre-departure swabs in August when essential travel was permitted. My clinic was one of a few pilot clinics to offer pre-departure COVID-19 swabs. My clinic assistants had their hands full during those 2 months answering a lot of phone queries and emails relating to pre-departure swabs. That also provided the clinic with a steady stream of income while waiting for the usual patient load to pick up.

Looking forward

It has been about one year and three months since Crossroads Family Clinic opened. I can only thank God that the clinic has survived thus far. There is something truly satisfying about running a clinic and being rooted in the community. I am grateful that there is a steady stream of patients now. It is deeply fulfilling to look after patients and families, gaining their trust and forming long term therapeutic relationships. It is also a privilege and a duty to look after the foreigners in our midst, in particular the domestic foreign workers and the construction foreign workers. In November last year, I was busily managing a dengue outbreak in the construction site nearby. There were over a hundred dengue cases in the cluster and I was managing and following up close to a third of them. The problem was so acute that the diagnosis could be made at the triage just based on patient profile and symptoms alone.

I have come to learn that being a GP in private practice, I have to be nimble and adaptable. There will be new challenges in future. I will have to adapt again when the PHPC/Flu subsidy scheme is withdrawn. I will have to find new opportunities when there is no longer any need for pre-departure COVID-19 tests. I will have to find ways to collaborate when the new polyclinic behind me opens its doors in a couple of years' time.

It is with this spirit of adventure, willingness to learn and adapt, and a big dose of help from Dr Leong and fellow GPs that I have survived thus far. And God willing, I will hang on to these, and continue to serve the community here.

PS. Dr Leong Choon Kit and myself are happy to guide and journey alongside any new/young GPs who want to venture out and start their own GP clinics. We can be contacted at our emails – choonkitaims@hotmail.com, quahsoonwee@gmail.com

■ CM

A Day in the Life of My Roommate and I

by Dr Tay Tsang Yew, Family Physician, Tampines Polyclinic

It is seven o'clock in the morning.

My alarm has yet to go off and I am still in my bed, drifting in and out of sleep. My roommate, though, is already wide awake. I hear her scurried footsteps as she goes about her morning routine. I try to ignore the noise as I bury my head in the pillow, hoping to catch a few more precious minutes of sleep before I get ready for work.

Suddenly, a loud rattling metallic sound pierces the silence and jolts me from my slumber. I groan with mild annoyance as I get out of bed and direct my gaze towards the source of the commotion. Our eyes make contact and that's when I start contemplating my life choices.

You see, my roommate is a rabbit. A Netherland Dwarf rabbit to be exact.

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