

(continued from Cover Page: Singapore Thanks Our Pioneer GPs)

expressed hope that younger generation of doctors and medical students “(would) be inspired by the dedicated and selfless attributes of these pioneering doctors.”

During the dinner, A/Prof Goh Lee Gan and A/Prof Lee Kheng Hock spoke about how the College of General Practitioners Singapore was formed on 30 June 1971 by a determined and visionary group of GPs, who saw the need to champion academic Family Medicine and raise standards for our fraternity. And how our College has continued to push the boundaries, gaining recognition both internationally and locally. To signify the academic charter of the College, the very first issue of “The GP” was published on 1st March 1973. This was to be our own medical journal, and it was renamed the “Singapore Family Physician” in 1975. Teaching was organized as well, and by 1974, the MCGP(S) designation was recognized by the Singapore Medical Council. College also organized its first major international conference in May

1983, the 10th WONCA World Conference on family medicine. Many other milestones and achievements followed.

Then Dr James Chang took the stage and shared some anecdotes with all about GP practice in those early years. He spoke about how his was a solo practice in a rural setting, where patients were poor and did at times pay in kind. For example, a patient once gave him 2 live chickens which he had no choice but to keep in the toilet, since his clinic session was ongoing. However, another patient had a fright when he was about to use that toilet. In another anecdote, he related about how he had to make an urgent house call at an even more remote location, where after a long car ride, he still had to walk a distance. Herein lies the key importance of history taking, as the patient had complained of urinary retention. He was well prepared, and once he got to the site he performed urinary catheterization with the Foley catheter and the patient was immensely grateful. There

were many anecdotes, and judging from the laughter, these must be stories that many of our Pioneer GPs can relate to.

It was a wonderful experience joining in this appreciation dinner for our Pioneer GPs. I found it enlightening to hear about the history of Family Medicine in Singapore, both from a policy and ground level perspective, and to appreciate how our discipline has progressed tremendously together with our nation. It was also a night of fun, and from across my table at one of the “100% Pioneer GP tables” I could see that they were having a great time chatting about old and new times. Pioneers like Dr Moti Vaswani, Dr Neo Eak Chan and Dr Tan Cheng Bock were among those I could name. To commemorate the event, AIC and MOH presented a custom made SG50 Parker pen for all Pioneer GPs, as a gesture of Singapore’s thanks for their work and contributions.

To our pioneer GPs... We salute you!

■ CM

ADDRESS BY GUEST-OF-HONOUR

~ *Dr Lam Pin Min*

Delivered by Dr Lam Pin Min, Minister of State for Health



Welcome

Associate Professor Lee Kheng Hock,
President, College of Family Physicians
Singapore
Distinguished Guests
Ladies and Gentlemen
Good evening

Introduction

1. It is my pleasure to join you at the annual Family Medicine Convocation Ceremony. Let me extend my heartiest congratulations to the graduating class of 2015 on the successful completion of their training.
2. Family Physicians are a key group of medical professionals playing an important role in delivering care to our population today. Our graduands now join the ranks of their seniors in meeting the care needs of patients, amidst a growing national chronic disease burden and healthcare affordability concerns.

Challenges Facing an Ageing Singapore

3. As we celebrate Singapore’s Jubilee Year, it is timely for us to reflect on the journey that our primary care sector has taken against the backdrop of changing demographics. Over the last 50 years, Singapore’s population has grown from 1.87 million to 5.5 million. The number of citizens aged 65 and above has doubled in the last 15

years, and is expected to double again in the next 15 years.

4. Given the ageing population, chronic disease management and home care will become increasingly important in primary care.

Accessible and Affordable Primary Care

5. The Ministry of Health appreciates the partnerships of our Family Physicians and General Practitioners to ensure that primary care remains accessible and affordable to Singaporeans. The Community Health Assist Scheme (CHAS) has been significantly enhanced in recent years, such as the relaxation of the patient qualifying criteria. In addition, the Pioneer Generation Package was introduced in last year in recognition of our Pioneers’ contributions to nation-building, giving all Pioneers access to CHAS. The Chronic Disease Management Programme (CDMP) was also expanded in June this year and now covers a total of 19 chronic conditions. These enhancements have allowed



more Singaporeans to be eligible for the scheme.

6. I am glad that many primary care colleagues have come onboard MOH's schemes, including CDMP, CHAS, and the Public Health Preparedness Clinics (PHPC) to ensure the accessibility of affordable primary care. Since the inception of the schemes, the number of participating clinics has grown steadily. There are currently about 1,050 CDMP clinics and 900 CHAS GP clinics.

7. I would like to take this opportunity to thank you all, our primary care colleagues, for your active participation and support. I also wish to acknowledge the contributions of our Pioneer family doctors, many of whom have spent decades providing care for many Singaporeans, and mentored the younger generations of primary care physicians.

Care Transformation

8. As our healthcare needs grow, we need to transform our healthcare model and right-site care. We envision patients needing fewer visits to the hospitals because of the effectiveness of Family Medicine in our general practices. Our well trained Family Physicians are therefore critical to this transformation of care.

9. In the past several months, we have engaged various primary care doctors to seek their feedback and suggestions. We will continue to do this, as we progress on the transformational journey in our vision for primary care to be the first and continuous line of care. Our long-term goal is to achieve "One Singaporean, One Family Doctor". As chronic diseases become more prevalent and continuity of care becomes increasingly relevant, we want to encourage patients to

understand, value and "stick" to one family doctor. A long-term doctor-patient relationship will allow doctors to have a more holistic understanding of patients' healthcare needs, and an active partnership will help prevent diseases and ensure appropriate care.

Role of Family Physicians

10. Compared to 50 years ago, family doctors today do much more than provide clinical care, including promoting better health through disease prevention and early detection. The role of family doctors has evolved, managing a greater breadth and complexity of chronic patients, and being vital links between acute and community-based care. Patients will also look to their family doctors to help them navigate the increasingly sophisticated healthcare system. This is especially relevant for our ageing population.

11. To support the ongoing shift towards more person-centric care and a greater focus on care continuity and integration, we need more like-minded Family Physicians, trained and equipped to manage challenging patients with multiple health issues within the community. We will also need to broaden our understanding of what Family Physicians are trained to do. Today, MOH is looking to support and encourage the training of many more Family Physicians, who will embrace the challenge of post graduate training to equip themselves with broad-based clinical knowledge and skills. This generation of Family Physicians will

work not only in the primary care sector, but also in the community hospitals, to help patients transit from acute inpatient care, through the rehabilitative phase, before returning safely back into their homes and the community.

Commendation for College of Family Physicians Singapore

12. On this front, I wish to commend the College of Family Physicians Singapore for their success in promoting Family Medicine. The College has shown foresight in building a robust training framework to advance the training of Family Physicians through its postgraduate training programmes, such as the Graduate Diploma in Family Medicine, Master of Medicine in Family Medicine Programme B, and the Fellowship Programme.

13. Through these programmes, the College has groomed many doctors into well-trained Family Physicians who are well-equipped to meet the changing healthcare needs of Singapore, and who work effectively alongside other healthcare professionals in various care settings.

14. There are currently 869 doctors with the Graduate Diploma in Family Medicine, 458 doctors with the Master of Medicine in Family Medicine and 134 doctors in the Fellowship Programme. Over 70% of our polyclinic doctors and 60% of the doctors in private GP practice are Family Physicians. These are promising numbers but are



(continued on the next page)

(continued from Page 5: Address by Guest-of-Honour Dr Lam Pin Min)

not enough, and we look forward to the training of many more doctors in Family Medicine, in the years to come.

International Endorsement

15. I commend your Fellowship Programme, which confers the highest qualification to Family Physicians in Singapore. Those seeking to qualify as Fellows undergo rigorous advanced study and training, supervision and mentorship, as well as education and research in the practice of Family Medicine. I note that the high standards of the Fellowship Programme have earned the

endorsement from The Royal Australian College of General Practitioners in 2010 and from The Royal New Zealand College of General Practitioners this year. Such international recognition is a testament to the academic excellence of the training programme.

16. Your Fellows are important leaders whom we will depend on also to bring Family Medicine forward to achieve our goal to transform care.

Conclusion

17. Singapore has made great strides over the last 50 years in building a world-class healthcare system. Looking ahead, the Ministry will continue to support and work closely with the College and primary care doctors to transform primary care. Together, we can keep our nation healthy and productive over the years to come.

18. I am also confident that our graduands will ably rise to the challenges ahead. I wish you every success and a fulfilling career. Thank you.

■ CM

SREENIVASAN ORATION 2015

Reflections and Recollections over the Decades

Prof Chew Chin Hin, Sreenivasan Orator 2015 and Recipient of CFPS Honorary Membership

Minister of State for Health, the President of the College of Family Physicians, Members of Council, and Friends.

Allow me first to thank the President and Council for asking me to deliver the Sreenivasan Oration and to be an honorary brethren of the College. This is an incredible double honour; but I accepted not without hesitation and with much trepidation as President Lee knows of my ageing and failing voice box!

Prologue

Dr BR Sreenivasan was a remarkable physician, scholar, clinical teacher and administrator; more so a thorough and compassionate gentleman. I knew him from my childhood days, growing up in the grounds of the then Sepoy Lines General Hospital. The Sreenivasan family were once our neighbours at the doctors' quarters along Outram Road and have been long-standing family friends. Dr Sreenivasan and my father, Dr Benjamin Chew were fellow colleagues with Dr Gordon Ransome, serving under Dr V Landor and Sir Brunel Hawes, the Professor of Medicine at General Hospital (SGH); sometimes at Tan Tock Seng Hospital (TTSH), the main teaching centre for Clinical Medicine and Surgery before the Japanese invasion.

Disease pattern then was very different. There was the predominance of infectious diseases and malnutrition eg, tuberculosis



Prof Chew Chin Hin delivered the Sreenivasan Oration despite his failing voice box.

(TB), typhoid, dysentery, poliomyelitis, malaria, Beri-beri and other dreadful diseases. Many have now been eradicated, though some still remain. Besides being fellow colleagues, Sreeni and Ben Chew shared many common interests. Both were well read in the classics and literature. They were fellow students at the King Edward VII College of Medicine, graduating LMS in 1931 and 1929 respectively with a special interest in General Medicine.

With the internment of their colonial chiefs following the surrender of Percival to Yamashita in Feb 1942, they served as Heads of Medicine, Ben Chew at TTSH and Sreenivasan at Kandang Kerbau Maternity Hospital (KKH) which also served as a general hospital, SGH having been taken

over by the Japs for their own military. With their dedicated local staff, doctors, nurses and others, they ministered to the thousands of patients with compassion; battling the horrendous diseases during the three and a half years of the Occupation.

Battle Against Tuberculosis

TB was a main concern with the huge numbers of well over two thousand and five hundred in a population then of just over a million. With hardly any effective drugs and post War problems, the government could hardly cope. Also with discriminating colonial policies, many local doctors left the service, despite the promise of better conditions and scholarships for specialist training in United Kingdom (UK), including Sreeni and Ben Chew. But both continued the battle against Tuberculosis in private practice, Sreeni in little India and Ben Chew in North Bridge Road. They were supported by likeminded prominent philanthropists and former grateful prisoners of war (POWs). They had helped them during internment. First, the Rotary Club funded and built the Rotary Tuberculosis Clinic at TTSH in 1948 at their behest. Soon after, they with 13 others founded SATA, the anti TB association.

The only effective drug was streptomycin, discovered in 1944, but available here only in 1946. Treatment of TB was then the regime of bed rest, often isolation