

# Live Radio Interview with Capital 958 FM on Family Medicine training in Singapore

by Dr Low Lian Leng, Council Member, College of Family Physicians Singapore

On 27th November, College President Associate Professor Lee Kheng Hock and Dr Low Lian Leng attended a live radio interview with Capital 95.8 FM, a popular Chinese infotainment station on its morning talk show. The interview was hosted by Mr Phua Kia Peow and covered on the need for more family physicians with family medicine training to support Singapore's aging population and changing healthcare needs in the primary, intermediate and long term care (ILTC) sectors. The following are some key take-away from their interview.

Professor Lee started by sharing that since its inauguration in 1971, the College has been advocating for post-graduate training for family physicians, culminating in formation of the Masters of Medicine (Family Medicine) program in 1993, followed by the Graduate Diploma in Family medicine and the Fellowship of the College of Family Physicians. The programs have nurtured many batches of well-trained family physicians. Professor Lee also highlighted the importance of ongoing training for family physicians to upgrade their competencies to manage the increasingly complex patient care needs in our aging population. Older family physicians can also enroll in College programs if they had missed out on formal training programs before its formation.

Dr Low added that today's family physicians will play a major role in the healthcare system as they are versatile to work in many settings including acute interface, ILTC and home care. The family medicine training programs are rigorous to prepare the family



Capital 95.8FM morning talk show host Mr Phua Kia Peow finds out more about Family Medicine from Dr Low Lian Leng (middle) and Al Prof Lee Kheng Hock (right).

Image courtesy of Dr Low Lian Leng

physician to function as "One discipline, many settings" and fulfill the full potential of family medicine in these diverse settings. The holistic training is what motivated him to do the Masters followed by the College fellowship program.

To meet the needs of the aging population with increasingly complex care needs, Professor Lee emphasized that today's family physicians are required to be well-trained to prioritize their patients' multiple problems. Patients can be taken

care of by family physicians starting from the post-acute phase and continuing the care in the step-down setting before transition to the community family physician. The rigorous training family physicians receive will allow them to appreciate the impact of the illness at different transition points of the healthcare continuum and understand the interaction between multiple disease complications and individualize management plans appropriately. The longitudinal relationship built by caring for patients from cradle to grave is beneficial for the family physician to apply the context and provide patient-centered care.

Finally, Dr Low gave an example of how the additional training has benefitted him in his work. He pointed out that many family physicians now play an important role in caring for the chronically sick and home-bound patients in home care as they are unable to return for hospital follow up. The additional fellowship training benefitted him to lead his multi-disciplinary home care team competently and prevent unnecessary readmissions and emergency department visits for his patients.

■ CM

## 1<sup>st</sup> SSO-NCCS Geriatric Oncology Workshop - 10<sup>th</sup> Oct 2015

by Dr Ravindran Kanesvaran, Consultant, Division of Medical Oncology, National Cancer Centre Singapore

The Singapore Society of Oncology (SSO) together with the support of the Department of Cancer Education of the National Cancer Centre Singapore (NCCS) had organised a workshop on Basic principles of Geriatric Oncology for family medicine specialists recently. Geriatric oncology is a fairly new field that has come to prominence of late with the realisation that elderly cancer patients should be treated differently from younger cancer patients in view of the various factors from biology to psychology that changes with aging. Elderly cancer patients (defined as those aged more than 65 years old) consist of 60% of all cancer patients, hence forming a large of cancer patients with unique needs.

Geriatric Oncology is a field that is fairly well developed in USA and some European countries but still in its infancy in Asia. NCCS has the only geriatric oncology program in the region and it

was initiated in 2007. Currently it is a clinical service provided to selected cancer patients who are older than 70 years old presenting at NCCS.

The Singapore Society of Oncology, through its President, Dr Ravindran Kanesvaran, had applied for the "International Neighbour of Choice (INOC)" grant from MSD Philanthropy for 2015 and was successful in its application for funding to conduct 3 geriatric oncology workshops. The first of the workshops was the one conducted on October 10th 2015. It was held at the NCCS Auditorium from 12pm to 5pm.

The objective of this workshop was expose family medicine specialists and general practitioners to the fundamental concepts

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of the field of geriatric oncology. The half day workshop was developed in a way to give the participant a comprehensive overview of all the key specialities involved in the care of elderly cancer patients. Hence the workshop involved medical oncologists, geriatrician, palliative medicine specialist, pharmacist, medical social worker and family physician.

The course was opened by medical oncologist, Dr Ravindran Kanesvaran with an overview and a brief introduction to the unique **characteristics of the elderly person** including disease presentations, changes in physiology, principles of prescribing and the importance of a multidisciplinary approach. This was followed by geriatrician, Dr Anupama Roy Chowdhury, who shared on **geriatric syndromes** that might be commonly encountered in an older person with cancer including delirium and dementia, falls, functional decline and poor feeding. Next, Dr Ravindran Kanesvaran covered a brief description of the **common cancers seen in the older person** - breast, lung, prostate, haematological malignancies, stomach, colorectal, metastatic cancer of unknown primary including their presentation and an update on latest tools for diagnosis and workup. Dr Tira Tan, medical oncologist, covered the **basic principles of treatment in the elderly**, assessment of fitness to undergo treatment, as well as specific management of the cancers mentioned above.

In the second part of the workshop, pharmacist, Ms Yeoh Ting Ting, shared on **common toxicities and drug interactions** of cancer drugs as well as tools used to **predict** its risk. Palliative oncologist,



▲ Multidisciplinary team to deliver a new model of care in Geriatric Oncology  
◀ Family physicians from diverse backgrounds coming together to train to provide more holistic care.

Images courtesy of Dr Ravindran Kanesvaran

Dr Lalit Krishna, gave an interactive session on the **management of common symptoms** encountered by the elderly cancer patient including pain, shortness of breath, nausea and vomiting, constipation, hiccups, itch and their management, both pharmacological and non-pharmacological. This was followed by Ms Niki Goh Ying Rou, Medical Social Worker who gave a brief update on the community resources available for the older person with cancer, how to choose the right service and how to refer to these services. Lastly, Dr Rose

Fok, a Family Physician, shared her experiences dealing with patients in the **breast cancer survivorship** clinics at NCCS. She highlighted that there is an increasing role of the family physician in care coordination and survivorship plans as they have the appropriate skillset focusing on patient education, health promotion and disease prevention.

In total, there were 83 participants who turned up for the workshop. There were pre workshop and post workshops surveys completed by all the participants of the workshop. Analysis of the information from the surveys conducted indicates that the participants now have a higher level of confidence and knowledge in dealing with cancer patients they may encounter in their clinics. This coupled with the overall excellent feedback from all the participants have encouraged the organisers to plan a few more of these workshops in the future. The next workshop is planned for March 2015 and will focus on training nurses involved in the care of elderly oncology patients.

■ CM

## Talk at SG50 Appreciation Dinner for Pioneer GPs on 30th Oct 2015 Sharing of Experiences in the Private Healthcare Setting

by Dr James Chang Ming Yu,  
Life Fellow of CFPS and Life Member of Singapore Medical Association  
Founder Member, CFPS  
Censor-in-Chief CFPS 1979-1985  
Member, Singapore Medical Council 1983-1995

Minister for Health, Mr Gan Kim Yong,  
Minister of State for Health, Dr Lam Pin Min,  
President of the College of Family Physicians, Dr Lee Kheng Hock,  
Deputy CEO Agency for Integrated Care, Dr Wong Khok Chuan,  
Dear Colleagues and Friends,

I am deeply honoured to be invited to speak on this occasion on my experiences as a family doctor of 50yrs standing. Since the other speakers have spoken on the academic and formal issues of primary healthcare, I wish to speak only of my own experiences as a family doctor in the 1960s and 70s.

I am 80 years old and my MCR No: is 00531B. I am therefore considered a dinosaur in medical circles. At a recent CME meeting, I was asked my MCR No and the young lady at the registration counter said my number couldn't be right. Why so? I asked.

Everybody has 4 numbers but yours has only 3, she replied!

I started my clinic in 1965, exactly 50 years ago. It was in Beauty World Town along 7th Mile Bukit Timah Road. This is now the location of the Beauty World MRT Station that is to be opened at the end of this year. In the 1960s, there were only about 500 registered doctors and roughly half of them were in private practice. Most were general practitioners, because specialist practice was then in its infancy. The standard of practice varied with each doctor. There was no formal training for general practitioners and doctors started their clinics when they wished to. Some started immediately after serving housemanship, some after retiring from public institutions. A few of these retirees had spent years doing surgery, general medicine or administrative work and then decided to open their own clinics. There were GPs who could do complicated surgical procedures like fixing fractures, arthrodesis of joints, cleft palate and harelip repairs. Some ran maternity homes and delivered babies with the help of midwives. A

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