

# Interview with our newly appointed Heads of Department

*Dr Matthew Ng, Singapore General Hospital, Department of Family Medicine and Continuing Care & Dr Farhad Fakhruddin Vasanwala, Sengkang Health, Department of Family Medicine*

Interviewed by Dr Low Sher Guan Luke, FCFP(S), Editor

Dr Matthew Ng Joo Ming and Dr Farhad Fakhruddin Vasanwala are no strangers to some of us. I have known Dr Matthew since 2009 when I rotated through Singapore General Hospital Family Medicine and Continuing Care department (SGH FMCC) as a family medicine medical officer trainee.

It was even earlier that I knew Dr Farhad back in the early part of 2007 (by reputation, not by person) when I went to Bedok polyclinic to help whenever their doctor manpower was low. I vividly recalled how the polyclinic executive would walk into my room and tell me that I had to help one of their doctors see extra patients as he was "overbooked" and they had stopped his morning queue numbers since 10.30am. The same will go for the

afternoon when his numbers would be stopped by 3.30pm. True enough, whenever I would walk out for lunch at 1pm, the entire clinic would be largely deserted except for the waiting area outside Dr Farhad's... his patients never seem to stop coming to see him. Of course, I only knew him in person in 2009 though my rotation in SGH FMCC. Both Dr Matthew and Dr Farhad took care of juniors like me, ensuring that we learned family medicine, enjoyed our work and kept our spirits and morale up.

I was happy this year to hear that both have been appointed as heads in SGH FMCC and Sengkang Health Family Medicine (SKH FM) departments, and College Mirror takes this opportunity to interview them on stepping up to their new roles.

specialist services. We also participate in preventive health through our health assessment unit at Camden Medical Centre. I am in charge of the clinical services provided by the department. I also held a concurrent appointment of Head, Medical Services at Bright Vision Hospital (BVH). BVH is a 318-bed community hospital that provides rehabilitation, sub-acute care, day rehabilitation, inpatient hospices, chronic sick units and general outpatient services.

## FV:

The senior management headed by Prof Christopher Cheng and A/Prof Ong Biau Chi believes that Family Medicine is one of the key pillars in managing our healthcare needs, especially in our rapidly ageing society. We will be managing patients with acute complex medical problems from the Sengkang General and Community Hospitals. Our goal is to seamlessly right site them to our home care services, intermediate and long term care (ILTC) partners, volunteer services and Family Physicians (FPs) in the North East (NE) region of Singapore. There are lots of work to be done, and a great number of right minded partners to be engaged with. My team and I are very focused on engaging community partners and Agency of Integrated Care so that we can take charge of the healthcare needs of the North East (NE) part of Singapore. We will incorporate pioneering paradigms of healthcare in order to minimize upstream health problems of our patients through good preventive health and addressing the complex social issues that are usually intertwined with it.

## CM:

Other than clinical work, what else do you intend to value-add, now that you are the HOD?

## MN:

FMCC is an established department of 10 years in SGH. Initially, we were looking at areas where we can value add in SGH. The department has, over the years, participated in various services in SGH such as being part of the Internal Medicine Hospitalist Care teams, pre-op evaluation clinics etc. In the recent years, we have been focusing on step-down care at BVH and Transitional Home Care services in SGH, looking into ways to minimize frequent admissions and bringing care to home bound patients in their own homes. The next area we intend to look into will be community services. The important things to do in the coming years will be to improve on and scale up the services that we are providing.

## College Mirror (CM):

Dr Matthew and Dr Farhad, please accept our heartiest congratulations on your newly appointed roles as heads in SGH FMCC and SKH FM department respectively! May I get you to briefly introduce yourself, for the benefit of those who have not had the pleasure of knowing you beforehand?

## Dr Matthew Ng (MN):

I am Dr Matthew Ng, I have been with SGH FMCC since its inception on 2nd May 2006. The department will be celebrating its 10-year anniversary soon. I was appointed Head of Department (HOD) on 1st May 2015.

## Dr Farhad Vasanwala (FV):

Dear Dr Luke Low, thank you very much for enabling me to share the goals, aspirations and current workings of the newest Family Medicine Department in Singapore.

My exposure to Family Medicine in a hospital setting started off in 2007 when I joined SGH as a Registrar in FMCC after obtaining my postgraduate qualifications in both Internal and Family Medicine and serving various postings in the hospitals and SingHealth polyclinics for the previous past 10 years. FMCC is the pioneer of hospital Family Medicine which profoundly changed how Family Medicine is practiced in Singapore, and which I had the opportunity to be part of. In 2012, I was appointed as a member in the MOH working group responsible for setting up the planning of Sengkang General and Community Hospitals.

In June 2014 I joined Sengkang Health (SKH) as a staff and was nested in the department of Internal Medicine, working there as a Consultant till our move to Alexandra Hospital (AH) in August 2015, when the Family Medicine Department at Sengkang Health at Alexandra Hospital commenced and started looking after her first patients. I have since been given the privilege to Head the Department of Family Medicine.

## CM:

What will your new role heavy responsibility entail?

## MN:

SGH FMCC is a clinical department with inpatient services and outpatient services such as transitional home care and outpatient

## FV:

Our culture in Sengkang Health is one that encourages mutual respect, collaboration, collegiality and understanding with each other through both work and shared activities e.g. mindfulness, yoga, games, exercise etc. Mutual respect for each other irrespective of rank or title is crucial as all of us can pool and share our ideas without fear or reproach on how we can promote the betterment of family medicine. I always believe that the most junior member has things we can always learn from, if we make the effort to listen and understand each other's viewpoints and come to a mutual win-win consensus. We must ensure that the Family Physicians we train eventually must be better than us or else we have failed in our duty to the nation. Finally we must always put our patients first and work toward their best interests, treat them with empathy and compassion as how we would want our loved ones to be treated likewise regardless of social strata or ward status.

To do this we must work as a multidisciplinary team. I am glad to say that this has already taken effect in our daily multidisciplinary rounds with our nurses, physiotherapists, occupational therapists (PT, OT), medical social workers (MSWs) and pharmacists and our weekly multidisciplinary meetings. Our level of care has gone up many notches as a result of this mutual shared collaboration and mutual respect.

## CM:

What are some of the important tasks that lie ahead?

## MN:

There are three areas which SGH FMCC will be concentrating on:

- **Clinical services**
  - scaling up transitional home care services
  - enhancing our virtual ward services and minimizing readmissions of patients
  - ensuring that BVH operations are sustainable and viable in the long run
  - nurturing and encouraging doctors to join the community hospitals especially Family Medicine residents
- **Education**
  - training medical officers and other doctors posted to the department to be competent in providing care to the complex patients in our transitional home care programme
  - improving the Duke-NUS family medicine clerkship programmes
  - providing training and education to the residents in the SingHealth Family Medicine Residency programmes
- **Research**
  - concentrating on Health Services Research (HSR) in SingHealth. Currently we have two doctors with Master in Clinical Investigations (MCI)
  - nurturing and encouraging medical officers and Family Medicine residents to participate in such research

## FV:

: At SKH FM we have established a great team of doctors, nurses, administrative and allied health staff who have the common goal of making Family Medicine an integral part of (Hospital and Community medicine – what is this?) to ensure seamless transition of care for our patients from the hospital to the community and vice versa. We are continuing the tradition of training highly competent family physicians to able to handle complex chronic diseases that our increasingly elderly population grapple with.

The most important thing is that our senior management supports us in our endeavours and go all out to make this a reality. We are truly blessed in this regard.



Dr Farhad Fakhruddin Vasanwala, Head, Department of Family Medicine

Family Medicine must have a base in the hospitals where we can learn, consolidate and train the present and future generations of family physicians in the community. This is possibly the only way to put Family Medicine as a specialty on par with other disciplines. Here, we are able to hone our skills, be exposed to various other disciplines, share and interact with them and incorporate it into the family medicine ethos. We work as intermediaries between the specialists and the family physicians in the community and vice versa. Hence, we too are part of the General Medicine team so that we can keep our academic and clinical skills razor sharp in the various specialties and share the knowledge from a FM perspective to the community hospital, home care, Family Physicians and ILTC partners in the community.

## CM:

How do you plan to engage and work with the existing primary care landscape, including our general practitioners (GPs), polyclinics, family medicine clinics and home care partners?

## MN:

The population in Singapore is aging and life expectancies are increasing. By the year 2030, Singapore will have a million people above the age of 65. Disease trends are also moving towards chronic, non-communicable diseases. Patients are also becoming more complex with many co-existing illnesses. Many such patients now have many health providers managing them in the Restructured Hospitals. They have a cardiologist taking care of their heart problems, an endocrinologist taking care of their diabetes and a respiratory physician taking care of their COPD etc. It is important for all of us as Family Physicians to equip ourselves with the necessary knowledge and skills to care for all these patients with complex diseases, keeping them well managed in the community. FMCC is a small department, and since it is impossible for us to take care of all these patients with complex needs, we will need all the help we can get from our family physician colleagues in the community.

## FV:

We will work with Family Physicians (FP) and ILTC partners in the NE region of Singapore and engage them closely so that they will be able to take over most of our patients discharged from the hospital. We hope to consolidate the specialist appointments through our General Medical /Family Medicine Clinics, cutting down the multiplicity of medical appointments and right siting them to our private practice FP colleagues, rather than discharging all of them to the Polyclinics as they are already facing a very heavy work load. We hope to empower our FPs by making them associates of our hospital and allowing them to practice at the top of their licence through shared care with our specialists. We hope to achieve this enhanced level of care and seamless right-siting of patients through the use of common information technology (IT) platforms and even tele-health. Similarly, our FP associates can refer these patients back to us via fast track referrals should they require specialists' opinions. These 2-way right siting between our hospital and the community ensures that our SOCs will not be

(continued on the next page)

(continued from Page 21: Interview with our newly appointed Heads of Department)

chick-a-block with patients, as those who do not require single specialty care will be seen by our experienced FPs in the community, and patients who truly require our specialists' attention will be seen in our SOCs. To build such a synergistic equilibrium between FPs and specialists will require constant contact between them, and a culture of mutual respect and coaching. By focusing our care in the NE part of Singapore, we stand a good chance of succeeding.

**CM:**

What are your plans for education and research in the realm of family medicine?

**MN:**

SGH FMCC encourages continuing education. All our resident physicians, staff registrars and even consultants are encouraged to continuously upgrade their skills. Resident physicians are encouraged to take up the Graduate Diploma in Family Medicine (GDFM) and other post-graduate courses such as the Masters of Medicine in Family Medicine [MMed (FM)] etc. All doctors in the department have clear career paths mapped out for them.



Dr. Matthew Ng, Head, Family Medicine and Continuing Care

SGH FMCC has been doing Health Service type of research since its inception in 2006. Many of its programmes have been proven to work and in the coming year you will see many of its projects being published in international and local journals.

**FV:**

Within the first month of our operations at Alexandra Hospital, we were already giving bedside teaching to our Family Medicine Residents and FCFP(S) colleagues who were preparing to sit for their clinical exams. All the doctors in our team are involved in the teaching of post graduate students in Family Medicine in one form or another and actively going for postgraduate courses/conferences, or in house CMEs to upgrade themselves. Such teachings and discussions with the students and colleagues in training helps us to gain a deeper knowledge and understanding of the subject matter, and also enables the invisible yet vital transmission of values of care and compassion alongside medical knowledge and skills. Upgrading themselves is also our duty so that we are able to transfer the best practices and knowledge to the care of our patients. We hope to have fruitful collaboration between our family physicians and our specialists in SKH, exploring new ways of treating and managing our patient, and possibly generating potential areas of research in the near future.

**CM:**

Is there any possibility of SGH FMCC and SKH FM collaborating and working together in future projects in view of the fact that both are sister hospitals under SingHealth?

**MN:**

Both SGH FMCC and SKH FM belongs to the same organization. We at SGH FMCC are open to any areas where we can work together. SKH FM nurses have already been attached to SGH FMCC for orientation and training. However, my view is that SKH FM is still in its infancy stage, and there is no need to rush to set up FM services at the moment. More important at this stage is to get all FM staff trained to handle patients with complex needs in the acute hospital.

**FV:**

Of course. Dr Luke Low Sher Guan and I have close ties with our fellow colleagues in FMCC. We have the advantage of being able to try out new paradigms of health care in the NE part of Singapore. The number of Family Physicians trained in the hospitals are few still, but we hope that the Ministry can see the good work that we are currently doing alongside our community FPs and ILTC partners, so that Ministry may support hospital FM and make it an attractive and fulfilling career for future aspiring FPs. There are also opportunities for both departments to pool our expertise together and do collaborative research. We are in the midst of doing a research project with one of our colleagues in FMCC. Hopefully, we will be able to get the grant soon and kick start the research. Collaboration for research can also take place with our colleagues in KKH Family Medicine and SingHealth Polyclinics. With the impending establishment of the Academic Clinical Program (ACP) in Family Medicine, this will definitely take place more readily.

**CM:**

Do you have any aspiring hopes and dreams for your departments?

**MN:**

SGH FMCC has well-established programmes and niche areas of services mapped out for us. In the foreseeable years ahead, the department would be more involved in the ILTC sector in both BVH and Outram Community Hospital, transitional care services and less of acute inpatient services in SGH.

**FV:**

I hope SKH FM department will be a centre of medical excellence and compassion for our patients in both within hospital and in the community. We also hope to work very closely with our colleagues in the ILTC sector, polyclinics and private practice FPs through strong collaboration with each other, so that our coordinated efforts will help our patients in the NE part of Singapore. My dream is that our community FPs can eventually round with us or at least take part in the grand ward rounds in the hospitals, and even take over the management of the patients upon their discharge. Imagine the confidence the patients will have of our community FPs if they are seen discussing with the hospital colleagues in the management of the patients in the wards. This will help tremendously with the right siting of the patients. The use of tele-health to collaborate with our community FPs and ILTC partners will promote enhanced care for our patients in the community. I also hope that our community FPs can gain direct access to specialised investigations at the restructured hospitals at a subsidized rate so that they need not be referred to the SOC clinics just for our specialists to order the pertinent investigations, thus saving unnecessary referrals and boosting the confidence levels of not just the community FPs but their patients as well. With postgraduate training and exposure to our specialist colleagues, we will be able to do this wisely and judiciously. The day will come when our patients and the public will start to have a higher regard for Family Physicians, trusting them not only with acute, episodic medical conditions, but also with their ongoing, chronic medical ailments as well, realizing our nation's dream of "One family physician for every Singaporean".

**CM:**

Lastly, any wise words for us on the ground?

**MN:**

I would like to encourage more young doctors especially Family Medicine Residents to take up work in the ILTC sector, especially in

the Community hospitals and the FM departments of restructured Hospital. It is more meaningful and less daunting than what people think. In terms of work life balance, I don't think you are any less well off than working in a primary care clinic.

**FV:**

We must always be humble, to know our limitations and be ready to acknowledge our shortcomings, and to learn from others' good points. I personally still have so much to learn from our fellow colleagues. We should never stop learning from everyone, be it from medical students, housemen, medical officers, registrars,

fellow consultants, nurses and other allied health practitioners. No man is an island, and no man can possibly know everything there is to know. Always be ready to share what you know and help our colleagues professionally. All of us can contribute in various ways. We may not have the same personality or viewpoints but our common goal to push the boundaries of healthcare and family medicine must be the same in order to further improve our population's health. Continuing education is the key. Finally, be happy with yourself by adopting a balanced work life and seek fulfilment in the work you do. By adopting the above principles, I sincerely believe this is possible.

■ CM

## A Day in the Life of a Home Care Medical Doctor

### Interview with Dr Chew Sung Boon

Interviewed by Dr Low Sher Guan Luke, FCFP(S), Editor

As a result of an ageing population, low birth rates and longer life expectancies in developed countries, there is an increasing worldwide prevalence of patients with functional decline, dependence and impairment of activities of daily living (ADL). The medical follow-up of these functionally dependent patients pose a challenge, especially in the traditional outpatient settings where transport of these patients to a clinic is required. Delivering care for these dependent patients in their own homes still remains to be one of better ways of providing optimal care for them. But not many doctors have the confidence and competence to deliver care in such a manner. In this article, we attempt to shed some light on home medical by getting an insider interview with Dr Chew Sung Boon.

**College Mirror (CM):**

Good day Dr Chew! We have heard of your collaboration with Home Nursing Foundation (HNF) to provide home medical and nursing care. Why HNF?

**Dr Chew Sung Boon (SB):**

Actually, I work with several charity organizations that are involved in providing home care services. HNF is one of these organizations that I have the privilege to work with. With the HNF, I like it that they are well-established (founded in 1976), well-organized, and have their processes well-thought out. They have a sizable group of dedicated nurses who visit patients at home, and the HNF have been focussed on home care for years. It only made sense that they were one of the first few organizations I approached, and I'm grateful for the opportunity to work with the HNF team.

**CM:**

Do you have any private patients of your own?

**SB:**

Nope, I don't. My medical practice is focused on doing the home medical visits for the patients under the care of charity organizations. I'm just going home visits full-time, so I don't have any walk-in patients. The need for home medical support for patients under the care of the charity organizations is growing, and

for me it's less distracting to just concentrate my attention and energy on this area.

Don't be mistaken, the charities receive subvention by MOH for the home visits, and I do get paid by the charities, so my medical practice is still sustainable.

**CM:**

Before coming to community home care, where were you practicing previously? Can you tell us how you came to be in community home care?



Dr. Chew Sung Boon

**SB:**

I had MOPEXed my way through a bunch of clinical postings before finally deciding that I was better suited for primary care. Was then in GP Land for quite a while, but had nagging doubts that it was not quite the best fit for me. An unexpected opportunity then came along for me to work with a great bunch of people doing Phase I clinical trials; that was an interesting experience and I learnt a lot from working in a MNC, but at the end of the day, I still missed the patient-care part of the profession. I didn't want to go back to the "typical" GP clinic work- I'd done that for several years and knew it's wasn't really for me - and yet I remembered that what I had enjoyed most about the practice was attending to the patients with chronic illnesses, spending time discussing care issues and building the doctor-patient relationship and rapport with them. I knew I didn't enjoy sitting in my rather small consultation room for 8 to 12hrs a day. So, what's a GP going to do if he wants to attend more to the chronic ill, have an excuse to be out of the clinic more often than to be in, and have sufficient time to do consultations instead of rushing through dozens of consultations a day? Anchors aweigh, and I set sail for the uncharted waters (for me anyways) of community home care. It wasn't plain sailing, but I had help from friends and colleagues, including the folks from Ang Mo Kio-Thye Hua Kwan Community Hospital and the TTSH HVRSS team. I worked part-time with them, learning from them, and spent the remainder of the time

(continued on the next page)