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National Primary Care Workplan Seminar 2011

Opening address by Mr Gan Kim Yong, Minister for Health, at the National Primary Care Workplan Seminar on 8 October 2011

On Saturday, 8 October 2011, the Ministry of Health (MOH) held a national Primary Care Workplan Seminar at the Marina Bay Sands (MBS) Expo & Convention Centre. Its main purpose was to seek the views of General Practitioners in co-developing the Primary Care Masterplan. The Masterplan is scheduled to be finalised in early 2012.

“ Introduction

It gives me great pleasure to be here at the first national primary care seminar. Over the last few months, I have been making rounds to the various healthcare institutions and met with various healthcare professionals, including having informal discussions with GPs amongst yourselves. I am greatly impressed by the deep commitment of our healthcare professionals in caring for our patients, and at the same time pursuing medical excellence. Covering 80% of our primary care, our GPs have and will continue to play an instrumental role in our healthcare system.

I have met some of you and you have already given me valuable feedback. MOH would now like to use this opportunity to seek the views of the wider GP community on how the Ministry can partner you in developing primary care to better meet the needs of Singaporeans.

The need to transform primary care in Singapore

The aging population coupled with longer life expectancy and changing lifestyles could potentially lead to more Singaporeans with chronic diseases. The complexity of care has also increased as our elderly are more

likely to have multiple chronic ailments. They would appreciate being cared for by a doctor who can look after most of their needs in the community rather than in hospital settings.

With more than 2000 of you in the community, GPs are well-positioned to play this important role in providing accessible, holistic and continuing care for our patients. The care outcomes for patients on the Medisave for Chronic Disease Management Programme (CDMP) are comparable to those from developed countries like the US and the UK. Our challenge now is to bring these benefits to the wider population. Indeed, we would like to move these benefits from “programme” to “population”.

Current primary care landscape

Today, our primary care delivery model comprises of both private GP clinics and public polyclinics. MOH's primary care survey conducted in 2010 showed that while GPs' overall market share was 81%, their share for chronic diseases was much less at 55%. This means that our polyclinics which have only 14% of doctors in the primary care sector, are managing 45% of patients with chronic diseases.

(continued on Page 5)



Will the Shoe Fit ...?

by Dr Wilson Eu, Editor

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On the day (8 October 2011) MOH held its national Primary Care Workplan Seminar, it also released the results of the Primary Care Survey (PCS) 2010. The survey involved all 18 polyclinics and a randomly selected sample of 407 Private GP Clinics covering all the geographical regions in Singapore. The Survey was commissioned by MOH, with the support of the College of Family Physicians Singapore and the Singapore Medical Association.

Compared with the previous survey (2005), primary care attendances across the island on the day of survey in 2010 was 18% higher than in 2005. This is commensurate with the 19% increase in the total population over the same period. For private GP clinics the growth in the overall numbers of patients seen on the day of survey was 22%. The numbers for "well" visits i.e. patients who came for immunisation, pre-employment medical check, preventive care for females, developmental assessments for children, family planning visits, etc was even better: 49% more compared with 2005. Private GP clinics saw 81% of primary care attendances, and polyclinics saw 19%.

That's the good news.

The problem

For chronic conditions, however, polyclinics saw 45% of chronic attendances and Private GP Clinics 55%. This represents a 3% shift in market share to polyclinics compared to 2005. Thus, currently, polyclinics employ 14% of the doctors in primary care sector and they manage 45% of patients with chronic diseases.

Why is Chronic Disease Management so hard for the private GP? What is the level of private GP participation in programmes like CDMP? Can this be improved? This is a favourite topic of conversation between GPs - indeed ask 2 GPs and one is likely to get 3 opinions (or more).

Seriously, what is going on, or not as the case appears to be. Taking care of patients with chronic disease(s) properly is time consuming and resource intensive. It requires many members of the health profession,

IT and reliable administrative support and so forth. For the majority of solo practices, it is just not cost effective to provide the multi-disciplinary support services and infrastructure for tracking, sending reminders and clinical outcome submissions.

Furthermore provision of subsidies for consultations, investigations and drugs, all based on patients seen in polyclinics introduced pricing distortions ("It is so cheap to get my medicines in the SOC and polyclinics, my patients offer to get my medicines for me!" said a GP in a group discussion recently) and subsequent capability inequalities between the private GP and the polyclinics. So polyclinics provide cheap(er) and good quality care. Is it enough and is it sustainable looking ahead?



With a growing AND an ageing population, the demand for chronic care will increase. The number of Singaporeans aged 65 and above is expected to TRIPLE between 2010 and 2030, i.e. from 300K to 900K. Thus the Ministry is proposing changes to the primary care sector to better enable family physicians to deliver holistic, quality and continuing care for patients with chronic diseases, at prices that are affordable for our patients. Suggested

new models of healthcare delivery include Family Medicine Clinics (FMC), Community Health Centres (CHC) and Ambulatory Medical Centres (AMC). We will explore some of these models in this issue.

The Response

With only the bare outlines of a few ideas, participants were asked to give their inputs and ideas. Over the last 2 months, almost all the Regional Health Systems have also conducted similar discussions with GPs within their respective areas. Having been a facilitator in 2 such engagements, and participated in a few more (does that make one a Focus Group Discussion junkie?), let me proffer some observations.

First, there was genuine eagerness by many GPs to participate in this attempt to make healthcare delivery better for our patients. Second, what was refreshingly different was the lack of specific details and the intent was to seek the opinions of participants; specifically answers to questions such as "What do you think..." and "How can it be

done...". Thus in the words of the Minister, "This should not be my plan nor the ministry's plan. Instead, this is our shared plan with inputs from all stakeholders."

Third, it was a challenge to provide feedback based on the amount of information available. In more familiar models such as the CHC, it was easier as there is an existing CHC in Tampines and doctors have a much firmer grasp of the issues. Likewise, for the Medical Centres where a prototype in the Jurong Medical Centre exists. FMC however is a completely new model and were viewed far more gingerly.

Fourth, whilst many doctors are good clinicians and are competent in holding their own in discussing current business models, giving ideas on health care delivery, joint ventures, private-public partnerships was a different game and needed a whole different set of skills. It is analogous to asking a group of cross-country runners to come together to design and manufacture a new running shoe, as the next run is going to be a particularly challenging one. Thus whilst many valid points were brought up, they did not necessarily directly addressed the question at hand - How can an established GP be part of an FMC? What was the business proposition? What assumptions do the various stakeholders hold and are all on the same page? What would incentivise the Polyclinics and the Regional Health in

partnering private practitioners? And if one does not wish to leave one's current practice, will the nearby FMC be a BFG (that's Big Friendly Giant) or an Ogre destroying practices built up over many years of hard work and sacrifice?

The next steps were to gauge the level of support and launch pilots based on inputs. It may have escaped notice that, major changes to the primary care landscape were not couched as 'if' but when after the how is decided now.

How can we all run the next lap?

Is there a prevailing sentiment that private solo practices "cannot make it" in the face of huge care needs of Singapore? Perhaps a case of "Love the Practitioner but shun the practice model"? Yet, PCS 2010 has clearly demonstrated the value and strengths of private healthcare. Solo doctors know their competencies and limitations. The Primary Care Workplan and follow-on Seminars have defined the needs of our population in our minds. There should be multiple solutions to this very complex problem including several that 86% of primary care practitioners will find useful and doable. And Private Practitioners will continue to engage, and evolve their practices in the light of all these issues.

Dr Jeff Urquhart, a GP Liaison in Victoria, Australia has an interesting take on how to engage practising GPs. In this engagement,

The Primary Care Workplan and follow-on Seminars have defined the needs of our population in our minds.

GPs working in surrounding areas to Geelong Hospital in Victoria were connected electronically to the Hospital, much like our local clusters. He says, half tongue-in-cheek:

1. Give the GPs something useful first
2. Ask the GPs to provide something useful second
3. Always do 1 then 2
4. Never do 2 then 1
5. Never give up

Finally, let me wish all our readers, Season's greetings and wishing one and all a wonderful year ahead. ■CM

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this issue >>

- 01 < **Cover Story:** National Primary Care Workplan Seminar 2011
- 02 < **Editor's Words:** Will the Shoe Fit ... ?
- 04 < **President's Forum:** Something is Right about South Korea and It's Not Korean Drama
- 07 < **Feature:** Origins of the College of Family Physicians Singapore
- 09 < **Opinion:** Primary Care Master Plan, Planning for the Future
- 12 < **Event:** Family Medicine Convocation 2011 & 40th Anniversary Dinner
- 14 < **Event:** Citation for Albert & Mary Lim Award Recipient - Dr James Chang Ming Yu
- 15 < **Event:** RACGP Convocation and GP11
- 16 < **Report:** CFPS Position Statement on the Principles and Practice of Family Medicine in Singapore

- 19 < **Perspectives:** A Note of Thanks ...
- 20 < **Doctor in Practice:** You Learn Something New Everyday
- 21 < **Family Practice Skills Course #48:** Management Update on Functional Decline in Older Adults
- 22 < **Announcement:** List of Life Members
- 24 < **Family Practice Skills Course #47:** Obesity Prevention & Management

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Something is Right about South Korea and It's Not Korean Drama

by A/Prof Lee Kheng Hock, President, 23rd Council, College of Family Physicians Singapore

Talk about South Korea and soap operas and bubblegum pop immediately comes to mind. This is hardly endearing to someone who prefers Discovery Channel documentaries and believes that real music should be loud and angry. A recent trip to Korea on a conference changed all that.

I enjoy travelling on the subway trains in different cities. In my mind it becomes a benchmark of the efficiency of a country and the graciousness of its people. South Korea is an inspiring country on that count. Young people jump out of their seats when elderly commuters board the MRT train. Seats reserved for the elderly and the handicapped stay empty most of the time until a deserving passenger boards the train. During peak hours, trains are comfortably crowded. The subway is easy to navigate even if you don't read or speak Korean. You can get to most part of the city of Seoul for about 900 won (about 1 SGD)

My experience at the Asia Pacific Medical Editors Conference hosted by the Korean Association of Medical Journal Editors (KAMJE) was even more inspiring. In 1996, a group of Korean editors of medical journals got together and formed an association to improve the standards of Korean medical journals and develop platforms to internationalise Korean biomedical literature. It is well known that South Korea had made impressive advances in biomedical research. However like many other countries in the Asia Pacific that do not publish in English, they did not receive the reputation and credit that



they deserve. One of the first order of business of KAMJE was the establishment of Koreamed, an ambitious search engine modeled after Pubmed (<http://koreamed.org>). What followed was a mammoth task of creating a database of abstracts in English for all the publications since 1997.

Even more impressive was the creation of Synapse in 2007, a digital archive and reference-linking platform of Korean medical journals. A search at their site (<http://synapse.koreamed.org>) showed a listing of 97 Korean journals, mostly in English and available in full-text, free of charge. The journals are of high quality and many clearly have regional and international ambitions.

If all continues to go well, it is very likely that Koreamed and Koreamed Synapse will become a thriving database that will attract the deposition of an immense amount of information and intellectual

property that is erstwhile untapped by the scientific community. Many good things will surely follow once that is achieved. Such a platform will greatly empower scientist and researchers in Korea and contribute greatly towards powering Korea's drive for excellence in biomedicine.

As I thought about all these in a Korean subway train, it dawn upon me the brilliance of the whole enterprise and how it all links back. Most of what happened evolved out of a combination of intelligent design and self-organisation. KAMJE, the professional association knew the ground and had the people with the necessary talent. The Korean government in the form of the Health Technology Planning and Evaluation Board provided the fuel, linked the engine to the train and laid down the tracks. The train carried the people, the authors, the scientists and the researchers.

Looking back it makes me reflect on how things are done back home in Singapore. The professional bodies are weak and neglected. The medical journals are largely left to fend for themselves. Our best researchers focus on getting their work published in high impact American and European journals. This may not be a bad thing but it does little to boost the local research culture. It is probably a situation of different strokes for different folks. What we are doing presently may be the best possible strategy for Singapore. In the mean time, housewives of the world are watching Korean dramas and the teeny boppers are mesmerised by K-pop. There is a lesson somewhere. The Koreans seem to be getting things right. ■CM

(from Page1: National Primary Care Workplan Seminar 2011)

In my dialogues with GPs, many of you have expressed that you would like to contribute more to chronic disease management in the community. You have also shared with me factors that are constraining the GP community from doing more. For example, Dr Leong Choon Kit recently shared that many GPs have postgraduate training in Family Medicine and are well-trained to handle a variety of medical problems. However, GPs are often “under-utilised” and bypassed for specialists. He suggested greater government support in terms of support services and facilities to enable GPs to better manage chronic diseases. While GPs are easily accessible in terms of distance and convenience to patients, lower and middle income patients are often hesitant to see their GPs for the more expensive chronic care because of the lack of subsidies at GP clinics compared to polyclinics. The Medisave for Chronic Disease Management Programme has helped to increase affordability for this group of patients but more should be done. There is also the perennial bugbear of the need to simplify administrative processes for claims and data submission, as well as enabling GPs



with the right IT infrastructure to enable patient information to flow seamlessly across sectors. In addition, some have also given several good insights and suggestions on the changes we need to improve our primary healthcare system. We will try to address them in our proposed primary care masterplan. Firstly, how can we better support GPs like yourselves - including those in solo practices to be able to access support services to manage patients with chronic diseases? Secondly, how do we ensure that primary care remains affordable for our patients?

Better supporting our GPs

New models of primary care

Family Medicine Clinics

Our preliminary thoughts for the primary care masterplan include the setting up of primary care facilities that are aimed at providing GPs with the support that you would need to better manage chronic

diseases in the community. Best practices in chronic disease management both locally and overseas have highlighted the value of team-based care - bringing together doctors, nurses, allied health professionals and other related services in an integrated service delivery model. Thus, we would like to seek your views if the Ministry should support the development of new models of care to enable you to leverage on the benefits of team-based care for better outcome and derive greater economies of scale.

Today, we recognise that a key constraint for this to happen is space constraints. One possibility is for a small group of GPs to come together to set up Family Medicine Clinics with bigger spaces and with ancillary support services. In addition, you may wish to consider collaborating with our public sector entities if that may be helpful to the set up of your clinics. We are keen to pilot such clinics if there is indeed interest amongst you. We can subsequently share the lessons learnt with the wider GP community to see how this model can be refined.

Community Health Centres

We are also mindful that many of you already have established practices and would like to continue serving your community where you are currently sited. Hence, we would like to hear your thoughts on the idea of developing Community Health Centres that offer ancillary support services such as nurse educator and diabetic retinal photography services. However, the actual services to be delivered by these centres, if we do set them up, must depend on your needs. For example, they may also provide you with some administrative support services like data entry. These centres should not have any doctors practising there as we want patients to continue their care with the referring GPs. To ensure convenience for patients, such Community Health Centres can be sited close to clusters of GP clinics.

Medical Centres

In addition, we are also considering setting up ambulatory Medical Centres in the community within each Regional Health System. As part of shared care programmes, specialists can help you to co-manage patients with more complex but stable conditions in the community, without the need to refer them to hospitals. Furthermore, you can also choose to refer patients to these Medical Centres for selected surgical procedures that can be safely and likely more cheaply managed in the community such as cataracts. We want to hear from you how such a concept could work for GPs.

IT system

Sharing of patient information is vital for continuity and integration of care, patient safety, as well as avoidance of

duplicated investigations. Many of you have however given the feedback that it is costly to develop your own system, yet you do not need the high-end systems that we have developed for the hospitals. As such, I am pleased to note that MOH Holdings is working on developing simplified IT systems specifically for GPs that would enable access to the National Electronic Health Records (NEHR).

Ensuring the affordability of primary care

Besides feedback on how we can better support you, many have also raised the importance on ensuring the affordability of primary care. On this note, we have recently announced that the enhanced PCPS will lower the age criteria from 65 to 40 years of age to help Singaporeans manage their chronic diseases at an earlier age; and the income criteria will be increased from \$800 to \$1500 per capita monthly household income to benefit middle-income Singaporeans. The Medisave withdrawal limit for Chronic Disease Management Programme will also be increased from \$300 to \$400.

I assure you that we will continue to monitor the affordability of primary healthcare. The other area that we are currently looking into is the differential in drug costs and pricings between our public sector institutions and GP clinics. Several of you have highlighted that such a differential has been an important barrier in preventing patients from seeking care at GP clinics. While we do not have the answer now, I have asked my colleagues to study these issues and explore possible solutions. Your ideas and inputs are most welcome too.



.....
This should not be my plan nor the Ministry’s plan. Instead, this is our shared plan with inputs from all stakeholders.
.....

A new era of public-private partnership

The development of our primary care masterplan marks a key milestone in public-private partnership. I have earlier touched on how we see all of you playing a bigger role in primary care, especially in managing chronic diseases. While we recognise the need to create sustainable business models for chronic disease management and would try our best to mitigate known risks, there would likely be business risks that are unexpected when we develop new care models. Thus, if you think that the various new concepts and models of care, which I mentioned earlier, are indeed the elements needed in our primary care masterplan, we will work with you to see how your clinics can be viable and at the same time ensure that care remains affordable for our patients. For example, the Ministry is looking into providing some financial support for these pilots, and also subsidies for patients using these services, to help the earlier doctors who participate in new pilots.

To recognise the contributions of our primary care doctors in both the private and public sectors, I would also like to take this occasion to commend your efforts and express our sincere appreciation. Besides providing good patient care, many of you have also been training future generations of doctors and are truly role models for these young doctors. I strongly encourage all of you to continue to do so as it is crucial to ensure our young practitioners are well-trained.

Concluding comments

In conclusion, I would like to stress that we need to transform the primary care landscape to better address the needs of Singaporeans. To do so successfully, we will need the inputs and support from all of you, both from the private and public sectors. Our common mission is to help Singaporeans live a long and healthy life; and to make quality healthcare affordable. I have shared briefly our preliminary thoughts on how we can better support GPs. My colleagues will share further details in the subsequent presentation later. This is the beginning of a long journey. This should not be my plan nor the Ministry’s plan. Instead, this is our shared plan with inputs from all stakeholders. I hope to be able to present to you the masterplan that we co-develop sometime early next year. I wish you all a fruitful discussion this afternoon.

Thank you. ” CM

Origins of the College of Family Physicians Singapore

by Dr Kelvin Goh, Editorial Board Member

This year is the 40th year of the College of Family Physicians Singapore. As we look back at the long list of achievements, milestones and accolades that the College has garnered, it is important for us to revisit the origins of our College. The story of the toil, sweat, tears and many sacrifices made by visionary Family Physicians of the previous generations, to advance Family Medicine as a distinct discipline.

Many would be aware that the College of Family Physicians Singapore had its origin 40 years ago on 30 June 1971. Allow me to share with you the origins, the ethos and the main *raison d'être* for the existence of our College. This history was concisely documented in The Singapore Family Physician journal (Vol XIII, No.2, 1987) article by Dr Koh Eng Kheng (1928 - 2006), President of the College of Family Physicians Singapore from 1989 to 1991.

Like many higher academic bodies worldwide, the College of Family Physicians Singapore came into existence to fulfil the need for higher academic studies and research for the Family Physician. If the Family Physician is to stay relevant and not become an anachronism in today's fast changing world, he must also evolve and adapt to the times. The Family Physician must be aware of the recent advances in therapeutic medicine, new investigative modalities, the various community resources of help to his patient and he must be able to look after the needs and wants of the patients entrusted to his care holistically.

Can we achieve the above without setting up a new institution of higher learning for Family Physicians or General Practitioners? Aren't there enough institutions of higher learning in Singapore that can train General Practitioners? It is accepted now that Family Medicine is a distinct field. However the concept that primary care and institutional care is distinct, that the patients who are seen outside the hospital have a different set of problems requiring a different skill set and approach was a fairly new idea then.

The renaissance of the interest in Family Medicine started in the United Kingdom and the United States in the early fifties. The increased specialisation in the US forebodes the exit of the Family Physician. This was an alarming trend as the onus of



1st Council, College of Family Physicians Singapore.

primary treatment was left to the patient. The real danger lies in the patient's ignorance in the evaluation of his symptoms and his inability to seek out the correct specialist to attend to his ailment.

In the United Kingdom, many doctors were alarmed by the low status and morale of the General Practitioners following the introduction of the National Health Service. These doctors felt a need to put a stop and reverse unfavourable medical and public opinion, otherwise Britain like the United States will see the end of the General and Family Physician. This must never happen as the primary care physician is the cornerstone of all good family health care. Two doctors took action.

On 13 October 1951, the *Lancet* and *British Medical Journal* carried a letter by Dr F.M. Rose and Dr John Hunt. He wrote:

"There is a College of Physicians, a College of Surgeons, a College of Obstetricians and Gynaecologist, a College of Veterinary Surgeons, a College of Midwives, a College of Nursing... but there is no college or academic body to represent primarily the interest of the largest group of medical personnel in this country - the 20,000 general practitioners."

Thus in 1952, Dr John Hunt (who later became Lord Hunt of Fawley) and fellow like-minded doctors formed the English College of General Practitioners which later became the Royal College of General Practitioners. Many doctors then were openly hostile to the College and questioned the need for a separate college arguing that whatever training could be provided for by the Royal College of Surgeons and Physicians. In fact over a hundred years ago in 1851, a similar attempt to form a College for General Practitioners failed because of a lack of support from the profession.

Lord Hunt knew the importance of the family doctor. What he said

in his Lloyd Roberts Lecture is something all of us would do well to ponder while planning the future of health care in Singapore.

“No matter how clever the consultants or how excellent the hospitals, it is the efficiency of the family doctors, and the work they do in and near the homes of their patients, which will determine the calibre of the medical services in any country.”

The effort of the English College did not go unnoticed. In the 1950s, four pioneer Family Physicians applied to join the English College. They were Dr B.R. Sreenivasan, Dr A.W.S. Thevathasan, Dr Koh Eng Kheng and Dr Teng Peng Min.

In 1962, the Society of General Practice was formed under the Singapore Medical Association after consent was granted by then president Dr Foo Chee Guan. This body had come about through the work of the proterm management committee which consists of Dr F.B. Kampfner, Dr Colin Marcus, Dr John Chong and Dr William Heng (Chairman). Dr Gopal Haridas was installed as the founding Chairman on 21 February 1963. Dr G. Haridas died an untimely death in 1964, a year after the society came into existence.

The society made the first real attempt in Singapore to conduct refresher courses for General Practitioners. These were generally talks conducted by specialists from various disciplines in hospital practice. There were no attempts then in getting General Practitioners themselves to impart their experience and knowledge to fellow General Practitioners. There was no teaching of General Practice in the undergraduate medical education, no research in General Practice and no plans for postgraduate training. The society functioned then as a medical society serving its members with similar interest. It was not an academic body, nor did it conduct any examinations in its field.

The next breakthrough occurred in October 1966. A series of meetings between the vice-dean of the medical faculty of the National University of Singapore, Dr Charles Toh and three General Practitioners, Dr Tan Joo Liang, Dr Koh Eng Kheng, and Dr Wong Kum Hoong culminated in the addition of General Practice to the undergraduate curriculum in October 1969. Students were posted for one week to General Practitioners selected by the University.

In August 1969, the Singapore Medical Association set up a committee with the following Terms of Reference:

“To look into the feasibility of forming a higher academic body of General Practitioners in Singapore and to deliberate and recommend in what form or style this body should be.”

This committee was chaired by Dr Koh Eng Kheng, with Dr Lim Boon Keng as secretary. Members of the committee included Dr A.L.G Chan, Dr Foo Choong Khean, Dr Lee Hoe Guan, Dr Lee Suan Yew, Dr O.C. Leow, Dr Liok Yew Hee, Dr Colin Marcus, Dr Ng Kong Kai, Dr Tan Joo Liang and Dr Seah Cheng Siang.

During this critical phase of the formation of the College, Dr John Hunt who was then President of the Royal College of General

Practitioners arrived in Singapore in April 1969 on his way to Australia. Dr Hunt made the special effort to meet Dr Toh Chin Chye who was then Vice Chancellor of the National University of Singapore to sell the idea of Family Practice being a discipline in its own right. He also met up with the various heads of the medical departments including Prof Sir Gordon Ransome whom he remembered as a colleague in Barts. Without the groundwork by Dr Hunt, the formation of a College for General Practitioners would have met with more formidable opposition from many quarters of the medical profession.

The committee recommended two feasible options, firstly as a chapter for General Practitioners in the Academy of Medicine, or the formation of an independent Singapore College of General Practitioners.

In a forum in November 1970, the Master of the Academy of Medicine, Mr Yahya Cohen, announced that while the Academy was sympathetic to the need for the establishment of a higher academic body for General Practitioners, it regretted that it was not feasible to form a separate chapter within the framework of the Academy.

Thus, there was no other option. If the General Practitioners wanted to have a higher academic body they had to do it on their own. The society of general practitioners on 22 November 1970 initiated the formation of a pro-term committee to form a College of General Practitioners. The committee was headed by Dr Wong Heck Sing. Members include Dr L.G. Chan, Dr Chen Chi-Nan, Dr Chuah Chong Yong, Dr Foo Choong Khean, Dr Koh Eng Kheng, Dr Lee Soo Chew, Dr O.C. Leow, Dr B.K Lim, Dr Colin Marcus and Dr Ng Kong Kai.

The idea of a College of General Practitioners was not unanimously welcomed by all members of our profession. The ground sentiment and resistance face was best described by Dr Koh Eng Kheng who wrote:

(continued on Page 9)



No matter how clever the consultants or how excellent the hospitals, it is the efficiency of the family doctors, and the work they do in and near the homes of their patients, which will determine the calibre of the medical services in any country.



Primary Care Master Plan, Planning for the Future

by Dr Michael Yee, Family Physician in Private Practice, Editorial Board Member

An Extraordinary Event

On 8 October 2011, the Ministry of Health (MOH) organised an extraordinary seminar involving the width and breadth of primary care to discuss the Primary Care Master Plan (PCMP), with a refreshing bottom-up approach. A series of follow-on seminars, hosted by the 6 newly restructured Regional Healthcare Systems (RHS), was well-attended with opportunities for frank debate and suggestions for refinement of the plan. We, as primary care stakeholders, must surely thank Minister for Health, Mr Gan Kim Yong, Minister of State for Health, Dr Amy Khor, Permanent Secretary (Health), Ms Yong Ying-I, Director of Medical Services, Prof Satku and the team at the MOH Primary and Community Care Division for their tireless efforts and courage for putting their trust in us.

A silver-haired colleague, eager to participate in this historic event at the Marina Bay Sands could not remember another event of equal promise for primary care. The last time such a large group of General Practitioners (GPs) were engaged with such urgency was during the SARS crisis, when panic was in the air. What is it



that motivated this paradigm shift in attitude? How would the primary care scene look like in the next 40 years? Is this the dawn of a new era that we, as primary care physicians, are hoping for?

The Necessity of the Primary Care Master Plan (PCMP)

The SARS crisis and the recent H1N1 Flu Pandemic had awoken the health authorities to the forgotten existence of a largely underemployed albeit essential majority of primary care practitioners. The private primary care sector handles 80% of the primary care load with effectively, at best, negligible support compared with the generous subvention at the public sector. Recent work on mitigating the Silver Tsunami has uncovered the extent of the problem. Private primary care practitioners making up 81% of the primary care sector takes care of only

(from Page 8): Origins of the College of Family Physicians Singapore

"To some specialist, it seemed strange that general practitioners would want to regard their work as a kind of speciality that required vocational training. Some were unhappy because they were afraid that the formation of a College would compromise their standing as specialists within the medical profession. Amongst the General Practitioners too there were some who disliked the idea of an academic body that could act as a watchdog over the standard of General Practice."

With support from eminent specialists such as Dr Arthur Lim who was the President of the Singapore Medical Association during the period, Dr Seah Cheng Siang of the Academy of Medicine Singapore and the majority of General Practitioners in Singapore, the College of General Practitioners Singapore was formed on 30 June 1971 with Dr B R Sreenivasan, a senior General Practitioner and a past Vice Chancellor of the National University of Singapore as our founding President of the new College.

The name of the College of General Practitioners Singapore was officially changed to College of Family Physicians Singapore on 17 November 1993. ■CM

**What is it that motivated this paradigm shift in attitude?
How would the primary care scene look like in the
next 40 years? Is this the dawn of a new era that we,
as primary care physicians, are hoping for?**

55% of all chronic care patients; the remaining chronic care patients are packed into the polyclinics and Specialist Outpatient Clinics (SOCs) causing a massive crunch. There is also a large and significant number of undiagnosed patients as well as people who have been diagnosed but not followed up regularly. The expected exponential increase in the number of elderly patients would imply that the demand for chronic care alone might already exceed our capacity in the near future with or without the PCMP, not to mention optimising outcomes. Currently, RHS are struggling with the overwhelming loads at the polyclinics, SOC's and Emergency Departments (EDs). The PCMP would help delay this disastrous potential shortage of healthcare capacity by sharing the load with the underemployed and well-trained Family Physicians (FPs) in private practice, bringing the private practitioners as valued partners and capitalising on their unique strengths.

The watershed General Election has signaled to the government that the electorate does not just want to amass a huge reserve, but also want the authorities to have allocative justice to align their policies with the genuine care and sustainable welfare of its electorate. A new paradigm of sincere consultation and bottom-up approach has since been advocated. The PCMP is one such instance of a successful consultation and if executed with sincerity would win the hearts and mind of the ground.

The Golden Age of Primary Care

Can Singapore turn the Silver Tsunami into the Golden Age of primary care? The PCMP has certainly caught my attention and if the execution of the plan was as successful as the excellent communication, I foresee a new era of co-operation between the private and public sector with a new alignment of purpose for improved health outcomes for our patients. Morale of the private and public sector would be improved and health administrators grappling with the problem might finally be able to find a way out of the shortage of government primary care doctors without resorting to a large scale import of foreign doctors to fill the gaps. Public sector polyclinic and SOC's might be able to improve service quality without resorting to unpopular access controls and private practitioners could leverage on the newly availed resources to further improve clinical outcomes. To the Ministry of Finance, this could translate to savings in economic and social cost to the country, giving many times the return on investment.

If the entire PCMP materialises, the Family Medicine Centres (FMC) would be run by well-trained private practitioners, with enough autonomy to preserve the character as private practitioners, yet

be able to capitalise on the one-stop concept, team-based care, leverage on technology, economies of scale, building RHS support and ultimately the all important trust that has eluded us all. They will function as centres of excellence, and instead of competing, attract surrounding FPs to come on board. If the relocation is deemed too onerous, the virtual FMC concept, based on a spoke and wheel model involving nearby GPs sharing the Community Health Centres (CHC) would be an alternative co-existing model, catering to different needs and circumstance. CHC will have to find a way of making GP competitors in the same area function smoothly. The lost of co-located facilities would mean slight inconvenience to patients and para-clinical providers and lose out on the immediate interactions among doctors and staff, but would still be an improvement over the current solo practice structure. Finally the more complex cases can remain with the Ambulatory Medical Centres (AMC) and yet patients can enjoy the convenience of being managed at the community while hospital SOC's can contend with a more manageable patient load. AMC will have to deal with the issue of trust between stakeholders to get the system going.

Solo practitioners will not be able to function effectively in the future based on just a warm personality and a gung ho spirit alone. We need to be able to capitalise on team practice, economies of scale, organisational learning, innovation and much, much more, just as the resource-rich polyclinics, which have gone far ahead of us. Future development in telemedicine, internet based payment, referral and appointment systems with leverage on the ultra fast broadband and other potential technologies would require us to compete more effectively as teams; further pushing us to change with the times, the sooner the better. The solo practitioners and small groups are sure we can continue to contribute, but the question is in how to marry the resources of the RHS without destroying the essence of the private FPs. CDMP data has shown that polyclinics, having received funding to improve the para-clinical services such as DRP, counseling, podiatry as well as advanced IT systems and other process support can come up with superior outcomes on average, although selected pockets of GPs are able to obtain better results. The hope is to try to replicate the infrastructure available to the polyclinics and utilise the skills of the private FP in a complementary fashion to achieve even more.

Dawn of a New Hope

Solo GPs are understandably worried about the execution of these ambitious plans. If the playing field remains unchecked, healthcare oligopolies can potentially take-over this sector, and thereby diluting the ethos of personal, comprehensive

and continuing care provided by one's own Physician. Private partners must therefore be carefully chosen to avoid such a dreadful eventuality. They are also concerned that the RHS in their enthusiasm to push the polyclinic model would undercut the surrounding GPs and produce an unsafe and even unsustainable practice, forcing those without the privilege of funding to fold. Operators of such new FMCs must therefore be mindful of the sensitivities and be open to embrace any of the surrounding solo practices that are willing to relocate. For those that are brave enough to consider setting up the new FMC entities, they would be worried if the relocation would be too costly. The message that no players should be taking loss unnecessarily as a result of embracing these drastic changes was heard, but skeptics remain. But I am hopeful.

Firstly, the Minister in his wisdom has recognised that building more polyclinics is not the answer, not with the increased public expectations of more subvention and services with no means testing, not with the increasing necessity to employ foreign talent when local well-trained FPs are underemployed, and not when the percentage provision and hence resource allocation to public sector providence of primary care would simply escalate unabated to an unsustainable level.

Secondly, it has also been repeatedly stated that the private sector should take the lead in this private public partnership. The reasoning for such a policy is sound, as private practitioners who has been surviving in the unsheltered business environment have evolved with a keen sense of what primary healthcare needs and which services can be sustained. The learned compassion and empathy by the select ones who persist with the Family Medicine (FM) cause have made them powerful advocates and effective practitioners of FM. If we allow them enough autonomy to retain their core competencies and yet give them the resources to function effectively, we would have found a powerful convergence of strengths to produce excellent health outcomes for our patients.

.....
We need to step up to take up the responsibilities to ride this wave of change positively and ensure that the many pitfalls that can, and will happen, do not come and haunt us.

Thirdly, the Minister has personally endorsed the underemployment problem as something he would like to tackle with the implementation of the PCMP. The underemployment of GPs has been receiving much publicity, but no concrete attention thus far. If this aspect of the puzzle can be solved with the PCMP, the healthcare system would be able to function that much more effectively and efficiently. In order for the underemployment problem to be addressed, FMCs must be open to relocate existing, willing and able practices and be ready to fund the risk involved in the relocation.

Writing the Next Chapter

The College of Family Physicians Singapore has championed the cause of FM for the past 40 years and things are looking up. Coming at the 40th Anniversary of the College, the FM fraternity is certainly excited to be riding at the crest of this massive wave of opportunity. If you had attended the PCMP seminar on 8 October 2011 or subsequent RHS seminars on the PCMP, you would notice the wide range of fear, anger, skepticism as well as goodwill, enthusiasm, hope and interest expressed at each of these sessions. The MOH has deliberately launched the vision with many white areas for primary care physicians like us to fill in the blanks. We need to step up to take up the responsibilities to ride this wave of change positively and ensure that the many pitfalls that can, and will happen, do not come and haunt us. Let us continue to engage and participate actively to write the next page of the primary care story together. ■CM



Family Medicine 40th Anniversary

27 November 2011 (Sunday)



23rd Council (2011 - 2013), College of Family Physicians Singapore

Standing (left to right):

Dr Chng Shih Kiat, Dr Rukshini Puvanendran, Dr Yee Jenn Jet Michael, Dr Leong Choon Kit, Dr Ang Choon Kiat Alvin, Dr Lim Fong Seng, Dr Tan Ngiap Chuan, Dr Eu Tieng Juoh Wilson, Dr Siew Chee Weng, Dr Tham Tat Yean

Seated (left to right):

A/Prof Dr Nurjahan Bt. Mohd Ibrahim (Overseas Guest, Chief Censor, Academy of Family Physicians of Malaysia), Dr Pang Sze Kang Jonathan (Honorary Secretary), A/Prof Lee Kheng Hock (President), Mr Gan Kim Yong (Guest-of-Honour, Minister for Health), Dr Tan See Leng (Vice President), A/Prof Tan Boon Yeow (Censor-in-Chief), Dr Tan Tze Lee (Honorary Treasurer)

Not in photo: A/Prof Koh Choon Huat Gerald



A/Prof Tan Boon Yeow (Censor-in-Chief) leading the academic procession to mark the start of the Family Medicine Convocation 2011.



Guests mingling around before the 40th Anniversary Dinner at Grand Ballroom, Grand Hyatt Singapore.



Live Performance by I-Sis Trio, during the 40th Anniversary Dinner.



A/Prof Lee Kheng Hock (President) presenting a Token of Appreciation to Guest-of-Honour, Mr Gan Kim Yong, Minister for Health.



Long Service Award Recipients.
From left: A/Prof Goh Lee Gan, Dr Tan See Leng, A/Prof Lim Lean Huat, Dr James Chang Ming Yu, Dr Paul Chan, Dr Richard Ng Mong Hoo, A/Prof Lee Kheng Hock



1st Prize (Winning Table) of the "Guess the Music" Competition - Dr Chang Tou Liang and team.

Convocation 2011

Anniversary Dinner

| Grand Hyatt Singapore



FCFP(S) by Assessment Recipients

Standing (left to right):

Dr Ng Lee Beng, Dr Chng Shih Kiat, Dr Leong Choon Kit, Dr Wong Tien Hua, Dr How Choon How, Dr Seah Ee-Jin Darren, Dr Ang Seng Bin*, Dr Lee Meng Kam Richard, Dr Wee Kien Han Andrew, Dr Lee Eng Sing, Dr Phua Cheng Pau Kelvin, Dr Low Cheng Hong Charity

Seated (left to right):

Dr Aw Lee Fhoon Lily, Dr Cheng Kah Ling Grace, A/Prof Tan Boon Yeow (Censor-in-Chief), A/Prof Lee Kheng Hock (President), Dr Tan See Leng (Vice President), Dr Soo Wern Fern, Dr Tan Shu Yun

*Best Fellowship Graduand Award



MCFP(S) Recipients

Standing (left to right):

Dr Low Sher Guan, Dr Lee Oh Chong Leng, Dr Tham Tuck Seng, Dr Lee Mi-Li Jean-Jasmin, Dr Sarina Omar, Dr Teo Boon See, Dr Tay Wei Yi, Dr Yeo Cheng Hsun Jonathan, Dr Eng Soo Kiang, Dr Surajkumar Subramaniam

Seated (left to right):

Dr Dharshini Puvendran, A/Prof Tan Boon Yeow (Censor-in-Chief), A/Prof Lee Kheng Hock (President), Dr Tan See Leng (Vice President), Dr Pushparanee Somasundram



MMed(FM) Graduands Year 2011

Standing (left to right):

Dr Tey Colin, Dr Ong Joo Haw, Dr Lee Kwang How, Dr Kuan Ling Yee, Dr Tan Lean Chin Laurence, Dr Sanjeev Kumar A Balakrishnan, Dr Anandan Gerard Thiagarajah, Dr Thia Wee Keng Kevin

Seated (left to right):

Dr Ng Wei Liang David*, Dr Ng Wei Ling, Dr Koong Ying Leng Agnes, A/Prof Tan Boon Yeow (Censor-in-Chief), A/Prof Lee Kheng Hock (President), Dr Tan See Leng (Vice President), Dr Ng Mae Ling, Dr Wong Pei Ying, Dr Noor Eliza Binte Suradi, Dr Rita Brekke

* MMed(FM) Gold Medallist Award



GDFM Graduands Year 2011

Standing (left to right):

Dr Anbalagan Ganesh, Dr Kunwar Bir Singh, Dr U Aye Kyaw @Aye Kyaw Andrew, Dr Hui Jor Yeong Richard, Dr Lad Kalpeshkumar Chimanhbai, Dr Mohamed Asifulla, Dr Kim Michael James, Dr Lee See Chung, Dr Aduna Christian Songco

Seated (left to right):

Dr Padilla Lady Jane Gonzales, Dr Chia Ching Yen Patricia, A/Prof Tan Boon Yeow (Censor-in-Chief), A/Prof Lee Kheng Hock (President), Dr Tan See Leng (Vice President), Dr Yeo Ying Ying Cindy*, Dr Poh Siew Cheng, Dr Lather Shipra, Dr Tan Hui Ling Diana

* GDFM Book Prize Award

Citation for the Recipient of the Dr Albert and Mary Lim Award Dr James Chang Ming Yu

Delivered by Dr Tan Tze Lee, Honorary Treasurer, 23rd Council, College of Family Physicians Singapore

The Dr Albert and Mary Lim Award is the highest accolade awarded to individuals for contribution and services rendered to the College and to the discipline of Family Medicine.

The recipient of the award this year is Dr James Chang Ming Yu.

Academic qualifications

Dr James Chang Ming Yu graduated with Bachelor of Medicine, Bachelor of Surgery (MBBS) in 1965 from the University of Singapore. He qualified as one of the first 7 Diplomate Members of the College of General Practitioners Singapore (MCGPS) in 1972, and was awarded the Fellowship of the College of General Practitioners Singapore (FCGPS) in 1979.

College Council and related Committees

Dr Chang's association with and involvement in the College of Family Physicians Singapore spans some three decades in the various offices:

Member of the Council	1973 - 1985
Honorary Treasurer	1974 - 1975
Censor-in-Chief	1979 - 1985
Member, Board of Censors	1973 - 1993
Honorary General Secretary, Organising Committee of Wonca Regional Conference	1973 - 1974

He was instrumental in the development of continuing medical education, and was a member of the education and examination committees from the early days in the 1970's.

In addition, he was member of the Singapore Medical Council from 1983 to 1995. He continues to serve on the SMC's Inquiry and Disciplinary Committee to this day.

Family Medicine teacher

Dr James Chang was a dedicated Clinical Tutor in undergraduate Family Medicine and General Practice in the Faculty of Medicine, National University of Singapore from 1971 to 1991. He was Examiner for the Collegiate Membership of the College of General Practitioners Singapore [MCFP(S)] Examination from 1973 to 1992, and later as Examiner of the Graduate School of Medical Studies (NUS) for the Master of Medicine (Family Medicine) [MMed(FM)] Examinations when these Examinations superseded the MCFP(S) in 1992.



Dr James Chang Ming Yu receiving the award from Guest-of-Honour, Mr Gan Kim Yong, Minister for Health.

He was a trainer in the Family Medicine Vocational Training Programme of the NUS Postgraduate Medical School, and had authored eight academic papers in General Practice. He was a member of the GPC (Health) Resource Board from 1992 to 1996, member of the Advisory Board for Chronic Medical Conditions from 2008 to 2009, and member of the MOH Organ Transplant Ethics Committee from 2004 to 2010.

Community Service

In addition to his professional achievements, Dr James Chang contributed much to the community. He was Vice-Chairman of the Bukit Timah Community Centre Management Committee from 1974 to 1989, and continues to serve as Honorary Patron to the Bukit Timah Community Club to this day. A member of the Lions Club East from 1973 to 1990, he served as its Honorary Medical Officer from 1985 to 1990. He was also a member of the Singapore Law Society Inquiry and Disciplinary Committee from 1992 to 2009. He continues to serve at the Singapore Mediation Centre as an Accredited Mediator to this day.

For his selfless efforts, he was awarded the Public Service Medal (PBM) at the 1987 National Day Presidential Awards.

The College is privileged and pleased to award Dr James Chang Ming Yu the Dr Albert and Mary Lim Award for his contribution to the College of Family Physicians Singapore and Family Medicine in Singapore. ■CM

RACGP Convocation and GP11

by A/Prof Tan Boon Yeow, Censor-in-Chief, 23rd Council, College of Family Physicians Singapore



A/Prof Lee Kheng Hock and A/Prof Tan Boon Yeow at the RACGP Convocation, together with the delegates from Family Medicine Colleges from the Asia Pacific region.

Our President A/Prof Lee Kheng Hock and Censor-in-Chief A/Prof Tan Boon Yeow were invited by our Australian counterparts to represent CFPS to attend the 2011 Royal Australian College of General Practitioners (RACGP) Academic session, Fellowship and Awards ceremony as well as the annual conference held in Tasmania from 5 - 8 October 2011.

Family Medicine Colleges from the Asia Pacific region (New Zealand, Hong Kong, Malaysia and Singapore) as well as the Australian Colleges came together for the academic session. They interacted with each other as well as exchanged information on the development of Family Medicine and related matters in their respective countries and colleges.

The Academic session celebrated outstanding GPs who have contributed to promoting the cause of General Practice and RACGP. It also celebrated their best practice research article and best candidates for the fellowship program and all Fellows who had completed their training and cleared the fellowship exams.

The highlight of the session was the William Arnold Conolly Oration. Dr William Arnold Conolly was the founding father and first president of the RACGP and the oration was named in his honour. The 40th William Arnold Conolly Oration was delivered by Professor Richard Roberts, President of WONCA (World Organisation of Family Doctors) and past president of the American Academy of Family Physicians. In his address and subsequent plenary session during the conference, Professor Roberts talked about the role family physicians can play in the care of patients and in the healthcare system. He showed that a large and growing body of evidence from around the world demonstrates consistently that healthcare systems based on family medicine have better outcomes and lower costs than

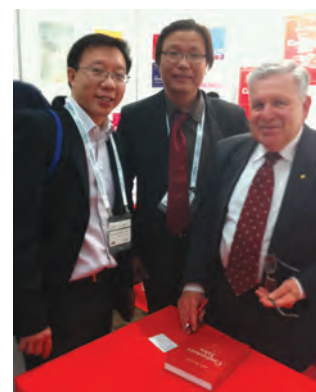
specialist dominant systems. He reminded all family physicians that more important than knowing the disease is to know the person with the dis-ease (i.e. it's the relationship with our patient that is paramount in our delivery of care).

A/Prof Lee and A/Prof Tan also managed to renew ties with GP stalwarts who had supported our Singapore College like Dr Richard Geeves from Tasmania as well as Professor John Murtagh. Both were instrumental in helping us set up the original college training programs and supporting over the years as external examiners and trainers. ■CM



< A/Prof Lee Kheng Hock and A/Prof Tan Boon Yeow with Dr Richard Geeves (second from left).

A/Prof Lee Kheng Hock and A/Prof Tan Boon Yeow with Prof John Murtagh (extreme right).



An autographed copy of the latest book written by Professor John Murtagh entitled **Cautionary Tales** is available in the CFPS library. The book is a collection of authentic case histories encountered over 44 years of practising medicine. The author uses these tales to share his experience and lessons that he has gleaned from them. He writes in his preface: *"Good judgement is based on experience. Experience is based on poor judgement. I trust that our shared experience promote a certain wisdom and better judgement."*

CFPS Position Statement on the Principles and Practice of Family Medicine in Singapore

by 23rd Council (2011 - 2013), College of Family Physicians Singapore, November 2011

Background

Singapore's population is ageing rapidly and patients are increasingly likely to suffer from multiple chronic diseases with complex medical and social needs.

The rapid advancement of medical knowledge and technology also requires increasing levels of specialisation of care in our health care system.

An unintended consequence of such a complex healthcare system is that patients are often cared for by multiple specialists potentially resulting in fragmentation of care.

Family Medicine as a discipline has her roots in a generalist ethos and was birthed as a counter culture movement to the increasing sub-specialisation of medicine. The aim was to train and develop more generalist physicians so as to promote holistic care.^{1,2}

Family physicians are the largest pool of generalists who are trained to provide general medical care to patients in the context of the person, the family and the community that they live in.

There is a need to define family medicine in Singapore in this current context.

Over the years, there had been various attempts to define Family Medicine (Leeuwenhorst 1974, WONCA 1991, Olsen 2000, WONCA Europe 2002).⁵ The definitions evolved over time from one that concentrated on the physician's role or site of practice to one that focuses more on core competencies in order to meet the needs of patients in the changing healthcare environment.²⁻⁴

Defining Family Medicine in the Singapore context

All over the world, the definition of family medicine is contextual, depending on the stage of socio-economic development and the varying needs of the health care system in different countries.

With the advent of the Family Physician register and the need to gear up training of our family physicians to meet the challenges of caring for our community with changing demographics and disease patterns, there is a need to define the principles and practice of family medicine in Singapore.

The College of Family Physicians Singapore defines a Family Physician as a registered medical practitioner who has acquired core competencies in the following areas after successfully completing a structured and comprehensive training program that is accredited by a recognised professional body or institution that provide for such training.

The core competencies of a Family Physician include:⁵⁻⁹

1) Clinical care

Family Physicians are skilled clinicians who are able to apply established and evolving knowledge in the biomedical, clinical, and epidemiological sciences related to family medicine as well as related knowledge in the social-behavioural sciences to their care of their patients. Their expertise includes knowledge of their patients and families in the context of their communities, and their ability to apply their clinical skills effectively.

2) Person-centred care

Family Physicians are committed to the person first rather than to a particular body of knowledge, group of diseases or interventions. As such, they provide competent person-centred care by developing a relationship with patients and their families in which health care needs are identified and addressed collaboratively in the context of the patient as a whole person.

3) Comprehensive and continuing care

Family Physicians are able to provide care for a wide range of health issues, across age groups, and may do so in a variety of



healthcare settings. The clinical capabilities of family physicians span the spectrum of medical care: including health promotion and disease prevention; diagnosis; acute treatment, including the management of life-threatening illness; chronic disease management; rehabilitation; supportive care; and palliation.

4) Collaborative and integrated care

Family Physicians function effectively with the system of health care beyond the clinical encounter to call effectively on additional resources to provide optimal health care for their patients. They communicate and collaborate effectively with patients, families, communities and other health care professionals in the multidisciplinary team to bring about optimal care to the patients. They serve as integrators of care and demonstrate a long term commitment to their patients.

5) Community orientated care

Family Physicians are able to reconcile the health needs of individual patients as well as the health needs of the community in which they live in. He or she is also able to facilitate the use of available community resources to optimise patient care.

6) Professionalism

Family Physicians conduct their professional life in accordance with the expectations of the profession of medicine and society, manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.

A family physician is required to maintain such competencies through dedicated and rigorous participation in continuing professional development activities that include continuing medical education, quality improvement, research and teaching in the discipline of family medicine.

He should also be in constant interaction with peers through membership and active participation in a professional body of family medicine.



The Practice of Family Medicine in Singapore

In the context of Singapore, family physicians provide general medical care of patients in the following practice settings :

1. Private sector primary care clinics (GP clinics)
2. Public sector primary care clinics (polyclinics)
3. Community hospitals
4. Restructured and private hospitals
5. Other intermediate and long term care facilities (home medical care, hospice and nursing homes)

The generalist ethos of family medicine emphasises the importance of managing illnesses in the context of the person, the family, the community and the health care system. With the rise of complex chronic diseases and the increasing fragmentation of care as a result of specialisation in

medicine, more family physicians will be needed to meet the rising demand for good holistic care for our patients as they journey across our health care system. ■CM

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The College of Family Physicians Singapore defines a Family Physician as a registered medical practitioner who has acquired core competencies in the following areas after successfully completing a structured and comprehensive training program that is accredited by a recognised professional body or institution that provide for such training.

Family Practice Skills Course

Integrated Eldercare Course

The College of Family Physicians Singapore would like to thank **Agency for Integrated Care (AIC)** and the Expert Panel for their contribution to the Family Practice Skills Course #42 on "Integrated Eldercare Course", held on 3 - 4 September 2011.

Expert Panel:

Dr Matthew Ng
Ms Faezah Shaikh Kadir
Ms Tan Poh Noi
Dr Rukshini Puvanendran
Dr Kelvin Koh
A/Prof Lim Swee Hia

Chairpersons:

A/Prof Goh Lee Gan
Dr Jonathan Pang

Dementia

The College of Family Physicians Singapore would like to thank **Ministry of Health (MOH), Institute of Mental Health (IMH), Agency for Integrated Care (AIC)** and the Expert Panel for their contribution to the Family Practice Skills Course #43 on "Dementia", held on 17 - 18 September 2011.

Expert Panel:

Dr Nagaendran Kandiah
Dr Ng Li-ling
Dr Mark Chan
Dr Aaron Ang
Dr Lim Wee Shiong
Dr Philip Yap
Dr Chong Mei Sian

Chairpersons:

A/Prof Tan Boon Yeow
Dr Kelvin Koh

New Horizons in Hypertension

The College of Family Physicians Singapore would like to thank **Novartis (Singapore) Pte Ltd** and the Expert Panel for their contribution to the Family Practice Skills Course #44 on "New Horizons in Hypertension", held on 15 - 16 October 2011.

Expert Panel:

A/Prof Terrance Chua
Dr Goh Ping Ping
Dr Chadachan Veerendra Melagireppa
Dr Tan Yew Seng
Dr Akira Wu
Prof A Vathsala
Ms Gladys Wong

Chairpersons:

Dr Loke Kam Weng
Dr Ang Lai Lai

New Guidelines on Occupational Diseases

- Ministry of Manpower (MOM) and Workplace Safety and Health (WSH) Council have recently published a guide to help doctors diagnose and manage occupational diseases. https://www.wshc.sg/wps/themes/html/upload/infostop/file/WSH_Guidelines_Occupational_Diseases.pdf
- Statutory medical examinations for workers exposed to specific health hazards in factories were first introduced under the Factories (Medical Examinations) Regulations in 1985. These examinations must be conducted by Designated Factory Doctors (DFDs). The introduction of the Workplace Safety and Health (Medical Examinations) Regulations extends this requirement to all workplaces in Singapore and DFDs were renamed Designated Workplace Doctors (DWDs).

These guidelines on the statutory medical examinations were first issued in 1985; this fourth edition (2011) recognises the important role of DWDs in providing a more holistic management of workers' health. It also updates the chapters on the specific health hazards and provides useful reference information in the appendices.

https://www.wshc.sg/wps/themes/html/upload/infostop/file/WSH_Guidelines_Statutory_Medical_Examinations.pdf

A Note of Thanks ...

by Dr Lin Xiaohui Ivan



No matter how difficult it
may seem sometimes,
do not give up.
Dreams do come true.



Dreams do come true.

When I was diagnosed with leukaemia last March, I was prepared for the worst and had passed a letter to my friend to be read during my funeral. I am so glad that I am still alive today and have even passed my Graduate Diploma in Family Medicine (GDFM) exams while on chemotherapy.

The road to my recovery may not be easy, but I am not going to give up. I am very grateful to everyone who has given me the support, without which I wouldn't have come so far.

Thank you, Ms Ariel Heng, the GDFM coordinator, for helping me with my course matters, especially when I missed my Module 8 and GDFM exams last year. The news of my sudden illness threw my life into disarray, and it gave me warmth to know that there was supportive staff in the college who was very concerned for me.

Thank you, Dr Kwong Kum Hoong, for visiting me last year when I was admitted for my inpatient chemotherapy. Although I didn't get to meet you that time, your kind gesture touched my heart and gave me motivation to carry on. I am very happy that I finally had a chance to thank you in person at the GDFM Mock Exam earlier this year.

Thank you, Dr Leong Choon Kit, for coming to my place to give me my last tutorial for Module 8. Your positive words lifted my day and gave me hope that difficult times would tide over. It has been a pleasure to attend your tutorials and I have learnt important lessons from you about life itself.

Thank you, Yoke Kuan and Kenneth, my GDFM group mates, for your words of encouragement and faith in me. It might have been

just simple words to you, but it gave me courage to go for my exams. You both have shown me what it means to have passion in life and I wish you both successes in your life pursuits.

Thank you, Kelly, Jinhui and Liang Zhi, for revising the exams with me. The preparations had given me the confidence I needed and I am very happy that all of us have made it, especially Kelly since she has to take care of her 2 boys. To Jinhui, it has been a joy to be able to sit for the GDFM exams with you, after having sat through 'O' Levels, 'A' Levels and MBBS together.

Thank you, Shanhui and Yuxian, for giving me the energy to push on and not give up. You both have completed your GDFM last year, and have progressed well into your careers. I am very glad that I have finished what we have started out together. You both have worked hard for your dreams. I won't give up on mine either.

Thank you, Peter Moey, for being the inspiration I needed. You have come so far since the time we were working together as colleagues. I was pleasantly surprised to see you at the GDFM exams as one of the examiners. I will always be grateful to you for diagnosing my leukaemia when I saw you last March.

Despite everything that has happened to me, I still believe that life is beautiful and worth living. No matter how difficult it may seem sometimes, do not give up. Dreams do come true.

The author invites readers to email him at ivan.lin@mohh.com.sg with words of encouragement while he soldiers on bravely with chemotherapy sessions.

■ CM

You Learn Something New Everyday

CASE #1

Ms A is a single 25yrs admin clerk. She was feeling unwell, complaining of fever with diarrhoea 3 times for that morning only. She emphatically stated she wanted MC 2 days. There was no food or drug allergy.

On examination she looked alert although she had red swollen lips and eyelids. Her vital signs were stable and there was no fever or rash. Abdomen was soft and non tender.

I expressed concern about the lips and eyelids but patient said that is normal for her!

I have been seeing patients for almost 30yrs but this lady's appearance rang alarm bells.

Is it Steven Johnson's or mild drug allergy?

Explained to her must see emergency room doctor for swollen eyelids and lips but patient declined.

Discussed case with colleague who does Aesthetics during lunch.

Colleague said she probably had fillers for lips and double eyelid op by a beautician and just wanted MC!

CASE #2

Patient B is brought by husband (translator).

Husband says, "My wife's hole is itchy!"

I am perplexed what to examine.

I ask, "Please point to the problem."

Surprise, surprise! It is her ear!

■ CM

Family Practice Skills Course

Cardiometabolic Risk Update

The College of Family Physicians Singapore would like to thank **Merck Sharp & Dohme (I.A.) Corp. (Singapore Branch)** and the Expert Panel for their contribution to the Family Practice Skills Course #45 on "Cardiometabolic Risk Update", held on 22 - 23 October 2011.

Expert Panel:

A/Prof Goh Lee Gan
Dr Raymond Lee
Dr Yong Quek Wei
Dr Chia Su-Ynn
Dr Tham Kwang Wei
Dr Akira Wu
Ms Teo Soo Lay

Chairpersons:

Dr Kwan Yew Seng
Dr Tan Tze Lee

Bipolar Disorder & Depression

The College of Family Physicians Singapore would like to thank **Ministry of Health (MOH), Institute of Mental Health (IMH), Agency for Integrated Care (AIC)** and the Expert Panel for their contribution to the Family Practice Skills Course #46 on "Bipolar Disorder & Depression", held on 29 - 30 October 2011.

Expert Panel:

A/Prof Goh Lee Gan
Dr Terence Leong
Dr Wei Ker-Chiah
Dr Mok Yee Ming
Dr Chua Tze-Ern

Chairpersons:

Dr Alvin Lum
Dr Siew Chee Weng

Management Update on Functional Decline in Older Adults

Sat - Sun, 25 - 26 Feb 2012

2.00pm - 6.00pm

Health Promotion Board, Auditorium (Level 7)

3 Second Hospital Avenue, Singapore 168937



TOPICS

- Unit 1: Physical Function
- Unit 2: Mood
- Unit 3: Continenence
- Unit 4: Hearing
- Unit 5: Vision
- Unit 6: Oral Health

WORKSHOPS

- Day1: Physical Function; Mood; Continenence
- Day 2: Hearing; Vision; Oral Health

SPEAKERS

- Dr Wong Sweet Fun
- Dr Au Eong Kah Guan
- Prof Kua Ee Heok
- Dr Hilary Thean
- Dr Lawrence Tan
- Dr Wong Mun Loke
- A/Prof Lynne Lim

- SEMINARS** (2 Core FM CME points per seminar)
Seminar 1 • Unit 1 - 3: Sat, 25 Feb 2012 (2.00pm - 4.15pm)
Seminar 2 • Unit 4 - 6: Sun, 26 Feb 2012 (2.00pm - 4.15pm)

- WORKSHOPS** (1 Core FM CME point per workshop)
Day 1: Sat, 25 Feb 2012 (4.30pm - 6.00pm)
Day 2: Sun, 26 Feb 2012 (4.30pm - 6.00pm)

*Registration is on first-come-first-served basis.
Seats are limited.

Please register by 20 Feb 2012 to avoid disappointment.

DISTANCE LEARNING MODULE

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

- Read 6 Units of study materials in The Singapore Family Physician Journal and pass the MCQ Assessment.

ADDITIONAL DISTANCE LEARNING* OPTION!

New, exciting FREE e-learning* module developed by HPB!
Approximate time to complete the interactive module* online = 1 hr.
Contact Mr Kumaran Utravathy at kumaran_utravathy@hpb.gov.sg for more details.

*CME point pending SMC's approval

This Family Practice Skills Course is jointly organised and supported by the **College of Family Physicians Singapore** and **Health Promotion Board (HPB)**



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

REGISTRATION

Management Update on Functional Decline in Older Adults
Please tick (✓) the appropriate boxes

FREE REGISTRATION for College Members!

	College Member	Non Member ^
Seminar 1 (Sat)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$20.00
Seminar 2 (Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$20.00
Workshops (Sat-Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$40.00
Distance Learning (Journal)	FREE	<input type="checkbox"/> \$40.00
	TOTAL	

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).

^ Prices shown are before GST.

Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: 2010 Intake 2011 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

List of Life Members

The Life Membership category was set up during the College of Family Physicians Singapore's Annual General Meeting in June 2008.

According to the College Constitution, Section 7 - Admission to Life Membership:

Life Membership shall be granted to

- a) *All categories of members who have paid at least twenty years of subscription, on payment of a sum calculated at prevailing rates to top up subscription paid to the equivalent of thirty years subscription*
- b) *All categories of members who have paid thirty years of subscription without need for any further payment of subscription.*
- c) *All non subscription paying members of the College as at 28th June 2008 who*
 - (i) *is at least fifty five years of age,*
 - (ii) *had paid fifteen years of subscription or had paid at least ten years of subscription, on payment of a sum calculated at prevailing rates to top up subscription paid to the equivalent of fifteen years subscription,*
 - (iii) *and who applies for this once off offer of Life Membership at the category of membership they were last in, by 31st March 2009.*

The College thanks all Life Members for their longstanding and continued support all these years. Starting with an initial 108 Life Members, the College is now proud to have 214 Life Members in our database (as of 1 Dec 2011).

Hearty congratulations to the following College members on reaching this milestone!

Life Members – Fellows

A/Prof Cheong Pak Yean
A/Prof Goh Lee Gan
A/Prof Lim Lean Huat
Dr Aw Lee Fhoon Lily
Dr Chan Swee Mong Paul
Dr Chang Ming Yu James
Dr Hanam Evelyn
Dr Lau Hong Choon
Dr Lee Suan Yew
Dr Lim Kim Leong
Dr Ling Sing Lin
Dr Loh Wee Tiong Alfred
Dr Ong Chooi Peng
Dr Soh Cheow Beng Aloysius
Dr Tan Cheng Bock Adrian
Dr Tan Kim Eng
Dr Vaswani Moti Hassaram
Dr Yeo Peng Hock Henry

Dr Khoo Beng Hock Michael
Dr Kong Kum Leng
Dr Lee Kok Leong Phillip
Dr Lee Michael
Dr Lim Bee Geok
Dr Lim Bee Hwa Kitty
Dr Lim Chong Sing
Dr Lim Chun Choon
Dr Lim Liang Boon
Dr Lim Shueh Li Selina
Dr Lim Shyan
Dr Loo Choon Yong
Dr Low Kee Hwa
Dr Lui Woei Sen
Dr Lum Chun Fatt
Dr Murugasu Deirdre
Dr Ng Chee Lian Lawrence
Dr Soh Fook Thin Phillip
Dr Soon Siew Pheng Roy
Dr Tan Chek Wee
Dr Tan Heng Kwang
Dr Tan Kok Kheng
Dr Tan Swee Teck Michael
Dr Tay Soi Kheng
Dr Wee Sip Leong Victor
Dr Wee Soon Heng Christopher
Dr Wong Fook Meng Wilson
Dr Wong Sin Hee
Dr Wong Song Ung
Dr Yeo Siam Yam
Dr Yoong Foh Yan

Dr Attaree Razia
Dr Auw Tiang Meng
Dr Caldwell George Yuille
Dr Chan Foong Lien
Dr Chan Wai Lup
Dr Chang Li Lian
Dr Chee Chan Seong Stephen
Dr Chee Diana Nee Lim Toan Yang
Dr Cheng Heng Lee
Dr Cheng Soo Hong
Dr Chew Gian Moh
Dr Chia Swee Heong Daniel
Dr Chia Sze Foong
Dr Chin Koy Nam
Dr Chong Lay Hwa
Dr Chu Siu Wen
Dr Chua Pong Kuan Terence
Dr Chua Sui Leng
Dr Dohadwala Kutbuddin
Dr Emmanuel Shanta Christina
Dr Eu Yee Tat David
Dr Fong Chiu Yan (Mrs Cheah)
Dr Fong Khee Leng
Dr Foo Hui Yuen Vivienne
Dr Goh Ban Cheng Melvin
Dr Goh Cheng Hong
Dr Goh Ching Luck Peter
Dr Goh Soon Chye
Dr Ho Lin Fah Dorothy
Dr Ho May Ling
Dr Ho Paul
Dr Ho Sook Yean Theresa
Dr Hoo Kai Meng Mark
Dr Hoong Yong Sen
Dr Kang Hun Hun Helen

Life Members – Collegiate Members

Dr Chan Cheow Ju
Dr Chia Yuit Keen
Dr Chiong Peck Koon Gabriel
Dr Chok Ching Chay
Dr Chong Hoi Leong
Dr Chung Sin Fah
Dr Damodaran Ajith
Dr Foong Chan Keong
Dr Goh Kiat Seng
Dr Goh King Hua
Dr Hew Kin Sun
Dr Hia Kwee Yang
Dr Ho Gien Chiew
Dr Huan Meng Wah

Life Members – Ordinary Members

Prof Lim Huat Chye Peter
Dr Ang Yiau Hua

Dr Kee Chin Wah Patrick
 Dr Khoo Boo Yee
 Dr Khoo Sork Hoon
 Dr Khoo Swee Tuan George
 Dr Kishan Dhakshayani
 Dr Kiu Oi Nah Juliana
 Dr Koh Ai Peng
 Dr Koh Boon Wah
 Dr Koh Chong Cheng James
 Dr Koh Chye Seng
 Dr Koh Eng Soo
 Dr Koh Gin Poh
 Dr Kuldip Wasan Singh
 Dr Kwee Edmund
 Dr Kwee Irene
 Dr Lai Jin Tee John Francis
 Dr Lau Kit Wan
 Dr Lee Chon Sham
 Dr Lee Keng Thon
 Dr Lee Kheng Chew
 Dr Lee Moh Hoon
 Dr Lee Sai Kiang
 Dr Lee Tang Yin
 Dr Leong Choon Yin
 Dr Lim Choe Lan
 Dr Lim Geok Leong
 Dr Lim Guek Nee
 Dr Lim Hai Chiew
 Dr Lim Khai Liang John
 Dr Lim Kheng Har Maureen
 Dr Lim Kian Tho Jerry
 Dr Lim Kok Keng Victor
 Dr Lim Toan Kiaw Irene
 Dr Lim Toan Lin (Mrs Patricia Wong)
 Dr Loh Ban Chye
 Dr Loh Peng Yam Michael
 Dr Low Guat Siew Theresa
 Dr Low Saw Lean
 Dr Mao Fong Hao
 Dr Mohamed Nawaz Janjua
 Dr Nair Prem Kumar
 Dr Nair Rajalekshmi
 Dr Narasinghan Meenambikai
 Dr Neo Lily Tirtasana
 Dr Neoh Swee San Linda
 Dr Ng Ban Cheong
 Dr Ng Boon Gim
 Dr Ng Choon Hee
 Dr Ng Eik Tiong
 Dr Ng Keck Sim
 Dr Ng Mong Hoo Richard
 Dr Ng Mui Nai Agnes
 Dr Oei Cheong Chuan
 Dr Ong Eng Cheng
 Dr Ong Kian Giap Daniel
 Dr Ong Siew Kiat
 Dr Ong Yong Khee Daniel
 Dr Pang Seow Choon William

Dr Pillai Kumari
 Dr Quek Koh Choon
 Dr Quek Meng Poo
 Dr Rajan Uma
 Dr Ray Rilly
 Dr Selvadurai Vimala
 Dr Si Hoe Kok Wan
 Dr Singh Balbir
 Dr Singh Sorinder
 Dr Subramanion M Bala
 Dr Sun See Seng
 Dr Supramaniam Vimalaranie
 Dr Tan Bang Liang
 Dr Tan Bee Lee Philip
 Dr Tan Beng Sim Vincent
 Dr Tan Keng Wah Jerry
 Dr Tan Khim Keng
 Dr Tan Kiat Piah
 Dr Tan Kok Pin
 Dr Tan Kok Soo
 Dr Tan Lea Khim
 Dr Tan Lean Beng
 Dr Tan Suan Ek
 Dr Tan Thian Hwee
 Dr Tan Tian Cho
 Dr Tay Hock Hui
 Dr Tay Ka Choon Stephen
 Dr Tay Kew Wei David
 Dr Tay Siew Tee Celena
 Dr Tay Sok Hoon
 Dr Tham Kok Wah
 Dr Thor Guat Ngoh
 Dr Toh Kok Thye
 Dr Tok Choo Beng Vincent
 Dr Tong Thean Seng Reginald
 Dr Tseng Seong Pheng William
 Dr Varghese Joseph
 Dr Vasawala Farida Fakhrudin
 Dr Virabhak Nai Karin
 Dr Waller Patricia Babara
 Dr Wee Joo Ling Mary
 Dr Wee Kang Cheng Paul
 Dr Wong Fook Poh
 Dr Wong Ming
 Dr Wong Yik Mun
 Dr Yang Chien Pai
 Dr Yap Lee (Mrs Chua)
 Dr Yap Soei Kiat
 Dr Yeap Eng Hooi
 Dr Yeo Chye Luan
 Dr Yeo Kwan Ching
 Dr Yeo Lock Peow Peter
 Dr Yik Chor Yeong
 Dr Yim Sow Tuck Andrew
 Dr Yong Bo Ling

Life Member – Associate Member
 Dr Quah Wee Chai Parry

*Season's
 Greetings
 &
 Happy
 New
 Year!*

*Best wishes,
 23rd Council,
 Editorial Board of
 The College Mirror
 & Secretariat,
 College of
 Family
 Physicians
 Singapore*



Family Practice Skills Course #47

Obesity Prevention & Management

Sat - Sun, 14 - 15 Jan 2012

2.00pm - 6.00pm

Health Promotion Board, Auditorium (Level 7)

3 Second Hospital Avenue, Singapore 168937

TOPICS

- Unit 1: Overview
- Unit 2: Childhood
- Unit 3: Motivational Interviewing (MI)
- Unit 4: Youth/ Adults
- Unit 5: Physical Activity Tool (PAAT)

WORKSHOPS

- Day 1: Motivational Interviewing (MI) & Case Scenarios;
Role of Allied Health & community in Continuity of Care
- Day 2: Physical Activity Advice Tool (PAAT);
Health Choices - Lifestyle Advice Resource for Healthcare Professionals

SPEAKERS

- Dr Jonathan Pang
- A/Prof Loke Kah Yin
- Dr Audrey Tan
- Dr Tham Kwang Wei
- Mr Robert Sloan
- Ms Vivian Feng Yu Lim
- Ms Samantha Bennett

SEMINARS (2 Core FM CME points per seminar)

- Seminar 1 • Unit 1 - 3: Sat, 14 Jan 2012 (2.00pm - 4.15pm)
- Seminar 2 • Unit 4 - 6: Sun, 15 Jan 2012 (2.00pm - 4.15pm)

WORKSHOPS (1 Core FM CME point per workshop)

- Day 1: Sat, 14 Jan 2012 (4.30pm - 6.00pm)
- Day 2: Sun, 15 Jan 2012 (4.30pm - 6.00pm)

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

Seats are limited.

Please register by 9 Jan 2012 to avoid disappointment.

DISTANCE LEARNING MODULE

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

- Read all Units of study materials in The Singapore Family Physician Journal and pass the MCQ Assessment.

This Family Practice Skills Course is jointly organised and supported by the **College of Family Physicians Singapore** and **Health Promotion Board (HPB)**



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

REGISTRATION

Obesity Prevention & Management
Please tick (✓) the appropriate boxes

**FREE
REGISTRATION
for College
Members!**

	College Member	Non Member ^
Seminar 1 (Sat)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$20.00
Seminar 2 (Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$20.00
Workshops (Sat-Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$40.00
Distance Learning (Journal)	FREE	<input type="checkbox"/> \$40.00
	TOTAL	

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

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Signature: _____

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^ Prices shown are before GST.

Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: 2010 Intake 2011 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