



THE College Mirror

VOL. 35 NO. 4 December 2009

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Health Minister's Visit

Mr Khaw Boon Wan visited the College on the occasion of the opening of its recently renovated premises on 4th November 2009.

(More on page 6)



The Golden Period

by Dr Lee Suan Yew
Guest-of-Honor Address at the Family
Medicine Convocation Ceremony,
28 Nov 2009, Grand Copthorne Waterfront

“I wish to congratulate the graduands for successfully achieving your goals in spite of your busy practice and, for some, raising a family. Your next step will be more challenging than before but please remember to serve the College in the future.

Moving to the Golden Period

May I be bold enough to mention that Family Practice has moved from the "Renaissance Period" after World War II to the "Golden Period" we are now experiencing. Let me explain. The revival of the Art and Science of Family Medicine or General Practice after World War II was very slow. In fact, when specialisation was increasingly popular in the 60s and 70s, Family Medicine took a back seat. Subsequently, Family Medicine was revived in the West, especially in the US, UK, and Australia. Primary Healthcare Colleges made progress in research and publications. Many medical schools formed Primary Healthcare Departments. Many chairs were created to the surprise of Asian universities.

(continued on page 7)

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2009 - 2011

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Preparing Ourselves to Participate in the Future Healthcare Landscape

by Dr Wilson Eu, Editor



2009 started off with many dire predictions - global economic downturn, ponzi cheats and suddenly, 'It's a good time to be a doctor again' as bankers and their bonuses became as rare as compact camera film. H1N1-2009 Influenza A invaded our lexicon in Q2. After a relatively short period of uncertainty, peppered with some angst for GPs, it too has retreated and with the availability of the pandemic flu vaccine, this story has run its course - for now.

In Q3, with the flu pandemic under control, one could sense in MOH, a return to the ongoing efforts to transform healthcare in view of the 'silver tsunami' and increasing complexity and costs of delivering care in tertiary centers. There were major pronouncements that will affect the nature of healthcare delivery and focus. Following the Prime Minister's National Day Rally speech, 'slow medicine', integration of care between acute and intermediate and long term care programmes were put on the fast track.

After many years of preparing and plowing the ground - remember the MOH Conversations in the 2007 and 2008 - the scaffolding of a new medical landscape is taking shape. Many articles have been written in the last few months, but for those of us who have not kept up please refer to:

1. College Mirror Vol 35 No. 3 (previous edition)
2. SMA News Vol 41 No 10. October 2009
3. Perm Sec's speech at the opening of the NUH ASG. Available here: <http://www.moh.gov.sg/mohcorp/speeches.aspx?id=23194>

These are major initiatives that will impact on the way our patients will receive and pay for their medical services. Are we informed and preparing for change? What are Regional Health Services and how will their work impact Primary Care Physicians? In transforming healthcare delivery what role(s) should specialist nurses and other physician extenders perform? How is IT going to affect my practice in 2010 and beyond? These are just some questions to which we all need to seek answers.

Dealing with the public

In the latter part of this year, there has been a perceptible increase in the number of complaints by patients who have found expression in the hardcopy and online forums of the national broadsheet newspaper and its electronic cousin. Patients are writing directly to the Straits Times complaining and venting



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their unhappiness and, at times directly naming the doctors and clinic involved. Unfortunately, there appears to be no attempt by the media to ensure the veracity of the complaint or an attempt to ensure that the matter be channeled to a more appropriate body. The unifying theme to all the complaint seems to be that doctors are motivated by greed and are lackadaisical with all other aspects such as punctuality.

In the President's Forum and during the Family Medicine Convocation Ceremony, A/Prof Goh Lee Gan reinforces the tasks of the 22nd Council. Strengthening the recognition and equitable worth of family physicians requires Council to engage with the public and Press as well as MOH. Within the College, we need to

establish and strengthen the intra-collegiate ties and bonds. This is the first task of the Practice Management Workgroup - all change must first come from a necessity that we perceive in ourselves.

Lines of communication and new methods of communicating with one another need to be formed. Minister Khaw Boon Wan is blogging and posting photos of his work on Flickr and Facebook. College should likewise look to new avenues to allow members to reach each other.

We have all in clinical practice experienced the gradual erosion of the professional image of the family physician over the years. This must be

arrested by engaging the public and the Press. Some examples of letters to the press included in this issue.

Dr Shiau Ee Leng has some suggestions for those of us who are always running behind. We can tackle the problem through looking at our workflow, scheduling and man-power needs.

Finally, we congratulate all who have passed their exams. We wish them every success in their clinical practice and invite all to continue to play a useful and enthusiastic role in the College. College exists because of the dedication and perseverance of Family Physicians who have a heart for the great traditions of family practice. ■CM

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College of Medicine Building
16 College Road #01-02, Singapore 169854
Tel: (65) 6223 0606 Fax: (65) 6222 0204
E-mail: collegemirror@cfps.org.sg
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Responding to the Changing Landscape

by A/Prof Goh Lee Gan, President, 22nd Council, College of Family Physicians Singapore



We can view the changes to be opportunities for primary care doctors to play a bigger role in the health care delivery of our country.

This issue of the College Mirror centres round the Convocation held on Saturday 28 November 2009. This event marks a happy milestone in the professional development of many who are recipients of the awards and recognition of standards achieved. It is also a milestone for the College with regards to its training mission. Congratulations to the recipients and congratulations to the College too.

I should also mention those who have tried in the various examinations and are yet to succeed. Take heart. The journey of professional development has its twists and turns. There is a quotation to be remembered: "He (and she, too) who fights and runs away, returns to fight another day." This is the spirit to take.

Convocation

The Convocation is also a time to recognize the contributions of many who helped to realise the training and development missions of the College. This year, the College awards the Honorary Fellowship of the College to Professor Ng Han Seong for his contribution as a trainer of our doctors, for being an advocate for family medicine development, for his leadership in responding to the changing landscape of health care practice, and for being a role model physician with broad interests of in practice, teaching and research. We also award the Albert & Mary Lim Awards to two past Presidents of the College, A/Prof Lim Lean Huat, and Dr Alfred Loh for their contributions to the College and Family Medicine. And we say "Thank you" to the many who have helped the College in one way or the other.

Responding to the changing landscape

The keynote address of Dr Lee Suan Yew, the Guest-of-Honour, has an important message. He touched on the need to respond to the changing landscape of health care. We can view the changes to be opportunities for primary care doctors to play a bigger role in the health care delivery of our country.

Censors' Board educational retreat

The educational retreat on 31st October organized by A/Prof Tan Boon Yeow, the Censor-in-Chief helps to put everyone on the same page on the training direction of the College. It is a necessary step as a response to the changing landscape too.

Singapore Family Physician joins WPRIM

Thanks to the efforts of the Honorary Editor, Dr Tan Tze Lee, the Singapore Family Physician, the official journal publication of the College, has joined the Western Pacific Region Index Medicus (WPRIM). This is a project of the WHO Western Pacific Regional Office (WHO/WPRO) in collaboration with several institutions in its member countries. The goal of WPRIM is to produce an online index of medical and health-related journals published in the WHO Western Pacific Region which can be accessed on the Internet, thus ensuring global accessibility of health research done in the Western Pacific Region. To attain its goal, the project aims to pursue the following objectives: (1) to index medical/health-related journals in member countries of the WHO Western

This is a time for reflection of what has been achieved, what could be done better, and what is yet to be achieved.

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Pacific Region, (2) to create a bibliographic database containing records linked to their full-text, (3) to raise the level of journal publishing in the Western Pacific Region through a peer-review system, and (4) to build the capacity of participating health institutions. WPRIM is the contribution of WHO/WPRO to the Global Health Library (GHL) initiative which aims to extend to everyone the benefits of the knowledge that is essential to the fullest attainment of health. (Source: <http://wprim.wpro.who.int/SearchBasic.php>)

This is an important academic milestone for the College. I would like to encourage doctors to contribute original papers to the Singapore Family Physician. Your work will now be indexed and therefore searchable.

The end and the beginning

We have come to the end of yet another year. This is a time for reflection of what has been achieved, what could be done better, and what is yet to be achieved. The New Year is a new beginning to set our sights on the tasks ahead. As President, my New Year resolution will be to continue with the three tasks of strengthening the recognition and equitable worth of the family physicians; of implementing the accredited modular course programme for senior family physicians; and making right-siting work for GPs. Sound familiar? Yes, these are the ongoing tasks of the 22nd Council. What are your New Year resolutions?

Merry Christmas and Happy New Year

Finally, it remains for me to wish everyone the Seasons Greetings - Merry Christmas and Happy New Year. ■CM



Family Practice Skills Course #33

Childhood Obesity

6 & 7 March 2010 | 2.00pm - 6.45pm
Health Promotion Board, Auditorium Level 7*

- **SEMINARS** (2 Core FM CME Points for each seminar)
- **WORKSHOP** (2 Core FM CME Points)
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SPEAKERS

Dr Mabel Yap, A/Prof Loke Kah Yin, Dr Lee Ee Lian,
Dr Ong Wee Sian, Dr Wong Mun Loke

- Unit 1: Definition, Classification and Epidemiology
- Unit 2: Overview of Assessment, Pharmacological and Surgical Management
- Unit 3: Psychological Aspects of Obesity
- Unit 4: Therapeutic Lifestyle Changes
- Unit 5: Dietary Management
- Unit 6: A Total Approach to Prevention

For more information, please visit www.cfps.org.sg.

Organised by College of Family Physicians Singapore and Health Promotion Board



*Details of the course are to be confirmed via email and announced at www.cfps.org.sg.

Health Minister's Visit

Opening of College of Family Physicians Singapore's Renovated Office Premises 4 November 2009

Minister Khaw Boon Wan visited the College on the occasion of the opening of its recently renovated premises on 4th November 2009. He was received by the President and Council, and also past Presidents of the College. Minister was briefed by the President, Vice-President, Censor-in-Chief and Honorary Secretary of the various roles under their portfolio while he was shown around the new College premises.

Mr Khaw reiterated the Ministry's continued endeavour to transform health care and emphasized the important roles that primary care and the College should play.

He had a discussion with Council Members practicing in various areas of family medicine viz. private sector, polyclinic, community hospital and tertiary hospitals.

The College records its thanks to the Minister and the Ministry of Health for renewing the lease of the premise and the continuing support of its activities to promote health for Singapore through advancing family medicine.

■ CM



(L-R) Dr Alfred Loh, A/Prof Goh Lee Gan, Mr Khaw Boon Wan, A/Prof Cheong Pak Yean, A/Prof Lim Lean Huat



22nd Council Members (standing L-R): Drs Tan Tze Lee, Tham Tat Yean, Leong Choon Kit, Shirley Goh, Chow Mun Hong, (seated L-R) Dr Jonathan Pang (Honorary Secretary), A/Prof Goh Lee Gan (President), Mr Khaw Boon Wan, A/Prof Lee Kheng Hock (Vice President), A/Prof Tan Boon Yeow (Censor-in-Chief)

Congratulations and I look
forward to your continuing support
and fruitful partnership +
transforming primary healthcare.

Boon Wan
2009



Mr Khaw Boon Wan discussing with Council Members and College's Past Presidents viz. private sector, polyclinic, community hospital and tertiary hospitals

(from page 1 - THE GOLDEN PERIOD by Dr Lee Suan Yew)

In the 80s, our College conducted Continuing Medical Education (CME) even though the lectures were not compulsory. Our early leaders started the MCGP Diploma course leading to the MCGP Examination (Member of the College of General Practice).

When the Ministry of Health officials noted that College had dedicated Family Physicians who spent time and effort to upgrade the practice of family medicine, they not only provided a prestigious premises for our College at the College of Medicine Building, but they also welcomed us to examine diploma candidates in the Ministry hospitals at SGH and AH. Years later, the MOH and Postgraduate School of Medicine, NUS, decided to introduce the Master of Medicine (Family Medicine) on par with that of the other M.Med specialties.

There are three other factors in this golden period.

Firstly, we are fortunate to have three enlightened and inspiring leaders in the MOH. They are Mr Khaw Boon Wan, Minister of Health, Mrs Yong Ying-I, Permanent Secretary, and Prof Satku, Director of Medical Services. They made it known publicly many times that every citizen should have a family physician. They launched the Chronic Disease Management Programme (CDMP) in Oct 2006. There was an increase in chronic diseases like hypertension, diabetes mellitus, hyperlipidemia and stroke. Patients were clogging our hospital wards. Ministry wanted Family Physicians in the private clinics and in the polyclinics (to a lesser extent) to help manage these chronic disease patients. The question of right siting for these patients become crucial in the down-stream programme. It was successful because patients were able to use their Medisave up to a limit of \$300 per annum.



Subsequently two more diseases were included: asthma (or COPD) and mental diseases, as in depression and schizophrenia.

Secondly, the care of the elderly became more important as our population continues to age. The management of rehabilitation and chronicity outside the acute hospitals is important as the acute wards are overstretched in space and manpower.

Thirdly, the step-down management is very important too. The Prime Minister mentioned this at the National Day Rally speech in August this year. He also used the words "Slow Medicine". We need to address this issue logically and manage it carefully. The role of the Family Physicians is again very important. If we manage this well, we can avoid a "Revolving Syndrome": meaning patients discharged from

hospital need not be re-admitted if the patient's follow-up is well managed. Family Physicians are already involved in the seamless transfer of discharged patients from these acute hospitals, Family Physicians are the key medical personnels to advise our patients to select the right life-style choices. This form of preventive medicine is another important aspect of our long term care of our patients.

If we manage these three key issues well, our patients will be better managed as outpatients and the acute wards will be correctly used. Hence, you can see how increasingly important the role of the Family Physicians. During the SARS pandemic in 2003 and the H1N1 pandemic, the role of the Family Physicians was immeasurable. Once the Electronic Health Record (EHR) kicks in, Family Physicians clinics will be electronically linked with hospitals, X-ray clinics and the laboratories. Imagine how patient care will improve in speed and accuracy in information transfer.

To me, this is a "Golden Period" and a golden opportunity where all Family Physicians will be participating in acute and chronic cases. I suspect that there will be more collaboration between the hospitals and Family Physicians in the future.

On that note, I wish all the graduands to take up the challenge and make our medical profession a noble and rewarding one. I thank you for your kind attention." ■CM

To me, this is a "Golden Period" and a golden opportunity where all family physicians will be participating in acute and chronic cases.

The Albert and Mary Lim Award

Dr Albert Lim Liat Juay was born on October 15, 1890. He went to school at George Watson's, Edinburgh, and later to Edinburgh University where he studied medicine. After graduating, he proceeded to obtain his M.D. in haematology. Among his teachers were luminaries like Carey Coombs of Coombs' cardiac murmur fame, and the physiologist, Sharpey Schaeffer.



Dr Albert Lim and wife, Mrs Mary Lim

During the First World War, when the British doctors were at the front, Albert and his younger brother, Harold, who also graduated from Edinburgh University with a M.B. Ch.B. and later with a F.R.C.S. in surgery, took charge of the Bristol Infirmary. The two brothers quickly established their reputation and won the hearts of those under their care, especially during the great 1919 influenza pandemic.

On returning to Singapore, the two brothers jointly went into private practice. Despite his heavy clinical load, Dr Albert Lim did not shy away from his other responsibilities. He served on the Municipal Commission, the Singapore University Court and various Hospital Boards. When the Pacific War broke out, he together with Sir George Allen (then Dr G. V. Allen) set up the first blood transfusion unit in Singapore.

Dr Albert Lim was a man of few words. Outspoken at times, he was well respected and a little feared by both his patients and his family. Despite his small size he was affectionately called by his patients "Tua Lim" or "Big Lim" to

distinguish him from his younger brother, Harold, "Sueh Lim" or "Little Lim", who was a head taller than him.

Dr Albert Lim never spared himself as far as his patients were concerned. His mornings were filled with numerous house calls and he rarely reached his office before noon. One of his sons-in-law, who called him for a second opinion, was privileged to see him at work. He took a detailed history, examined the patient very carefully, and reached the correct diagnosis, later confirmed by laboratory investigations. Dr Lim practiced holistic medicine, a term that was yet to be coined. He only took his first long holiday after he had worked for 46 years with hardly a break.

Dr. Lim passed away in 1970, at the age of 80 years.

It would not have been possible for Dr Albert Lim to have accomplished so much without the support of his wife, Mary. Mary brought up their four daughters and a son. It was to her credit

that they all graduated in medicine. The four daughters married doctors, helped, no doubt, by Mary Lim's superb cooking. Four days before she died, also at the age of 80 years in 1974, she was given this birthday card by one of her children. The card read, "We are never without courage With a mother's faith beside us, We are never without comfort With a mother's hand to guide us, We are never without laughter When we have her smile to cheer us, We are never far from heaven When a mother's love is near us."

In memory of their parents, the children instituted The Albert and Mary Lim Award.

The Albert and Mary Lim Award, first presented in 1974 as the Albert Lim Award, was re-instituted as The Albert and Mary Lim Award in Sept 1999, in memory of the late Dr Albert Lim Liat Juay and his wife Mrs Mary Lim. The family members of the late Dr Lim have donated a total of \$25,000 towards this award. The members are:
Dr and Mrs Wong Heck Sing
Dr and Mrs Chee Phui Hung
Dr and Mrs Koh Eng Kheng
Dr and Mrs Jerry Lim
Dr Margaret Lim Toan Keng

This highest accolade, awarded for contribution and services rendered to the College and to the discipline of Family Medicine. There are 11 recipients to-date. They are:

- (1) Dr Arthur Tan Chin Lock (1999)
- (2) Dr Richard Ng Mong Hoo (1999)
- (3) Dr Lim Kim Leong (2000)
- (4) Dr Chan Nang Fong (2005)
- (5) Dr Lau Hong Choon (2005)
- (6) Dr Ling Sing Lin (2007)
- (7) Dr Yii Hee Seng (2007)
- (8) Dr Tan See Leng (2007)
- (9) Dr Lee Suan Yew (2008)
- (10) Dr Alfred WT Loh (2009)
- (11) A/Prof Lim Lean Huat (2009) **ICM**

Dr. Lim practiced holistic medicine, a term that was yet to be coined. He only took his first long holiday after he had worked for 46 years with hardly a break.

Adj A/Prof Lim Lean Huat and Dr Alfred Loh

The 2009 Albert and Mary Lim Award Recipients

Citations by A/Prof Cheong Pak Yean, Past President, College of Family Physicians Singapore

A/Prof Lim Lean Huat

Academic qualifications

A/Prof Lim Lean Huat graduated with MBBS in 1966 from the University of Singapore. He was among the second batch of doctors who sat for the Diplomate Examination of the College and was awarded the Membership of the College of General Practitioners, Singapore (MCGP) in 1974. In 1992, he was elected as Fellow of the College of General Practitioners, Singapore.

College Council and related committees

A/Prof Lim has served the College and the family medicine fraternity in many capacities. He was Council member in six of the 22 Councils spanning 1976 to 2007; Vice President in two Councils from 1995 to 1999 and was the President of the College from 1999 until 2001. At the committee level he has been involved in laying down training policies, crafting training matters and setting directions in Family Medicine post graduate training. He has served as Member, Committee for Family Medicine and Committee for Geriatric Medicine under the auspices of the Graduate School of Medical Studies, NUS.

Family Medicine Teacher

A/Prof Lim has been active in teaching in both undergraduate and postgraduate levels. He has been a GP tutor since the early 1980s until today. He was appointed Adj Associate Professor in Family Medicine in NUS since 1995. At the post graduate level, A/Prof Lim is a regular host for the MMed(FM) Programme A trainees doing their two-week family medicine attachment in the 1990s till the 2000s. He has been an Examiner for the MMed(FM) since 1992.

Appointments in Professional Organisations

Amongst his many appointments, A/Prof Lim has been a Director Singapore Health Services Pte Ltd (Singhealth) for six years from 2003 to 2009. He was a member in SMC for 11 years from 1994 to 2005. He also served as member in the Law Society Inquiry and Disciplinary Committee for 11 years. The College presents A/Prof Lim Lean Huat the Albert and Mary Lim Award 2009 for this many contributions to the College and family medicine reform in Singapore.



A/Prof Lim Lean Huat

Dr Alfred WT Loh

Academic qualifications

Dr Alfred Loh graduated with MBBS in 1973 from the University of Singapore. He attained the MCGP Diplomate Member of the College of General Practitioners, Singapore in 1978 and was awarded the Fellowship of the College of General Practitioners, Singapore in 1987. Dr Loh was admitted as a Member of the Royal College of General Practitioners (MRCGP) in 1990 and awarded the Fellowship of the Royal College of General Practitioners (FRCGP) in 1998. In 1999 he obtained his Masters in Business Administration from the University of Hull. He was conferred Honorary Fellowship of the Royal Australian College of General Practitioners in 2007.

College Council and related committees

Dr Loh's association with the college spans some three decades in various offices since 1979.

- Member of Council	1979-1983; 1999-2001
- Honorary Treasurer	1987-1989
- Honorary Secretary	1983-1985
- Vice President	1985-1987; 1989-1991
- Acting President	1991-1993
- President (2 terms)	1993-1999

Dr Alfred Loh's largest contribution to the College was in chairing the Host Organizing Committee of the 10th Wonca World



Dr Alfred Loh

(continued from page 9)

Conference in 1983. This event was instrumental in putting Singapore on the world map of family medicine organizations. This Conference was attended by 2000 delegates from 34 countries. We remain to this day, the only college to have the Wonca proceedings ready at the end of the conference as a parting gift to the delegates.

Family Medicine Teacher

Dr Loh has been a Clinical tutor in undergraduate family medicine for two

decades. He is also a Clinical Examiner of the Graduate School of Medical Studies for the Master of Medicine (FM) examinations since the programme started in 1992.

WONCA CEO

Internationally, Dr Alfred Loh does Singapore proud as the Chief Executive Officer, World Organisation of Family Doctors (WONCA), since May 1, 2001. As CEO, Dr Loh believes that there is a wide scope of opportunities that lie ahead for

the organization. He works closely with the WONCA World Executive Committee and World Council, with member organizations, standing committees, working parties and special interest groups. One of the key tasks in the immediate future is to increase WONCA's collaboration with the WHO and other international health organizations (NGOs). The College is pleased to present Dr Alfred Loh the Albert and Mary Lim Award 2009. ■CM

Presentation of College Honorary Fellowship to **Prof Ng Han Seong**

Citation by A/Prof Goh Lee Gan, President, 22nd Council, College of Family Physicians Singapore

“Ladies and gentlemen, I am privileged to present to you Professor Ng Han Seong, the recipient for Honorary Fellowship of the College of Family Physicians, Singapore this year. This is my citation on him.

My first meeting with Professor Ng Han Seong

I first met Professor Ng Han Seong in 1974, which is some 35 years ago, in the Medicine Department in Alexandra Hospital. He was one of the two house officers posted to Ward 3. I was the medical officer of the ward and our Senior Registrar of the ward was Dr Gloria Loke. One of the best blessings a medical officer can have is to have house officers that are knowledgeable and reliable. Certainly, I was blessed to have both Professor Ng Han Seong and Dr Prem Kumar to be my two house officers. That initial six months of working together became a life-long friendship over the years with both of them.

Insights about Professor Ng Han Seong

There are three insights that I would like



to share of Professor Ng Han Seong. First, there is a wise saying that in order to explain anything simply, you need to know the subject deeply. And Professor Ng Han Seong is a living example of a person with that kind of mastery in medicine.

Professor Ng is a great scholar and teacher. He was awarded the ASEAN Scholarship by the Singapore Government to study Medicine and he graduated in 1974 with MBBS Honours in Medicine from our National University of Singapore. He received the Best Teachers Award given by Singapore General Hospital in 1995.

Second, Professor Ng is a good friend of family physicians and advocate for

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“Professor Ng is a man of great foresight. He saw the need for a paradigm shift for family physician practice and with this the training change as we go into the future.”

family medicine development. In this he has worked with family physicians individually and also with the College of Family Physicians. More of that later.

Third, Professor Ng is a man of great foresight. He saw the need for a paradigm shift for family physician practice and with this the training change as we go into the future. The family physician, increasingly, needs to be confident in managing not only community based problems but also confident in managing step-down care, and the continuation of care of the newly discharged patient into the community. The best way to achieve all these is to bring family medicine into the hospital.

Professor Ng did that in Singapore General Hospital with the support of the College leadership at that time - Drs Cheong Pak Yean, Lim Lean Huat, Arthur Tan, Lee Kheng Hock and I. The rest is history - Singapore General Hospital became the first institution to have a department of family physicians to provide the interface care, transition care, and step-down care to patients to be discharged. This is the Department of Family Medicine and Continuing Care (FMCC) and Dr Lee Kheng Hock is the Head of that Department.

That was four years ago. Today, National University Hospital (NUH), Tan Tock Seng Hospital (TTSH), and Alexandra Hospital (AH) have followed suit each with a slightly different model. In NUH, we are similar to SGH except that for the moment, we do not have wards to look after. In TTSH, the focus is on home care. In AH, the involvement of the family physicians is in preventive care. In addition, we already have for some years family physicians in St Luke Hospital and St Andrews Hospital.

The family physician in the community tomorrow clearly needs to be confident in managing both community based care and patients newly discharged from the hospital. More family



physicians will go further upstream to manage patients in acute hospitals, in step-down case institutions such as the Community Hospital, Nursing Home and Home medical care. We therefore need to make sure we introduce such competency into the Family Medicine curriculum, both for undergraduates and graduates.

Professor Ng Han Seong's contribution to Family Medicine

Professor Ng Han Seong has done a lot for family medicine. He has been a resource person in our FMTP workshops, lecturer in the advance MMed Examination prep-course, and also lecturer in the Family Practice Skills Courses. Of the 17 MMed(FM) Examinations that were held since 1992, Professor Ng has been an examiner in each of them except for the two or three times that he was out of the country.

Professor Ng Han Seong's contribution to Medicine

Professor Ng has contributed to the healthcare delivery, standard of practice, and teaching of Medicine in Singapore and internationally. He is currently:

- Chairman, Medical Board of Singapore General Hospital,

- Senior Consultant, Department of Gastroenterology, Singapore General Hospital
- Clinical Professor of Medicine, National University of Singapore
- Adjunct Professor of Medicine, Duke-NUS Graduate Medical School
- Visiting Professor, Wuhan University of Science and Technology, China.

He is also member of the Singapore Medical Council since May 2006; a past Chairman in several Ministry of Health advisory committees; a past Chairman of the Liver Group in Gastroenterological Society of Singapore and past Vice President, National Foundation of Digestive Diseases Council.

Presentation of the Award

Ladies and Gentlemen, time does not allow me to tell you more of Prof Ng Han Seong's work and achievements. May I present to you Professor Ng Han Seong for the award of Honorary Fellowship of the College of Family Physicians, Singapore for his contribution to (1) Family Medicine, (2) contribution to Medicine, and (3) most important of all, in being a role model of an astute physician with a broad interest in practice, teaching, and research."

■ CM

FAMILY MEDICINE

28 NOVEMBER 2009 ~ GRA



22nd Council College of Family Physicians Singapore

Council Members with the Guest-of-Honor and Honorary Fellow (2009)

Standing: (Council Members) Dr Michael Wong Tack Keong, Dr Tham Tat Yean, Dr Rukshini Puvanendran, Dr Shirley Goh Choon Kee, Dr Wilson Eu Tieng Juoh, Dr Chow Mun Hong

Seated: A/Prof Tan Boon Yeow (Censor-in-Chief), Prof Ng Han Seong (Honorary FCFPS 2009), Dr Lee Suan Yew (Guest-of-Honor), A/Prof Goh Lee Gan (President), A/Prof Lee Kheng Hock (Vice President), Dr Jonathan Pang Sze Kang (Honorary Secretary)

Not in photo: Dr Lim Fong Seng (Honorary Treasurer), Dr Tan Tze Lee (Honorary Editor), Dr Leong Choon Kit (Council Member)



Censor-in-Chief, A/Prof Tan Boon Yeow, leading the Academic procession



A/Prof Lim Lean Huat, receiving the Albert & Mary Lim Award 2009



Dr Lee Suan Yew, Guest-of-Honor, delivering his address



This year's FM Convocation Ceremony was graced by Guest-of-Honor, Dr Lee Suan Yew, Past President of the College.



Dr Jonathan Pang, Master-of-Ceremony, welcoming guests and graduands



Conferment of Prof Ng Han Seong as Honorary Fellow of the College of Family Physicians Singapore



A scrumptious dinner in the Lyrebird Room concluded the Family Medicine Convocation Ceremony 2009.



A/Prof Cheong Pak Yean, Past President of the College, delivering the citation for this year's Albert and Mary Lim Award Recipients, Dr Alfred Loh and A/Prof Lim Lean Huat

CONVOCATION 2009

AND COPTHORNE WATERFRONT HOTEL



MCFP(S)

Standing: Dr Raymond Ng Han Lip, Dr Irwin Clement A. Chung Wai Hoong, Dr David Ng Chee Chin, Dr Anthony Chao Tar Liang, Dr Lim Jui Hon, Dr Simon Lee Bliing Ming, Dr Lee Eng Sing, Dr Richard Lee Meng Kam, Dr Chng Shih Kiat, Dr How Choon How

Seated: Dr Ng Lee Beng, Dr Kwek Hwei Min, Dr Hui Meng Tong, A/Prof Tan Boon Yeow (Censor-in-Chief), A/Prof Goh Lee Gan (President), A/Prof Lee Kheng Hock (Vice President), Dr Teoh Mei Lin, Dr Yeo Kwee Kee



FCFP(S)

Standing: Dr Keith Tsou Yu Kei, Dr Tung Yew Cheong, Dr Hwang Siew Wai, Dr Goh Lay Hoon

Seated: Dr Rukshini Puvanendran, Dr Lim Hwee Boon, A/Prof Tan Boon Yeow (Censor-in-Chief), A/Prof Goh Lee Gan (President), A/Prof Lee Kheng Hock (Vice President), Dr Meena Sundram



GDFM

Standing (1st row): Dr Leonard Au Min Wei, Dr Derrick Yeo Chen Kuan, Dr Sorinder Singh, Dr Balamurugan A. Vellayappan, Dr Seow Cherng Jye, Dr Poon Sui Kit, Dr Lau Siew Kee

Standing (2nd row): Dr Nasir Jameel Iqbal, Dr Chew Kuok Ming, Dr Mark Lord Flores, Dr Reena Dhar, Dr Graciela B Martinez, Dr Wong Ming, Dr Mabel Wong, Dr Vittal S. Pawar

Seated: Dr Tan En-Yu, Dr Theresa Chan Wai Ling, A/Prof Tan Boon Yeow (Censor-in-Chief), A/Prof Goh Lee Gan (President), A/Prof Lee Kheng Hock (Vice President), Dr Ramos Ann Eileen, Dr Tiffany Yap I-Chern, Dr Bongcayao Maila Michelle



MMed(FM)

Standing: Dr Benjamin Lam Chih Chiang, Dr Steve Tan Puay Wee, Dr Christopher Chang Ngai Kin, Dr Tan Yew Sang

Seated: Dr Cynthia Wong Sze Mun, A/Prof Tan Boon Yeow (Censor-in-Chief), A/Prof Goh Lee Gan (President), A/Prof Lee Kheng Hock (Vice President), Dr Zheng Mingli

What Do You See?

by Dr Wilson Eu, Editor

What do you see? A cosmic man or a couple of angels sharing a moment?

Perception influences so much our understanding of a subject. We attribute values, norms and indeed OB markers just from the title of a topic. Talk about College of Family Physicians Singapore, and I immediately think about A/Prof Goh Lee Gan, MMed, Family Practice Skills Courses and compulsory CME points. But, the College has many objects and purposes. The constitution of the College states amongst others, that the purposes for which this College is formed are:

- To promote and maintain high standards of family practice of Medicine.
- To encourage and assist young men and women in preparing, qualifying and establishing themselves in family practice.

Thus, besides the training of the practitioners, College sees a role in the Practice that delivers care to our patients. During the 38th Annual General Meeting held in June 2009, members of the College brought up the need for the College to look into practice management matters and ethical issues surrounding our day-to-day work. A workgroup has been formed to drive this effort. Headed by Dr Leong Choon Kit, it comprises many family physicians mainly in private practice.

Back to the picture above. When one begins to look into practice management issues, immediately the barriers and negative thoughts come thick and fast. Does it mean more work, more scrutiny in our daily practice? More costs and less independence? Effect on the top and bottom line? Does it make business sense?

What do you see?

After attaining the GDFM/MMed/FCGP, have your patients benefitted from your efforts – the many hours of bookwork and tutorials? Where are the road blocks? Can



'Celestial Bodies' oil on canvas, 1994, by Octavio Ocampo

you change or should your patients? These are some of the issues the practice management workgroup sees as fundamental to improving care to our patients and making all the academic training work for our patients' benefit.

We need to sit down with our peers and colleagues and start a conversation. Start with our own perception of our work and worth. If we don't mind the lot we have then there is no need to change but many have rued the shortcomings that currently exist.

Communications will be vital. Solving practice problems require us to be able to communicate effectively and swiftly. We need to communicate with each other and also with the public.

The following are some letters to the editor of the Straits Times that were in response to some issues raised by the media and public.

Letters to the Media

Why vaccination charges vary

Straits Times, Nov 7, 2009

I REFER to current developments in Influenza A (H1N1) and year-end seasonal flu and suggest the following precautions.

There is a wide variety of prices for the new H1N1 vaccine. While the vaccine is the same, the cost of delivering the jabs is different. Much of the cost has to do with the cost of running the practice. For instance, whether the vaccine is administered by doctors or nurses, or whether there is any consultation with the doctor accompanying the jabs. When checking prices, compare absolute prices. In a clinical practice, there are other charges such as GST, practice cost, consultation fee and other hidden costs. The price charged by polyclinics is the minimum. Be careful if anyone else charges less.

Patients in high-risk groups need to be vaccinated against seasonal flu as well as H1N1. The current seasonal flu vaccine should be the Northern Hemisphere version. It is also important to consider other vaccination such as pneumococcal vaccination for adults.

Singaporeans who are travelling should be vaccinated before their trip and keep masks in their hand luggage. Anyone who feels ill should consult a doctor early, even if he has had a vaccination. It is not uncommon to have secondary bacterial infection on top of flu. Try not to doctor-hop as it may create confusion and the patient may not get the necessary care in time.

Common sense and good social and civic behaviour are important during the current H1N1 watch and the onset of year-end seasonal flu. Stay home and rest if you are

unwell. Put on your mask, cover your mouth when you cough or sneeze, and wash your hands with soap diligently.

Dr Leong Choon Kit

Straits Times Forum

Straits Times, Oct 29, 2009

Dear Editor,

I am a family physician in private practice with post graduate training in Public Health. I find the article titled "More in US turn to retail clinics instead of docs" very apt and encouraging in this recession and in our days of high technology and specialized medicine. I am grateful that you have chosen to publish this article to raise awareness among our public about the plight of the Americans and indirectly highlight the affordable and high quality primary health care we Singaporeans enjoy.

I have the following comments. Hopefully this would help us to understand and appreciate our healthcare system better. No healthcare system in this world is perfect. I hope that my comments would help my colleagues improve our system for all Singaporeans.

1. The concept of retail clinics as reported is akin to the private Family Physician Clinics we have in Singapore. The quality of care is high as these are run by medical doctors. Some are even run by Family Medicine trained doctors.

These clinics also dispense medicine and run blood tests, saving the public the inconvenience of buying medicine elsewhere. The profit from the sale of medicine helps to control and contain the ever increasing practice cost, as is the bane of the US healthcare system.

2. In US, one usually seeks consultation with the respective specialists directly by making prior appointment. On the contrary, in Singapore, we have been blessed with a system whereby Family Physicians act as both the primary care provider as well as the co-ordinator for complex care.

They charge a lower fee, are easily available in the heartlands, available

Communications will be vital. Solving practice problems require us to be able to communicate effectively and swiftly.

during after office hours and they usually have excellent doctor-patient relationship. When one is sick, they can just walk in at their convenience without making any appointment.

However, they are also mindful of their limitations and would refer their patients to their specialist colleagues for more intensive and expert management when needed. This will help the patient avoid going to a specialist of the wrong discipline. As a result, it prevents unnecessary delay in instituting treatment.

3. The average bill size at a clinic run by a Family Physician is between \$40 to \$80 including medicine while that of a General Practitioner is usually between \$30 and \$50 in Singapore. Both are way below those quoted in the studies, that is USD\$110 (SGD\$152) in the US.

4. For the poor and the not so rich in Singapore, our government has provided the polyclinics and public hospitals. The services offered are of reasonably good quality and with the government subsidies, the price is impossible to be matched by any other providers anywhere in this world.

5. While medical insurance is essential for all, not all will be covered by the insurance companies in reality. There are many reasons for this. One of which is that of selection. Usually the schemes would cover those who do not need it and exclude those who need it but cannot afford the high premium. This is a lesson we must learn from the American experience.

On the whole, I am grateful to be a

Singaporean living with an efficient and effective medical system. Our system offers a plethora of medical services for us to choose from according to our means, our needs and our desire. Much credit must be given to the health administrators in the Ministry of Health as well as for our public who supports and endorses such a system. Without the public support of such a system, it would have evolved into some other forms.

There are still many areas we can improve on in delivering medical care in Singapore, both in the private and public sectors. I would like to commend you and encourage your paper to highlight more of such news to Singaporeans and our medical professionals. I would also like to take this opportunity to urge your readers to send all comments and suggestions to the respective medical bodies so that we all can benefit collectively. After all, this is the place we call home.

Dr Leong Choon Kit

Letters to Editor

Straits Times, Oct 6, 2009

Dear Editor,

We refer to the article by health correspondent Salma Khalik on 30/9/2009 headlined 'Tame doctors' greed and protect patients.'

The College of Family Physicians Singapore agree that the indiscriminate prescription of slimming medications such as phentermine is unacceptable professionally. We also wholeheartedly supports the efforts of the Ministry of Health in issuing an advisory on the use of phentermine for the purpose of weight management and setting administrative guidelines on the use of phentermine containing drugs. This was done on 23 February 2009.

We note that the media, including the newspapers often promote unrealistic and unhealthy expectations of bodyweight with regard to the perception of beauty. This drives the demand for unproven and sometimes harmful

(continued on page 22)

Singapore Family Physician Joins Western Pacific Region Index Medicus (WPRIM)

2nd Joint meeting of the Western Pacific Region Index Medicus (WPRIM) and the ASIA Pacific Association Of Medical Journal Editors (APAME) 4th-5th November 2009

by Dr Tan Tze Lee, Honorary Editor, College of Family Physicians Singapore

At the 2nd joint meeting of WPRIM AND APAME held on 4-5th November 2009, two Singapore publications the Singapore Family Physician and the SGH Proceedings were admitted into WPRIM. This is an important milestone for the Singapore Family Physician (SFP).

I would like to introduce WPRIM and report on the meeting.

WPRIM

The Western Pacific Region Index Medicus (WPRIM) is a joint project of the WHO Regional Office for the Western Pacific and Member States in the Region. The goal of WPRIM is to establish an online index of medical and health journals published in Member States.

To attain its goal, the project aims to pursue the following objectives: (1) to index medical/health-related journals in member countries of the WHO Western Pacific Region, (2) to create a bibliographic database containing records linked to their full-text, (3) to raise the level of journal publishing in the Western Pacific Region through a peer-review system, and (4) to build the capacity of participating health institutions. WPRIM is the contribution of WHO/WPRO to the Global Health Library (GHL) initiative which aims to extend to everyone the benefits of the

knowledge that is essential to the fullest attainment of health. (Source: <http://wprim.wpro.who.int/SearchBasic.php>)

Excitement and Trepidation

It was therefore with a degree of excitement and trepidation that I attended the second joint meeting of APAME (Asia Pacific Association of Medical Journal Editors) and WPRIM (Western Pacific Region Index Medicus) which was held in Singapore on the 4th and 5th November 2009 at Hotel Rel. Amongst other issues, they were considering applications by various medical journals in the region for selection into WPRIM. I had been invited to present our College Journal, the Singapore Family Physician,

for approval to be included into WPRIM. To be recognised as a peer reviewed journal worthy to be considered for inclusion into Index Medicus would have been a great step forward for the SFP, a true milestone as it would greatly raise its stature and impact factor.



Amongst other issues, APAME and WPRIM were considering applications by various medical journals in the region for selection into WPRIM.

To be recognised as a peer reviewed journal worthy to be considered for inclusion into Index Medicus would have been a great step forward for the SFP, a true milestone as it would greatly raise its stature and impact factor.

The morning was spent discussing the progress of WPRIM, and the development of a new database platform for WPRIM by the Institute of Medical Information Chinese Academy of Medical Sciences (IMI CAMS).

Many journals were put up for selection, China had the most applications and there were two from Singapore, the Singapore Family Physician and SGH Proceedings. As the deliberation by the selection committee proceeded in the afternoon, we waited patiently for the outcome. By 3 o'clock in the afternoon, we knew. Our SFP and SGH Proceedings had been approved to be included into the WPRIM database. It was congratulations all round, and marks the beginning of what we hope to achieve with the SFP.

The next day's programme was filled with presentations by various members of APAME. Their enthusiasm, passion, and willingness to share knowledge and experiences were refreshing and very encouraging. One journal that caught my eye was the Papua New Guinea Medical Journal, which is published at a remote hilltop research Centre (where the electrical supply is often unreliable and printing itself poses challenges we would not even think about). Despite this, the PNGMJ is regularly published, and has been indexed on PubMed for years. This is something we will be work

With all these enhancements in place, the Singapore Family Physician (SFP) will be an excellent platform for you to stretch your academic muscles, and put thought to research, thereafter pen to paper.

towards in the coming year, even as we get our systems in place for inclusion into the WPRIM database.

The SMJ's Golden Jubilee Conference on Medical Publishing and Medical Writing was held from the 6th to 8th November 2009. The conference was opened by Prof Wilfred Peh, the SMJ Chief Editor, and after opening speeches by APAME President Prof CK Hahm, and Duke-NUS GMS Dean, Prof Ranga Krishnan, APAME's SINGAPORE DECLARATION ON EQUITABLE ACCESS TO HEALTH INFORMATION IN THE WESTERN PACIFIC REGION was launched and read by Dr Jose F Lapena Jr. This document sums up the aspirations and values of APAME, of commitment to free and universal dissemination and access to quality health information through the WPRIM and the GHL (Global Health Library).



Acquiring Editorial Manager – an Online Management System

Another related development for the SFP is the implementation of the online manuscript management system Editorial Manager, which we plan to have it in place, and up and running by the first quarter of 2010. This new system is a great improvement on our current manual system, and will also greatly enhance our peer review process. My sincere thanks to all the many reviewers who have agreed to be on our peer review board, a list of which will appear on our next issue of the SFP.

Counting on You

With all these enhancements in place, the Singapore Family Physician (SFP) will be an excellent platform for you to stretch your academic muscles, and put thought to research, thereafter pen to paper. I would like to encourage all of us to take advantage of all these new developments and write up that paper or case study or report, and submit it to the SFP for publishing. We are working for and counting on you!

Dr Tan Tze Lee

Honorary Editor, College of Family Physicians, Singapore; Managing Editor, The Singapore Family Physician Journal

■ CM



The 2nd joint meeting of APAME (Asia Pacific Association of Medical Journal Editors) and WPRIM (Western Pacific Region Index Medicus) 4th and 5th November 2009 at Hotel Re!.

8 Simple Steps in Research: A Beginner's Guide

by Dr Kwek Hwei Min, MCFP(S)

A good researcher needs resilience, dedication and a strong conviction to overcome obstacles and complete the whole research process, which can sometime stretch for years. Hence, it is important to have compelling motivations for doing research.

Your reasons may include one or more of the following (list not exhaustive):

1. To develop a high quality, evidence-based health care for the populations
2. To discover new effective treatment for diseases or their causation

3. To provide disease epidemiology or surveillance data for prompt preventive measures
4. To meet your BST or AST compulsory research quota
5. To have a more impressive resume

After you have convinced yourself that doing research is of great benefit and well worth the time and effort invested, you should then proceed to do research in an orderly fashion. This will minimise the time spent and enhance the quality of your research, which may be affected if you skip any of these steps:

Step 1: Choose your topic wisely

Find a suitable topic that you are passionate about which will also create an impact on the current medical knowledge or treatment. There is no point doing something that has already been done unless you can improve it further. It may be useful to discuss with

your colleagues or a more experienced researcher for ideas.

Step 2: Perform Literature Search on the chosen topic

This will provide you with the current level of scientific evidence available and suggests suitable methodology ideas for your research. It will also provide the references for your subsequent grant/IRB application and journal writing (hence remember to keep a soft copy of all the useful literatures that you have found).

Step 3: Develop a sound research protocol

A good methodology is of utmost importance as it will have a huge impact on the quality of your research and whether it will get published in a prestigious journal (e.g. try to do a double-blinded, randomised control trial if possible, as this is considered level 1 evidence and will give your paper more

credit). A poorly planned method may even render your entire research invalid.

Step 4: Grant application

Having adequate financial support will usually aid research work greatly, especially when equipments and tests are needed. Patients are usually more willing to join the trial if it is free. However, invitation for grant application are not open all the time, hence remember to look out for them and apply early (an example is the NMRC grant).

Step 5: IRB application (for ethical approval)

IRB approval is usually required for most research and will also add weight to your paper. Also, any major flaws in your research protocol will be pointed out by the IRB reviewers, which will allow you to amend them early, before starting your data collection and save you much trouble later. CITI certification are required for IRB application and can be

obtained free of charge after completing some MCQs modules online (<http://www.citiprogram.org>)

Step 6: Data collection

A lot of effort and coordination is required here. Be sure to evaluate the process often to ensure that there are no problems or missing data.

Step 7: Data Entry and Analysis

Enter your data into the SPSS program for easy analysis. For newbie, it is advisable that you enlist the help of a statistician for accurate results. It is also useful for you to attend a Biostatistics Basis & Intermediate course (e.g. available in SGH) to learn how to use SPSS and analyse data on your own. Create more graphs and charts which will allow clearer and more attractive presentation.

Step 8: Publication

Now is the time to harvest the fruits of your effort. Choose a conference that you

like for the submission of either a poster or oral presentation. (Some employers e.g. Singhealth provides full sponsorship, hence you may choose a conference held overseas if you enjoy travelling!) Thereafter, you should also write a paper and choose a journal for submission (choice of journal depends on the quality of your paper and topic relevance). In the unfortunate event that it gets rejected, you can always improve on it according to the reviewers' feedback and re-submit to another journal (unless the problem is with the methodology which cannot be corrected, hence the emphasis on Step 3).

The emphasis for research and its importance is increasing for all disciplines, including Family Medicine. Hence, if you have not embarked on any research before, this will be a good time to start. Hopefully, these 8 simple steps will serve as a good beginner's guide for you! **■ CM**

Singapore Declaration on Equitable Access to Health Information in the Western Pacific Region

"We, the participants in the Joint Meeting of the Asia Pacific Association of Medical Journal Editors (APAME) and the Western Pacific Region Index Medicus (WPRIM) held in Singapore from November 4 to 5, 2009:

CONSIDERING

That quality scientific and technical health information is essential for health policy makers, healthcare providers and health researchers to develop, improve, and implement efficient and effective healthcare systems and services;

That inequitable access to quality health information could result in poor health planning and healthcare delivery which adversely affect the health conditions of the public;

That surmounting this inequity requires public - private partnerships to facilitate equitable access to both production and consumption of health information for all; That the WPRIM, the Global Health Library (GHL), and the APAME are important collaborative initiatives which are vital instruments to ensure the global

accessibility and dissemination of quality health information in the Western Pacific Region;

CONFIRM

Our commitment to free and universal dissemination and access to quality health information through the WPRIM and the GHL;

Our commitment to pursue the goals and objectives of APAME by further building networks, convening conferences, and organizing events to educate and empower editors, peer reviewers and authors in generating quality scientific and technical publications;

CALL ON

Member States of the Western Pacific Region, in collaboration with stakeholders from the private sector, to formulate and implement policies that endorse free and equitable access to quality health information;

Stakeholders from the public and private sectors, national and international

organizations, to support WPRIM and the GHL in order to ensure the free and global accessibility of health research done in the Western Pacific Region;

Governments, the private sector and other editors' associations to support APAME in implementing various activities, guidelines and practices that would improve the quality of scientific writing and publications in the Asia Pacific Region;

COMMIT

Ourselves to persevere in the pursuit of the WPRIM and GHL initiatives through APAME, by encouraging peer-to-peer relationships that will allow editors, editorial staff and librarians to maintain balance, work out ideas and provide mutual support;

Our organization, APAME, to building further networks, convening conferences, and organizing events to educate and empower editors, peer reviewers and authors to achieve and maintain internationally acceptable, but regionally realistic, scholarly standards." **ICM**



The Doctors Who are Late...

by Dr Shiau Ee Leng, MCFP(S), MMed(FM), Editorial Board Member

Recently there has been some discussion on the Straits Times on GPs who are late for their clinics resulting in patients having to endure long waiting time, e.g. lack of punctuality reflects poorly on GPs, frustrating for patients 19 September 2009.

The College Mirror did some research on the ground and came up with some reasons why some GPs are chronically late-comers and would like to suggest some tools for improvement.

Reasons why some GPs are late for work

The most common reason why most GPs are late for work is due to poor/non-existent clinic schedule planning.

Insufficient time allocated for consultation/meal/ toilet breaks

Most GPs allocate only 5 to 10 minutes for each patient. Some even pack 50 to 60 patients to be seen in four hours in the busy morning or evening session with a one hour buffer for lunch, from 1pm to 2pm. This is usually further reduced when

the busy morning clinic ends late at 1.20 to 1.30pm. Some doctors actually dash home for their home cooked meals if they live near the clinics. When we add queueing and the actual time spent eating at the nearby coffee shops - most GPs usually start at 2.15 or 2.30pm.

Suggestion: A realistic duration should be at least 90 minutes. Afternoon clinics should therefore start at 2.30 pm if the morning one ends at 1pm.

(continued on next page)

In the same vein dinner should also be allocated at least 90 to 120 minutes for rest and meal-taking as it is often a heavier meal. Therefore, if the afternoon clinic officially ends at 4.30pm, but in reality the doctor often finishes seeing patients at 5pm, he should arrange for evening clinic to re-commence at no earlier than 6.30pm.

Another very important reason is no proper appointment system.

Lack of functional appointment system

The entire culture of walk-in appointment should be reviewed and modified. Few GP clinics practice a truly functional appointment system as most use the walk-in system used in acute-care clinics. This is not a good system as it results in long and unpredictable waiting times and leads to a lot of patient anxiety, uncertainty and discomfort. It also places pressure on the doctor to 'clear the crowd' rather than concentrating solely on the patient in front of him. This may compromise care and increases risk of missed diagnoses, inappropriate referrals and costs. It is also an in-efficient clinic time management method as patient load is badly distributed such that certain days are extremely busy whilst other days are too free. It should and can be easily remedied in this hi-tech computer age.

Suggestion: For most GPs clinics which see non-acute cases such as Chronic illnesses like Diabetes, Hypertension, Hypercholesterolemia, Asthma, Childhood Vaccination, Health Screening:

I. Prescheduling appointment

The regular patient load can be pre-arranged in advance. The patients can be scheduled to be seen during the non-peak period such as afternoons or midweek evenings. A workable realistic appointment can be scheduled such that appointments are placed at least 15 to 30 minutes apart. Alternatively, certain day of the week can be allocated for these cases, for example, Thursdays for all such cases when unscheduled walk-ins are strongly discouraged. This encourages a higher standard of care for these more complicated cases, gives the medical practitioner greater satisfaction in a job well done, as well as cut down unnecessary waiting time.

Such appointment systems can be manual using an appointment book or computerized using any of the current clinic management systems such as Clinic Assist, Clinic Manager. The patient record cards, blood tests kits and medications can be prepared in advance by the clinic assistants and this improves clinic workflow efficiency.

Furthermore this can even allow for the doctors and staff to plan their leave such that appointments can be cut down in advanced when manpower strength is lower.

A typical format can go like this:

Time	Name of patient	NRIC	Contact	Reasons for consultation
0830-0845	SICK01	SXXXXXXB	9XXXXXX	DM review, blood tests
0845-0900	SICK02	TXXXXXXK	6XXXXXX	3 rd Infanrix injection

II. Daily appointment system for non-urgent acute patients

For non-urgent acute care patients such as those with flu, mild diarrhea etc, encourage patients to call-in first rather than walk-in. A number can be given to these same-day or same session patients and a realistic waiting time given- e.g. three patients in the queue, probably 30 minutes wait.

For obvious reasons urgent cases should still be given higher priority to be attended to by the doctor earlier e.g. Infant with high fever, adult with chest pains, asthmatic with breathing difficulty.

Often due to the fact that a lot of GPs are self employed, manpower planning is too simplified.

Over-Simplified Manpower Management

Typically most GPs clinics have only one regular resident GP unless they are in a group practice or partnership. Whilst this cuts down manpower costs considerably to have only one resident doctor it over-stretches the doctor and staff during the peak period. This also predisposes to regrettable clinical errors when a tired, stressed out doctor sees too many patients in a very short time.

Suggestion: Farming out the workload on busy days. As there is now a growing pool of retired GPs and locum lady GPs, these doctors can be tapped upon to be the second doctor to help out during peak period such as Mondays and Saturdays and certain evenings. This allows resident GPs more time to see their patients as well as reduce waiting time. They can also have regular afternoons or nights off to rest and spend time with their family.

Clinic assistants can be better trained to help perform triage of cases. There is also a growing pool of retired state-registered nurses who are trained and certified to perform certain procedures such as vaccination and blood tests.

The main concern is higher man-power costs which is inevitable. But this can be carefully managed with sophisticated costs planning.

In conclusion long waiting time can and will become a thing of the past by instituting more structured clinic workflow, scheduling and manpower system.

Quote From Dr Tan Boon See of Toa Payoh

"I started an appointment system in my clinic in blocks of 30 minutes few years ago from patients' feedback as well as after being inspired by Dr Lee Suan Yew's use of such an appointment system. I noticed a reduction of waiting time from 1-2 hours to 30 minutes."

■ CM

Useful Mnemonics & Acronyms

in Family Medicine (Part 2)



by Dr Gabriel Seow, FCFP(S), Editorial Board Member

■ Classic exanthems: time of appearance after fever onset: **"Really Sick Children Must Take No Exercise"**
Number of days after fever onset that a rash will appear:

- 1 Day : Rubella
- 2 Days : Scarlet fever/ Smallpox
- 3 Days : Chickenpox
- 4 Days : Measles (and see the Koplik spots one day prior to rash)
- 5 Days : Typhus & rickettsia (this is variable)
- 6 Days : Nothing
- 7 Days : Enteric fever (salmonella)

■ Strep throat score: **"NO FACE"**

NO cough: no cough is +1

Fever: has fever is +1

Age: less than 5 years is -1, 15-45 years is 0, greater than 45 years is +1

Cervical nodes: cervical nodes palpable is +1

Exudate: tonsillar exudate is +1

Scoring interpretation:

Score 0-1: no strep throat.

Score 1-3: possible strep throat, do a swab test.

Score 4-5: strep throat is likely, so treat empirically.

■ The modified Westley score for Croup: **"SCARE"**

Stridor

(0 = none, 1 = with agitation only, 2 = at rest)

Cyanosis

(0 = none, 4 = with agitation, 5 = at rest)

Alertness

(0 = normal [including asleep], 5 = disorientated)

Retractations

(0 = none, 1 = mild, 2 = moderate, 3 = severe)

Entery of air

(0 = normal, 1 = mildly decreased, 3 = Severely decreased)

Possible Score 0-17: <4=mild croup, 4-6=moderate croup, >6=severe croup.

■ ARA criteria for SLE: **"DAMP AS RHINO"**

4 out of 11 of:

Discoid rash

ANA (+)

Malar rash

Photosensitivity

Arthritis

Serositis (pleural, pericardial)

Renal involvement

Hematologic abnormality

Immunologic abnormality

Neurologic abnormality (seizures, psychosis)

Oral / nasal ulcer, Observed

■ Deep tendon reflexes: root supply **"12345678"**

S1-2: ankle

L3-4: knee

C5-6: biceps, supinator

C7-8: triceps

■ The **ABCDE** of skin cancer

A symmetry

B orders irregular

C olor variation

D iameter (>6 mm)

E volution

■ Risk factors for malignant melanoma: **"FAN SIR"** (makes you sweat!)

F amily history 1st degree relative

A typical moles ABCDE (see above)

N umber >50

S evere sunburn especially in childhood

I nability to tan

R ed hair & freckling

■ Alarm findings in Syncope: **ABCDE**

- A** nemia Hct < 30%; Hb < 10g/L
- B** P sBP < 90mmHg
- C** ardiac pre-existing IHD, AS, arrhythmia
- D** yspnea
- E** CG abnormalities

■ Severity score of

Community-acquired pneumonia: **"CURB-65"**

Each factor given 1 point.

0-1: outpatient; 2: admit; >2: ICU

C onfusion

B **U** N > 20 mg/dl

R espi rate > 30 /min

B P sBP < 90mmHg or dBP < 60mmHg

A ge > 65 yr

■ Risk assessment for stroke in non-rheumatic

Atrial fibrillation: **"CHADS"**

C ongestive heart failure 1

H ypertension 1

A ge > 75 years 1

D iabetes 1

S₂ Stroke or TIA (prior) 2

Score	Risk	Considerations
0	Low	Aspirin daily 81-325 mg
1	Moderate	Aspirin daily or raise INR to 2.0-3.0
2 or greater	Moderate or High	Raise INR to 2.0-3.0, unless contraindicated

■ CM

(from page 15 - WHAT DO YOU SEE? by Dr Wilson Eu)

treatment. We believe that we should all work together to make greater effort at educating the public on the health risk of weight reduction solely for aesthetic reasons.

The issue is complex with many factors at its roots. It is too simplistic to think that putting the blame on a few errant doctors and de-linking prescription from dispensing will solve the problem. We must also be mindful of the many unintended consequences that may result, including the escalation for health care costs for patients who need real medical care. Nevertheless it is very important that we deal with this problem effectively.

We urge your journalist and members of the public to bring such unprofessional behaviour to the attention of either the Ministry of Health or the professional bodies. Such complaints will be investigated and if proven to be true, disciplinary action will follow. Singapore has an international reputation of a well regulated health system with highly ethical and professional health care workers. Such a reputation is crucial for our ambition to be an international centre of medical excellence. We should refrain from painting an alarmist or overly negative image of our health care workers based on anecdotal accounts of a few unprofessional doctors.

We would also like to urge your reporters to guard against the dangers of unfair reporting. Since the publication of the series for articles portraying doctors in a negative light, we had received feedback from many hardworking and ethical doctors who felt hurt and demoralised. We do not think this is a constructive way to improve our health system.

Best regards,

A/Prof Goh Lee Gan, President and Council,
College of Family Physicians Singapore

■ CM

Mental Capacity Act

Family Practice Skills Course #32

26-27 September 2009

The College of Family Physicians Singapore would like to thank Ministry of Community Development, Youth and Sports (MCYS) and the Expert Panel for their contributions to the College on the Family Practice Skills Course held on 26-27 September 2009.

EXPERT PANEL:

Prof Kua Ee Heok, Professor and Senior Consultant Psychiatrist, Dept of Psychological Medicine, National University Health System

A/Prof Chin Jing Jih, Senior Consultant, Dept of Geriatric Medicine, Tan Tock Seng Hospital

Ms Sumytra Menon, Legal Analysis, Wrtg & Res Instructor, Faculty of Law, NUS

Mr Lek Siang Pheng, Partner, Rodyk & Davidson LLP's Litigation & Arbitration Practice Group, Honorary Legal Advisor, CFPS

Mr Ong Kian Peng, Senior Vice President, Business Change & Controls, Personal Financial Services, HSBC

Ms Cynthia Chan, Assistant Director, Office of the Public Guardian

CHAIRPERSONS:

Dr Michael Wong and Dr Jonathan Pang

Mental Capacity Act II

23 & 24 January 2010 | 2.00pm - 6.45pm

Health Promotion Board

Auditorium Level 7, 3 Second Hospital Avenue

Singapore 168937



- Unit 1: Overview of the Mental Capacity Act (2008)
- Unit 2: The Mental Capacity Act (2008): Legal Implications
- Unit 3: The Mental Capacity Act (2008): Code of Practice
- Unit 4: The Mental Capacity Act (2008): Banking Matters
- Unit 5: Psychiatric Assessment of Mental Capacity
- Unit 6: Ethical Issues Related to the Mental Capacity Act

SPEAKERS

Prof Kua Ee Heok, Professor and Senior Consultant Psychiatrist, Dept of Psychological Medicine, National University Health System

A/Prof Chin Jing Jih, Senior Consultant, Dept of Geriatric Medicine, Tan Tock Seng Hospital

Ms Sumytra Menon, Legal Analysis, Wrtg & Res Instructor, Faculty of Law, National University of Singapore

Mr Lek Siang Pheng, Partner, Rodyk & Davidson LLP's Litigation & Arbitration Practice Group, Honorary Legal Advisor, College of Family Physicians Singapore

Mr Ong Kian Peng, Senior Vice President, Business Change & Controls, Personal Financial Services, HSBC

Ms Cynthia Chan, Assistant Director, Office of the Public Guardian

SEMINARS

(2 Core FM CME Points for each seminar)

Seminar 1 • Unit 1-3: Sat, 23 Jan 2010 (2.00pm - 4.15pm)

Seminar 2 • Unit 4-6: Sun, 24 Jan 2010 (2.00pm - 4.15pm)

WORKSHOP (2 Core FM CME Points)

Workshops:

Sat, 23 Jan 2010 (4.30pm - 6.45pm)

Sun, 24 Jan 2010 (4.30pm - 6.45pm)

Part 1 • Case Studies & Skills 1-2

Part 2 • Assessment for Accreditation

*Registration of workshop is on first come first served basis. Seats are limited. Please register by 18 Jan 2010 to avoid disappointment.

DISTANCE LEARNING MODULE

(6 Core FM CME Points upon completing the MCQ Assessment)

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

This Family Practice Skills Course is conducted jointly by the College of Family Physicians Singapore and **Ministry of Community Development, Youth and Sports (MCYS)**



REGISTRATION

MENTAL CAPACITY ACT

Please tick (✓) the appropriate boxes

	College Member	Non Member
Seminars (23-24 Jan) & Workshops (23-24 Jan)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 120.00
Assessment Fee	<input type="checkbox"/> \$ 20.00	<input type="checkbox"/> \$ 20.00
Distance Learning (Journal)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 40.00
TOTAL		

☐ I attached 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).

Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: ☐ 2008 Intake ☐ 2009 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. Please kindly check your inbox prior to attending the course. Thank you.

Please mail the completed form and cheque payment to:

College of Family Physicians Singapore

16 College Rd #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: **6222 0204**



Family Practice Skills Course #34

Psychiatry Updates

20 & 21 March 2010 | 2.00pm - 6.45pm

College of Medicine Building, Auditorium*

SEMINARS

Unit 1: Approach to Patients with Insomnia

Unit 2: Non-Pharmacological & Pharmacological Options in Managing Insomnia

Unit 3: CPG: Administrative Guidelines in Managing Insomnia

Unit 4: Depression: Adult & Elderly

Unit 5: Anxiety

Unit 6: Management of Suicide Ideation

WORKSHOPS

Case Studies:

Addictions, Chronic Insomnia, Depression

Practical Skills:

Narrative Therapy in Sleeping Problem, Relaxation Techniques, Counselling & Managing Suicide Ideation

SEMINARS

(2 Core FM CME Points for each seminar)

Seminar 1 • Unit 1-3: Sat, 20 March 2010 (2.00pm - 4.15pm)

Seminar 2 • Unit 4-6: Sun, 21 March 2010 (2.00pm - 4.15pm)

WORKSHOP (2 Core FM CME Points)

Workshops:

Sat, 20 March 2010 (4.30pm - 6.45pm)

Part 1 • Case Studies & Skills

Sun, 21 March 2010 (4.30pm - 6.45pm)

Part 2 • Case Studies & Skills

*Registration of workshop is on first come first served basis. Seats are limited. Please register by 16 March 2010 to avoid disappointment.

DISTANCE LEARNING MODULE

(6 Core FM CME Points upon completing the MCQ Assessment)

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

This Family Practice Skills Course is organised by the College of Family Physicians Singapore and supported by an educational grant from **sanofi-aventis** and **Lundbeck**

sanofi-aventis
Because health matters



*Subject to change. Venue is to be confirmed via email and/or announced at the College's website, www.cfps.org.sg

REGISTRATION

PSYCHIATRY UPDATES

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 attached 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).

Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: ☐ 2008 Intake ☐ 2009 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. Please kindly check your inbox prior to attending the course. Thank you.

Please mail the completed form and cheque payment to:

College of Family Physicians Singapore

16 College Rd #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: **6222 0204**