



THE College Mirror

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FAMILY PRACTICE SKILLS COURSE

Adolescent Health

Seminars & Workshops
27-28 October 2007

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Soldiers of Family Medicine

*The keynote address, Family Medicine Commencement Ceremony 2007
by Dr Lau Hong Choon, Director, Manpower Standards, and Development, Ministry of Health*

Family medicine, I think must be one of the most interesting disciplines. It is interesting because there is variety and most of the time you are dealing and managing not-so-sick people, people who can still talk to you and whose lives you can change for the better. You can do so many things in family medicine. Your many patients and their families are yours for life if you treat them well.

In my opinion, there are only three broad related disciplines in medicine - family medicine, internal medicine and geriatric medicine, but family medicine is the broadest of them all because it is primary first line care. It is the most cost-effective of the clinical disciplines; a good family physician truly brings down costs, and is at the frontline of preventive care. When subspecialties were introduced, family medicine was one of the disciplines through which one can do the subspecialties like palliative medicine

and sports medicine. I indeed hope that besides the generalist family physician, there will be those highly trained in family medicine and those who branch into subspecialties too. This is an exciting development and we hope that these will come quicker rather than later.

In our practice, we always start with the history so let me relate some history to all us doctors here. I will try to be as accurate as I can from memory, and as you all know history is recall, recall is flavoured by personal opinion. If there should be any with a different view, please excuse me.

Soldier of Family Medicine

In the not so distant past as a medical officer, I did not have a very clear idea of what I should do. Actually, I think I

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“... most of the time you are dealing and managing not-so-sick people, people who can still talk to you and whose lives you can change for the better.”



The Best is Yet to Be

by Dr Yee Jenn Jet Michael, FCFP(S), Editor

“The best is yet to be...” - Robert Browning

Wonca World Conference 2007 came and went leaving with us the prospect of going into a new beginning after the event's ten-year preparation. The Conference, which brought us such luminaries as Dr Shigeru Omi, Dr Francis Collins and Dr Spencer Wells just to name a few, certainly lived up to our expectations. The College Mirror shall be bringing you some of the highlights of their speeches. A particularly memorable passionate call on governments of the world to regard family physicians received a standing ovation. Dr Shigeru Omi had backed his calls with evidence that putting more resources with family physicians is a cost-effective way to improve the health of the community.

The GDFM has established itself as a recognised family medicine benchmark in Singapore as well as the region. Although it is entitled a diploma, the rigors and quality pegged is more in tune with the standard of MMed of other specialties. Such an excellent course and exam would not have been possible without the orchestration and selfless qualities of the pioneering GPs and well-wishers, as well as the positive attitude of the new generation of GPs and would be family physicians. Last month saw another batch of GDFM students complete the course after a rigorous two years of lectures, workshops, tutorials, assignments and not forgetting the memorable OSCE exams to top it off. The course not only gives the candidate practical skills and knowledge, but



also creates an environment of active sharing within the family medicine fraternity and lively sparing with our specialist colleagues. The training of a family physician is one of the most arduous and challenging among all the medicine disciplines. It is demanding because not only one must learn the basic and latest advances in technical skills and knowledge in a wide range of subjects, one must also learn

“...one must also learn the art of empathy, counselling and human wisdom which is central to the practice of family medicine.”

the art of empathy, counselling and human wisdom which is central to the practice of family medicine. The College Mirror interviewed the two top students this year and discovered the positive attitude behind this promising generation of family physicians.

The unofficial tributes to the MMed (FM) as the defacto standard equivalent to the specialist exit exam mean that all the hard work in striving for excellence has finally paid off. Organisations have started to use the MMed (FM) as a criterion for job opportunities, choice positions, promotions and salary adjustments. The recognition of the MMed (FM) as an entry criterion to some subspecialty is another confirmation that the upgrading effort is not just another travesty for vanity sake. For those who are interested, this issue of the College Mirror explores the requirements for enrolling in the
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Wonca World Conference 2007 *and Beyond...*

by A/Prof Goh Lee Gan, President, 21st Council, College of Family Physicians Singapore

The second quarter of 2007 has been eventful. The key events were the 18th Wonca World Conference and the Annual General Meeting.

The Wonca World Conference

The 18th Wonca World Conference was held from 24 - 27 July at Suntec International Convention Centre. There were a total of 1,986 delegates with full registration and 121 delegates with day registration. The Conference was opened by Mr Khaw Boon Wan.

There were many memorable events for the participants to take home. The opening ceremony had a Singapore touch to it in the two cultural events - the drum performance by the Hua Chong, which show the vibrance of our Singapore youths, and the cultural dances by the People's Association. Our two MCs, Dr Lawrence Ng and Dr Justina Dairianathan, were impeccable hosts.

Dr Shigeru Omi's keynote address that evening on "Primary Health: the Future of Health Care: Harmonising Science and Humanity" was particularly inspiring to the family physicians. He said, "Family physicians are wanted as catalysts because health is better in areas with more primary care physicians. People who receive care from primary care physicians have better health. Characteristics that constitute primary care are associated with better health. Primary care is associated with a more equitable distribution of health in population." He has spelt out a clear role for family physicians in every health care delivery system.

The Conference had not one, but two keynote lectures. The second keynote

lecture was delivered by Dr Francis Collins, Director, National Genome Research Institute (NHGRI), USA. It was titled "Genomics, Medicine and Society". His presentation showed the powerful place where the knowledge of the individual genomic endowment can contribute to the health care of that

"... my vision will be to guide the family medicine fraternity to be the catalysts for better health care for our people and nation."

person concerned. Like all other scientific breakthroughs, science is neither bane or boon. It is how it is applied that makes the difference.

The Conference had a total of 8 plenary lectures, 29 symposia, and 24 workshops totalling 146 papers. In addition, there were 566 free papers and posters. There was something for every conference delegate.

Grateful thanks are due to the many people who graced the conference events, the many chairpersons, judges, convenors, and chairpersons of Wonca workgroups who participated in the various events and contributed



to the sum total success of this World Conference. Needless to say the College is very happy with this contribution we have made to the world of family doctors.

Grateful thanks are also due to Dr Tan See Leng, Chair of the Host Organising Committee of Wonca 2007, his committee members, his subcommittee chairmen and members, our College secretariat headed by Dr Cheng Heng Lee and Ms Sim Siew Ching, as well as our conference organisers, Pacific World. The Conference took ten years to prepare and run from beginning to end. We have achieved what we set out

to achieve - to put Singapore on the world map.

Beyond Wonca World Conference

Beyond Wonca World Conference, the development of family medicine continues. The new Council (the 21st Council) was elected to office on 18 August 2007. The AGM was attended by 126 College members. Thanks are due to the members of the outgoing Council. I am happy to see new faces in the new Council. As the incoming President, my vision will be to guide the family medicine fraternity to be the catalysts for better health care for our people and nation. We will need to work closely with the four Ps - people that we take care of, policy makers, profession, and press. Ministry of Health has initiated the GP Forum to share and exchange views, ideas, and suggestions for a more fulfilling role that family doctors in Singapore can play. The first forum has been scheduled for 20 October 2007 at 2pm at Fort Canning Park. I look forward to seeing as many of our family physicians at the forum. **ICM**

(from page 1 - Soldiers of Family Medicine)

just wanted to be a generalist, a GP. Unfortunately, when I went for a couple of interviews to explore, I was quite discouraged when I was told what work in a group practice would be like. I decided that it would be better to stay in government practice - it appeared more challenging to work in a polyclinic or hospital seeing a fairly wide variety of patients and treating patients the way I was taught in the medical units.

After my hospital postings, I worked many years in the OPDs and polyclinics and went through the period of the transition of small clinics to large multi-doctor polyclinics. I was quite amazed that I rather enjoyed myself in the OPD and later being in charge of polyclinics in which I worked. It didn't exactly taxed my brains to see countless URTIs and I was pretty used to seeing the fairly large numbers of diabetics, hypertensives etc., but I was quite frustrated that I did not have access to the investigations and range of drugs that I used to have in hospital. However, these gradually changed through the years. Back then when I was in a two-doctor OPD near my flat, I could even go back to see my young son at lunch time, go back at 4.30pm and call time my own.

After a while, I went back to studying thanks in no small measure to Dr Lam Sian Lian, the Director of the polyclinic

It is the most cost-effective of the clinical disciplines; a good family physician truly brings down costs, and is at the frontline of preventive care.

services in the Ministry of Health. She was a wonderful mentor - she encouraged me to do the MCGP, and later, the public health traineeship, and I indeed owed my postgraduate career to her mentorship. That was also how I met A/Prof Goh Lee Gan.

First batch of FM Trainees

I joined the first batch of family medicine trainees on a private basis in 1988. It was called the Family Medicine Vocational Traineeship programme. You would probably call me a Programme B trainee back then because my other colleagues went through three-monthly postings in hospitals. I had enough medical and



other postings, and I was one of the oldest trainees - probably above the 90th percentile in age although there were indeed older GPs who attended who were not trainees. They attended to further their skills and did not take the exam.

Those were memorable times - I learnt a lot from the eight modules, from the older GPs, and from both my GP colleagues and the GP and specialist teachers. We learnt the soft skills as well as the hard ones. We learnt to interact, to ask, to be confident, to take pride in the specialty called family medicine which was clearly different from the hospital specialties. We read journals, kept articles for reference, used it to teach. It was important to build the esteem of family physicians. Most importantly, I learnt to be a much better doctor. I had a fellow trainee, Dr Wong, who studied and practised cases with me. We encouraged each other.

Some colleagues thought that something must have happened to me to want to work as an ordinary MO in the OPD. But it was there that, strangely, I gradually became the GP and family physician which I had wanted to be. My regrets whenever I left a clinic for another one was always that I will leave the group of patients that used to see me. I think the joy of being a GP is to have that faithful following, they are your patients, but they can also be your friends who confide in you. Even in the busyness of an OPD, these encounters are precious. And, to treat them well is a joy because they are grateful and thankful. But, that was not to be my lot in life.

Leaders of Family Medicine

A/Prof Goh Lee Gan invited me to speak at the Commencement today and it brings back memories of the first commencement we had many years ago. It was A/Prof Cheong Pak Yean's (who was then President of

CFPS) idea I think, to have such a ceremony. This was and is an important ceremony. It brings together the collegiality of those who belong to the same discipline of family medicine. There is so much to learn and do in family medicine; so much to integrate and make it the holistic practice that no other discipline or specialty can have.

The Commencement brings back memories of the aspirations of our past visionaries - those who make it happen in this College; a number of these pioneers have passed on but their spirit remains - Dr Wong Heck Sing, Dr Sreenivasan, Dr Koh Eng Kheng, Dr Leong Vie Chung, to name some prominent ones. The next generation was people like Dr Lee Suan Yew, Dr Lim Kim Leong, A/Prof Cheong Pak Yean, A/Prof Goh Lee Gan, Dr Alfred Loh, not in any particular order. They developed and built on both the local and international links. These

were and are amazing people - who as a group were very important to the development of family medicine in Singapore - complementing each other, sometimes even unconsciously I think. They were instrumental to what you all have today. Even their disagreements built us all up to accept that in the world of ideas and aspirations, there may be different decisions and different views, but there is a common destination and we are friends despite the differences.



Among the Presidents of the College I worked with, Cheong Pak Yean was a great visionary, a leader and implementer, very practical and down to earth. Goh Lee Gan was extremely good in putting things together and built up international networks of fellow academicians, examiners, and tutors, who were of great help to the College and family medicine in Singapore. Alfred Loh brought Wonca to Singapore. Of course, there were many more important things they did - you know that I can't list them all.

Family Medicine Examinations

The original examination as I know it was the College Diplomate Exam or MCGP which was established by the College in 1972. This was changed to MCFP when the College changed its name. I believe the first MCGP also took elements of the British and Australian exams and perhaps even the MRCP exam of those days. The MCGP exam was replaced by the MMed(FM) exam in 1993 after the School of Post Graduate Medical Studies NUS (today called DGMS) using the format revised it into the MMed(FM) examination. The chief architect of the MMed(FM) at that time was, of course, A/Prof Goh Lee Gan, who also put up the eight modular courses. The MMed(FM) was

“There is so much to learn and do in Family Medicine; so much to integrate and make it the holistic practice that no other discipline or specialty can have.”

recognised for the award of the MCFP bringing back the MMed exam to its College roots.

One of the things College implemented was the GDFM examination. The GDFM came after a spirited discussion in a College AGM. After it was decided that College should implement it, the course started in year 2000. After a time of planning and discussions, the School of Graduate Medical Studies sent A/Prof Goh Lee Gan, Dr Tan Chee Beng and I to Townsville, Queensland, to observe the FRACGP. Townsville had a newly opened medical school in James Cook University whose Dean was a family physician, and it had purpose built new infrastructure. These were rooms adjacent to the examination room in new buildings. They had one way mirrors and audio visual equipment in which we could observe how they did the OSCE exam. We also learnt how the Australians design, plan and wrote exam questions - the MCQs and MEQs.

Using the Australian learning experience and with the same learning modules for MMed(FM), the GDFM examination was born and modeled after the Australian FRACGP. The Australian academics and examiners in Townsville were very warm towards us - they treated us very well and we owed it to their kindness that we had all these things in place today.

Future of Family Medicine

There is another generation of FM leaders who will come after Lee Gan, Pak Yean, etc. - they will be led by the likes of Lee Kheng Hock, Tan Chee Beng, Ho Han Kwee, Lim Fong Seng and many more. Please excuse me if I have not mention many other important ones, some who are seated in this auditorium. I believe they

will work with the same teamwork and co-operation. I am sure some of you sitting here will also be leaders in time to come. I believe to be a leader, your heart and brain must be aligned. A person may have his heart in the right place but it may not work if the brain is not aligned with the heart. The other way round is more damaging - good brains but wrong heart. I am glad that the leaders of family medicine that I spoke about have both their hearts and heads aligned - we were fortunate to have such people leading us.

Why am I saying all these? Do I have a hidden agenda? I am saying it in the hope that among you will arise leaders in family medicine, never mind whether you contribute more or less, but you did. There are many leaders and soldiers in family medicine - without a small army of loyal people, things could not get done. We are all first soldiers of family medicine, some may become leaders in various ways and to various degrees. Your leaders in family

medicine will approach you to do various work, and the process of renewal must go on. There will be some with the calling to do more, others can only contribute as much, but all for a good cause. We need

“As doctors, never be crooked, but if you are straight, be wise too; don't be hard, unyielding and inflexible.”

examiners, we need tutors, we need fellows to fly the flag high and make family medicine a specialty; we need editors, researchers, council and committee members. We need family medicine in the heartlands. We need family medicine in the polyclinics, we need family medicine in the hospitals. Family medicine must advance as a profession, so that mediocrity will not be allowed to set in.

Postgraduate learning will continuously

hardwire your brains, shift neurotransmitters along your neurons, constantly move and connect the various parts of your brain, so that you have a better alignment to good hearts, so that your practices will be better. Lifelong learning never ends; I am encouraged to hear about old professors - who do not have respect for artificial retiring ages - are still actively functioning, lecturing, giving opinions, teaching, researching, and making new discoveries. We can conclude that life only ends when we are brain dead.

At the end of the day, we are still doctors looking after patients. Let me leave you with a lesson I learnt many years ago, which you can carry with you in your practice as a doctor looking after patients. As doctors, never be crooked, but if you are straight, be wise too; don't be hard, unyielding and inflexible. Bend over backwards always to help your patients, but never break the law or the rules of good practice. **ICM**

(from page 3)

Graduate Diploma in Sports Medicine and Master in Sports Medicine Course that will soon be opened to MMed (FM) holders. Granted, the introduction of further subspecialising in family medicine, which also implies being generalists, seems to be a concept in contradiction, but it does demonstrate that MMed (FM) holders are in demand. Although this new subspecialisation routes, together with positions for family medicine hospitalists, seem to detract us from the development of family medicine as we know it, the core competencies implanted in the family physician in his or her training would be of value in positively influencing these new areas of practice. Moreover, these new opportunities open up brand new

avenues we have not even dared to dream about just a couple of years ago. Seen in total, one would rather having these options than not.

This would be my last issue as an editor of the College Mirror. It has been an incredibly enriching and enjoyable experience. May I indulge to thank all who have contributed, guided, and worked to bring the College Mirror to where it is today. It is indeed encouraging to see so many colleagues willingly and conscientiously contributing despite the hectic schedules. The inspiring stories that the editorial tries to bring across were truly heart warming and edifying. All the best in the new beginning. The best is yet to be. **ICM**

*On opening a new window
of greater opportunities,
CONGRATULATIONS!*

College Mirror congratulates 87 doctors who have successfully passed the GDFM Examinations!

Dr Adam Patrick, Dr Ang Koh Siong,
Dr Bay Ee Lin Sharon, Dr Bay Li Lin Merlene,
Dr Boey Kok Hoe, Dr Chan Miow-Swan,
Dr Chee Weng Chung, Dr Chen Sze Sin
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Dr Thian Wan Lee, Dr Wee Ming-Huey,
Dr Wong Chia Siong, Dr Wong Marn Yee Cindy,
Dr Wu Zhi Hui Kenneth, Dr Yap Eng Chew,
Dr Yeo Wai Pan, Dr Yoong It Siang

Keynote Lecture Wonca World Conference 2007 Dr Francis Collins



Genomics, Medicine, and *Society*

New and cost effective tools, in particular, the whole genome association approach, have accelerated genetic research by quantum leaps...

The College was honoured to have hosted Dr Francis Collins as a keynote speaker during the recently completed 18th Wonca World Conference.

Francis Collins is the Director of the National Genomic Research Institute (NHGRI), USA. The physician-geneticist is noted for his landmark discoveries of disease genes and leadership in the Human Genome Project. Dr Collins is certainly a giant in the field of genomics. His contributions to mankind culminated in the under-budget and ahead-of-schedule completion of the sequencing of the human genetic blueprint in April 2003. The public sequencing effort was deposited, since 1990, into free public database for use by scientist. The completed human genome sequence has been likened to a manual of human biology, an encyclopedia of human history and a textbook of medicine. Among his long list of achievements are the discoveries of the genes responsible for cystic fibrosis, neurofibromatosis, Huntington's disease and Hutchinson-Gilford progeria syndrome. Dr Collins is also active as an advocate for protecting the privacy of genetic information and has lobbied to prohibit the gene-based insurance and employment discrimination.

His lecture entitled Genomics, Medicine, and Society touched on his pet topics of advancements in genetics in the practice of medicine and translational issues. The completion of the sequencing of the human genome marks a major milestone in the history of mankind. With these 3.1 billion letters of the human DNA instruction manual, medicine was ported into the genomic age. Dr Collins' efforts and wisdom have since translated into diagnostic, pharmacogenomics, therapeutic, and preventive tools for the advancement of human health. Predicated upon these discoveries, major advances are now occurring on an almost daily basis from common diseases such as diabetes mellitus, heart disease, mental illness and common cancers to oddities like the restless leg syndrome.

New and cost effective tools, in particular, the whole genome association approach, have accelerated genetic research by quantum leaps, giving genetic medicine the critical mass in translating this new knowledge into everyday practice. As an illustration, using the previous genotyping method, one would need to identify all ten million common Single Nucleotide Polymorphisms (SNPs). One would need to collect 1,000 cases and 1,000 controls and genotype all DNAs for all SNPs. That would add up to 20 billion genotypes. At 50 cents a genotype, that's US\$10 billion for each disease. With the recently adopted whole genome association approach, one would need to identify an optimum set of 300,000 tag SNPs. That adds up to 600 million genotypes. Genotyping just dropped to \$0.0012, so that's US\$800,000 for each disease. Still a lot of nachos, but much improved.

These new and exciting developments promise to transform the practice of medicine over the next one to two decades, but not before legal, administrative, ethical frameworks can be set up. Societal and physician acceptance of these new technologies must also commensurate with the breakneck speed of scientific progress in genetics, in order to quickly capitalise on these opportunities. US legislation to prohibit discrimination on the basis of genetic information with respect to health insurance and employment has been slow to pass between the House of Representative and the Senate. The US Congress was debating the approval of the "Genetic Information Non-discrimination Act 2003" even as the lecture was in progress.

As we face the future with optimism, questions remain unanswered. Will appropriate oversight of new genetic test be applied? Can healthcare providers and the public become genetically literate in time? Will we succumb to genetic determinism, neglecting the role of the environment, and undervaluing the importance of human choices and the human spirit?



As we face the future with optimism, questions remain unanswered. Will appropriate oversight of new genetic test be applied?

The Lecture ends with a vignette of Olivia, 11 years old. She's being seen for a sports physical. She's entirely well.

A Future Dream?

Olivia investigates her family history, learns of uncles with early heart disease. She consults her physician, who is well informed about genomic medicine. The doctor suggests complete genome sequencing for \$1,000. Olivia inquires about the risk of genetic discrimination, but legislation has outlawed this in most countries. She is found to have three gene variants that have been shown conclusively in well validated studies to increase her risk of early heart attack three-fold. She and her

physician design a program of prevention based on diet, exercise, and medication precisely targeted to her genetic situation.

Olivia does well until age 75. She develops left arm pain that she assumes is due to gardening, but her provider knows her higher risk and diagnoses an AMI. Referring to her genome sequence, her physician chooses the drugs that will work best to treat her. She survives and is alive and well at the dawn of the 22nd century.

Could the Dream Become A Nightmare?

Olivia never learns about her family history, educational efforts for the public and health care providers failed in most countries, and Olivia's doctor thought genetics was irrelevant to practice. Olivia hears about genome sequencing, but after seeing her brother lose his job after his employer found out about his test results, she decides not to. Olivia eats an unhealthy diet, gains weight, and develops high blood pressure. While tests to predict which drug would be most effective for Olivia have been proposed, they have never been validated. Olivia's hypertension is treated with a drug that causes a hypersensitivity reaction, so she stops treatment.

After ten years of uncontrolled hypertension, Olivia develops left arm pain at age 50. Unaware of her high risk, her physician assumes this is musculoskeletal and prescribes rest. Olivia returns to the emergency department a few hours later in cardiogenic shock.

Olivia dies an hour later, deprived of half her potential life span.

The charge to us all is to save Olivia.

It has indeed been a privilege and a surprisingly practical lecture, one that would guide us for decades to come.

■ CM

The 18th Wonca World Conference 2007

Wonca World Council Meeting



Conducted on the 21-23 July 2007, the Wonca World Council Meeting saw the movers and shakers of the primary healthcare realm.



Opening Ceremony - 24 July 2007



Mr Khaw Boon Wan, Minister for Health Singapore, with Dr Tan See Leng, Prof Bruce Sparks, and A/Prof Goh Lee Gan in the opening ceremony of the 18th Wonca World Conference 2007



Keynote Lectures and Plenary Lectures



World renowned speakers - Dr Shigeru Omi, Prof Edison Liu, Dr Francis Collins, Dr Spencer Wells, Prof David B. Goldstein, Prof Yvonne Carter, and many others - delivered practical lectures and updates that brought family medicine in Singapore to a higher level.

Host Organising Committee Dinner - 25 July 2007

A relaxing and warm hospitality dinner organised by the HOC of 18th Wonca World Conference to welcome our international peers and colleagues.



Dr Swee Yong Peng

A Rare Combination of East and West

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



Dr Swee Yong Peng, is one of the rare family physicians who are trained in both Western and Traditional Chinese Medicine. He recently obtained the Graduate Diploma in Family Medicine, even whilst he was training two batches of doctors for the Diploma of Acupuncture for the Singapore College of Traditional Chinese Medicine.

He is currently the Divisional Vice President of the Surgical Program in the Parkway Group and is in charge of its Traditional Chinese Medicine arm. This jovial and friendly man also runs a general practice in the Parkway Health Day Surgery and Medical Centre.

CM: Please tell us about your medical training.

SYP: I graduated from the National University of Singapore in 1989 and did my traineeship in A&E medicine. In 1993, when I failed to obtain my part 2 for emergency medicine, I left for private practice. I was first a resident Medical Officer at East Shore Hospital., then I moved on to head the A&E department for Gleneagles Hospital in 1996. I was appointed the overall in charge of all the A&E for the Parkway Group hospitals in 1999.

CM: What made you decide to become a GP? Tell us more about your practice right now.

SYP: Not really by choice. If I had passed my part 2 in 1993, I would be an A&E consultant now. But, this

is really a blessing in disguise! Now, I truly enjoy my practice.

My practice is essentially a general practice coupled with traditional Chinese medicine component and information. I will sometimes advise traditional Chinese medicine treatment whenever I find that it complements western treatment. For other cases, I will not perform traditional Chinese medicine if I find that western medicine is a better remedy.

The most satisfying practice is using them both to minimise the side

“I will sometimes advise traditional Chinese medicine treatment whenever I find that it complements western treatment.”



effects, to maximise the effectiveness of the treatments given, and being sure that I have provided treatment to the best of my knowledge to my patients.

CM: What made you decide to obtain the GDFM? Has it helped you in practice?

SYP: I studied traditional Chinese medicine study for nine years, and became very involved with traditional Chinese medicine since 2003. However, I still want to maintain my medical practice as a family physician and thus, I attended this GDFM course to help me catch up with the advances in medical knowledge and management, and also to get closer to the family physicians fraternity.

CM: Would you recommend other doctors to take the GDFM course as well?

SYP: Yes, the course has certainly helped me in my management of patients, and I found that the things a family physician can do now is much more than what I knew before.

I would recommend all family physicians to take the course, but I must admit that the stress in preparation for the examination is quite substantial.

CM: How did you venture into your training of traditional Chinese medicine?

SYP: In 1995, I decided to know a little more about Chinese medicine. Initially, I only wanted to have an



insight into traditional Chinese medicine, but eventually completed the entire five-year course which equipped me with an Advance Diploma in Traditional Chinese Medicine and the license to practice it.

Next, I went on to Nanjing University of Traditional Chinese Medicine to do the master in integrative Chinese and western medicine. I hoped that through these proper training modules, I could learn to integrate both types of medicine. I returned to Singapore in 2003 and then opened a clinic in Paragon to practice East West medicine. Currently I have sold the practice to the Parkway Group.

CM: How do you balance family life and work?

SYP: Balance life and work? For me, life just took a back seat all these years. Now, I am hoping to work less and work smarter. ■ **ICM**

Policy on the Provision of Traditional Chinese Medicine (Acupuncture) in Medical Clinics

The Ministry of Health has reviewed its policy on the provision of Traditional Chinese Medicine services in medical clinics licensed under the Private Hospitals and Medical Clinics (PHMC) Act.

With immediate effect, acupuncture services may be provided within the premises of medical and dental clinics licensed under the PHMC Act. The restriction on the provision of other forms of Traditional Chinese Medicine in medical clinics, such as tuina and herbal medicine services, will however remain.

GUIDELINES ON THE PROVISION OF ACUPUNCTURE SERVICES IN MEDICAL CLINICS (AUGUST 2007)

Provision of Acupuncture Services by Registered Medical & Dental Practitioners

1) Registered medical and dental practitioners (who are also acupuncturists/TCM physicians registered with the Traditional Chinese Medicine {TCM} Practitioners Board) who wish to provide acupuncture services as part of their package of services to their patients may proceed to do so within the premises of a medical clinic licensed under the Private Hospitals and Medical Clinics (PHMC) Act.

2) The provision of acupuncture services should be in accordance with current clinical evidence. The use of acupuncture for conditions where evidence of clinical efficacy is lacking should be carried out with full disclosure and documentation, or on a clinical trial basis, subject to the standard scientific and ethical review and approval from the relevant authorities.

3) The registered medical/dental practitioner is responsible for assessing whether acupuncture is appropriate for the

patient. He must explain to the patient the reasons for recommending acupuncture treatment and must obtain proper informed consent from the patients before commencing acupuncture treatment.

4) The registered medical or dental practitioner who is also a registered acupuncturist/TCM physician will be accountable to the Singapore Medical Council or Singapore Dental Council and the TCM Practitioners Board for his actions.

Provision of Acupuncture Services by Registered Acupuncturists/TCM Physicians in Medical Clinic Premises

5) Medical clinics may employ acupuncturists/TCM physicians registered with the TCM Practitioners Board to provide acupuncture services to their patients. The registered acupuncturist/TCM physician cannot administer other modalities of TCM to the patients (e.g. tuina, herbal medicine services) in the clinic.

6) Registered medical and dental practitioners who wish to refer their patients to acupuncturists/TCM physicians for acupuncture treatment should first assure themselves that this is in the best interests of their patients. Medical and dental practitioners are responsible for the appropriateness of such referrals. Proper informed consent should be obtained from the patients prior to the referral, and the reasons for the referral must be properly documented.

7) The medical and dental practitioners must maintain primary responsibility for the patient and for referral of the patient to the registered acupuncturist/TCM physician. Hence, the patient must be registered to see the doctor or dentist and not the acupuncturist/TCM physician.

Source: Ministry of Health

Sports Medicine Subspecialty Traineeship Now Open

by Dr Ben Tan, Sports Medicine Subspecialist Training Committee

If you have not already noticed, sports participation rates have gone up in Singapore; sports like triathlon, marathon, and adventure racing have become the rage among executives; Singaporeans are increasingly aware that exercise is a key pillar in preventing and managing chronic diseases; and our elite athletes are making their presence felt on the world stage. Yes, the sports industry is a burgeoning one, and going by western standards, this is only the beginning; Singapore will have its billion-dollar Sports Hub in 2011, and Formula One racing and other major events are coming to Singapore!

Along with these trends, Sports Medicine is also on the upsurge. Until 2003, Sports Physicians were confined mainly to the Singapore Sports Council's Sports Medicine and Research Centre (SMRC) and Singapore Armed Forces' Soldier Performance Centre. Now, there are Sports Physicians practicing within the restructured hospitals - CGH's Changi

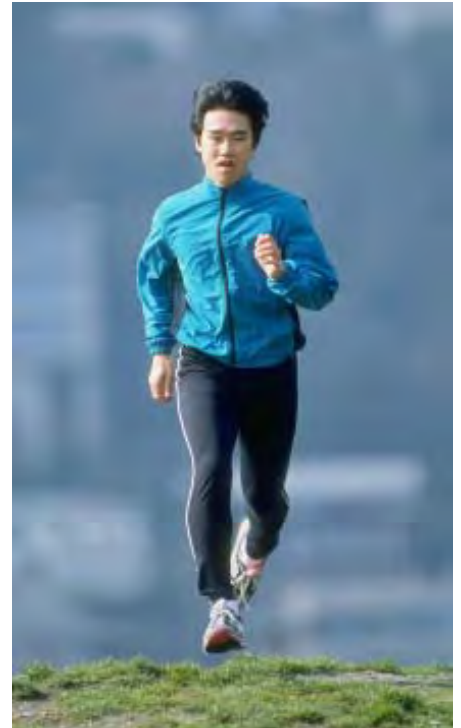
“...the sports industry is a burgeoning one, and going by western standards, this is only the beginning.”

Sports Medicine Centre is overflowing at its seams, while patient loads are also growing at the Sports Medicine centres in Alexander Hospital and KK Women's and Children's Hospital. Dedicated Sports Medicine centres are also thriving, with the Singapore Sports Medicine Centre at the Paragon and SportsMed Central at Gleneagles being recent entrants to the private sector.

What do Sports Physicians do?

Sports Physicians manage non-surgical sports-related problems, returning the individual to at least previous activity levels quickly but safely; facilitate enjoyable and safe participation in sports through pre-participation screening and event medical coverage; manage health risks through clinical exercise testing and exercise prescription; and enhance sports performance through the sports sciences (exercise physiology, strength and conditioning, biomechanics, sports nutrition, and sports psychology).

Just as the scope of a Cardiologist is quite different from that of a Cardiothoracic Surgeon, there is not much overlap in the scope of work between Sports Physicians and Orthopaedic Surgeons. Sports Physicians manage not only elite and recreational athletes, but also performing artists (e.g. dancers, musicians), clinical populations (e.g. those with chronic diseases and embarking on an exercise programme), and special populations (disabled athletes, elderly, child-athletes, women).



Sports Medicine is now a subspecialty in Singapore, and its first intake of trainees will be in November this year. Previously, Sports Physicians in Singapore had to go overseas to receive their postgraduate training. With Sports Medicine attaining subspecialty status, aspiring Sports Physicians will instead undergo the Sports Medicine Subspecialty Training Programme. To be eligible for the Programme, candidates need to have fully exited from Family Medicine, Internal Medicine, Orthopaedic Surgery, or Emergency Medicine. This is a local full-time three-year programme comprising postings, attachments, courses, tutorials, research, and an exit examination.

So, if you already have an MMed (Family Medicine), and are interested in this growing and exciting discipline, do look out for the next AST announcement. For more information, please contact Ms Loh Lin Lin of the Joint Committee on Specialist Training secretariat, at 67792632 or linlin_loh@ams.edu.sg. **ICM**

Singapore Heart Foundation Study

Health Awareness

of Heart Disease among Singapore Women

by Dr Lew Yii Jen, National Healthcare Group Polyclinics, Singapore

Trial

The Singapore Heart Foundation (SHF), Go Red for Women (GRFW) campaign, is part of an international movement to empower women with knowledge and tools so that they can take positive action to reduce their risks of heart disease and stroke, and protect their health.

The aim of the telephone survey was to establish a baseline record of trends in awareness, knowledge, attitude and behavioural changes towards heart disease.

A random sample of telephone interviews were done with women, aged between 21 and 64 years in Singapore. A total of 1,136 respondents were interviewed between June and August 2006.

Nearly half of the respondents identified breast cancer and other cancers as the top cause of death. Only 8% mentioned heart disease or stroke as the most important cause. Equally worrying, there were about 20% of respondents who did not know that cardiovascular disease or cancer was the leading cause of death among women. About 40% have encountered information about heart disease in the past 12 months, with the main sources being newspapers and television. Most respondents were comfortable seeking health advice from their doctors. However, only 12% had actually discussed heart disease with their doctors in the past 12 months. Two out of five respondents have difficulty finding good information materials on heart disease and stroke in women.

The SHF telephone survey gave us an insight to the perception of cardiovascular disease among Singapore women. Much is needed to be done to increase women's awareness of such diseases.



Tribulation

SHF engaged a survey company to do the telephone interview based on the random sampling of the telephone numbers in the phone book. Because of the design of the study, we had little opportunity to audit how the survey company conducted the interview, for example, how they phrased the survey questions in different languages, and how they recorded the successful and unsuccessful calls.

Triumph

I was privileged to be invited by the SHF as one of the investigators of the telephone survey. Although I had little experience in the telephone survey, I learned a lot from the other investigators. We reviewed similar surveys done by the American Health Association, and we adapted their questions to suit the local population. The questions comprised open-ended questions ("What is the greatest health problem Singaporeans face?"), as well as close-ended ones. The big challenge was to have relevant questions that would keep the interview to less than 20 minutes, assuming that the respondents could not tolerate long interviews. It is a great experience to learn how to formulate survey questions, work with the surveyors on the interview and to interpret the results.

The study clearly showed that we have a long way to go in educating our population (the behaviour of men towards heart disease should be similar to that of women) in the important health issues. Often they are aware of it, but will not perceive themselves to be at risk. Hence, they will do little to play an active role towards the necessary lifestyle change. We can explore doing more research on how to improve people's awareness of cardiovascular health and motivate them to elicit positive changes in their lifestyle. ■CM

An Interview with GDFM Book Prize Winners

by Dr Yee Jenn Jet Michael, FCFP(S), Editor

Overcoming the Rising *Standards*

“There were times in my daily practice when I felt that I should be able to offer more to my patients.”

The GDFM course is the entry-level requirement for the family physician register. The recently completed GDFM examination saw 99 candidates, with 87 passed. Among the bright sparks that showed themselves are Dr Goh Chee Hwei and Dr Ho Yew Mun who bagged the book prize awards this year. The College Mirror found out what made them tick.

CM: Congratulations on passing the GDFM exams with flying colours. What was your motivation behind taking up the GDFM?

Dr Goh: While medical school provided me with an excellent foundation, I felt that I needed more training to further my skills. The GDFM course came across as very useful and practical and it would prepare me to be a better family physician. That was my main motivation in taking up the GDFM course. The setting up of the family physician register served as a further motivation.

Dr Ho: There were times in my daily practice when I felt that I should be able to offer more to my patients. I felt that the GDFM course would lay a good foundation for the rest of my medical career, a foundation which I can continue to build upon even after I have completed the course. It also helped that I have friends taking the course with me. And no doubt in my heart, I was inspired by the knowledge and experience of my colleagues during my one-year stint at Sengkang Polyclinic.

CM: How has the GDFM benefited you?

Dr Goh: The GDFM has benefited me in many ways. The main benefit is being enabled to incorporate what I learnt from the modules and tutorials into my daily practice of family medicine, thus, ensures me that I am giving my patients the best care I am able to provide. I was able to consult my tutors during the tutorials on certain clinical cases I faced in my practice. The tutorials proved to be enlightening as it provided a chance for the tutorial group to share their own experiences.

Dr Ho: In certain ways, I feel that I have more confidence in my daily practice and with this confidence, comes the joy and enthusiasm in work. Today, I am more eager to educate patients during consultation. I begin to see patients in the context of their family and work, and derive more satisfaction in trying to treat them in a more holistic manner. Asking about patients' ideas, concerns and expectations, taking a smoking history, opportunistic screening and patient education have become integral part of the consultation process. The opportunity to interact with other GPs have also been precious, and the family skills courses that I attended made me realise the usefulness of such CME activities which keep ourselves updated.

CM: What are your views of the GDFM being a requirement for entry into the coming FP register?

Dr Goh: I personally feel that this FP register is a good initiative and that the GDFM is appropriate as an entry requirement. The FP register will ensure that doctors provide an enhanced level of care for their patients and this will further help boost the public's confidence in family physicians. This is also a step towards making family medicine a specialty in its own right.

Dr Ho: It is the right direction to take to bring family practice to a higher level. The GDFM will serve as a minimum standard for registration, especially for the newer doctors starting out in family medicine. On the other hand, the experience of skills of older doctors, carefully honed through years of practice, should not be disregarded in the application for entry into the FP register.

CM: What is the secret behind your bagging the book prize?

Dr Goh: Secret? I wouldn't say that there is any secret. I think what helped me to do well in this exam is the OSCE portion. To do well in the OSCE portion, I prepared by putting into practice what I have read and learnt, from the modules and tutorials, on my patients whom I see in my daily practice. In addition, it is very important to have a few classmates with whom we can prepare for the exams. Taking turns to role-play patients and going through possible scenarios also helped.

Dr Ho: I tried to go through the voluminous set of GDFM notes on a consistent basis. From the beginning of this year, I would lug my big bag packed full of notes and my trusty laptop to the library to study. I believe my stint at Sengkang Polyclinic has been invaluable in helping me consolidate my learning. Though I no longer work there, I have brought the experience I gained into my current practice. I am also thankful to my tutor, Dr Kang Aik Kiang, who had been relentless in honing our examination skills. My friends who were taking the same exam were also there to share their notes, as well as the stress, with me!

"I hope to, in my own way, "influence" younger doctors who are going into family practice to consider the GDFM course for their professional development."

CM: How did you balance working, social life, and studying for exams?

Dr Goh: As I work long hours in a group practice, it was not easy balancing them in the last three months before the exams. Sacrifices had to be made. I had to cut down on social activities such as watching movies with my friends. I also tried to maximise my time at work by using every patient to

help me recall or learn something useful related to the exams.

Dr Ho: No, no, I could not! It has not been easy trying to cover all the reading materials for the exams and trying to remember them. So studying for the exams has entailed cutting back on my already miserable social life. I did try to ensure that I have enough exercise, and meeting up with friends was reduced to online encounters via MSN chats and email correspondences.

CM: How would you contribute to family medicine?

Dr Goh: I wouldn't be so bold as to say "contribute", but I hope to, in my own way, "influence" younger doctors who are going into family practice to consider the GDFM course for their professional development.

Dr Ho: I would continue to keep myself updated and relevant. I shall continue to endeavour to be the caring and competent doctor, treating my patients with compassion,

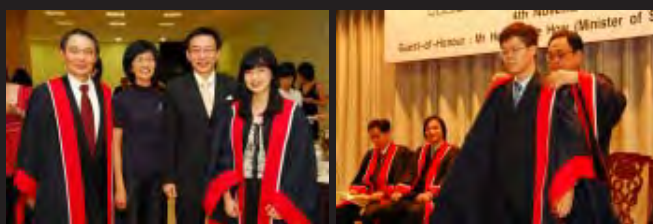
and in my small little way, uphold the holistic nature of family medicine.

■ CM

Dr Goh Chee Hwei, MBBS (Singapore) 1998, is a practitioner at NTUC Medicare Family Clinic (Bedok).

Dr Ho Yew Mun, MBBS (Singapore) 2000, is a practitioner at Central Clinic & Surgery (Yishun).

Join us as we celebrate another year of scaling greater heights in Family Medicine.



Family Medicine Convocation Ceremony 2007

4th November 2007
Tanglin Club

For more information, please contact
Tel: 6223 0606, or e-mail
contact@cfps.org.sg.

Towards Excellence in Family Medicine

Report on Annual General Meeting
18 August 2007

by Dr Cheng Heng Lee, Honorary Secretary, College of Family Physicians Singapore



The College of Family Physicians Singapore's Annual General Meeting was held on Saturday, 18 August 2007 at the Ministry of Health Lecture Room, College of Medicine Building. The highlight of the AGM was the election of the 21st Council (2007-2009). There was only one nominee for each of the office of President, Vice President, Honorary Secretary, and Honorary Treasurer; thus, these nominees were duly elected.

For once in a long while, election by ballot was necessary to elect the seven remaining Council Members from the nine nominated candidates.

The members of the 21st Council are:

President	: A/Prof Goh Lee Gan
Vice President	: A/Prof Cheong Pak Yean
Honorary Secretary	: Dr Cheng Heng Lee
Honorary Treasurer	: Dr Lim Fong Seng
Censor-in-Chief	: Dr Lee Kheng Hock
Honorary Editor	: Dr Ng Chee Lian Lawrence
Council Members	: Dr Chow Mun Hong
	Dr Ee Guan Liang Adrian
	Dr Lew Yii Jen
	Dr Pang Sze Kang Jonathan
	Dr Rukshini Puvanendran
	Dr Wong Tack Keong Michael

The Censor-in-Chief was appointed to the Council at the first Council Meeting on 23 August 2007. The Honorary Editor was appointed at the following Council Meeting.

The fresh faces of the 21st Council are:

Dr Rukshini Puvanendran
Dr Chow Mun Hong
Dr Ee Guan Liang Adrian
Dr Lew Yii Jen
Dr Wong Tack Keong Michael
Dr Ng Chee Lian Lawrence (was member of the 18th Council)

PRESIDENT'S ADDRESS

A/Prof Goh Lee Gan reported on the work done by the 20th Council for the period 2005-2007.

Wonca World Conference 2007

A/Prof Goh thanked Dr Tan See Leng (Chairman, HOC) and the members of the Host Organising Committee for a very successful conference. There were over 2,000 delegates including day registrants. A surplus estimated at 1.6 million dollars is expected. One of the tasks of the coming Council would be to use this surplus wisely and effectively to develop the discipline of family medicine and the College.

Family Medicine Continuing Care Department in Singapore General Hospital

The College was involved in this initiative through representation in the Steering Committee of the Family Medicine Continuing Care, SGH, headed by Prof Ng Han Seong. The department was set up in May 2006 and Dr Lee Kheng Hock is the head of department. This initiative provides the opportunity for family medicine to develop integrated care between hospital and community. This is especially relevant for the future as the elderly is expected to form 25% of the population by the year 2030. Family medicine reforms into the future are therefore excellence in community care, as well as excellence in integrated care, to meet the needs of an aging population.

Family Physician Register

The 20th Council provided input to MOH on the setting up of the FP Register. Family medicine is now recognised as an intermediary specialty - the other being internal medicine - for subspecialty disciplines of palliative care and sports medicine. A holder of the subspecialty status would be in the subspecialty register, as well as in the family physician register and the family medicine specialist register.

There is also active discussion on the FM specialist register for those who have the MMed FM and the relevant exit certification. This category of family physicians will be those who are developing to be leaders of the discipline of FM, trainers, researchers, and administrators.

Family Medicine Postgraduate Programmes

The College now has a spectrum of FM postgraduate programmes. These are the GDFM, the MMed Programme A & Programme B, the MCFP by assessment and the FCFP by assessment. A/Prof Goh acknowledged A/Prof Cheong Pak Yean as the visionary who saw the need for developing a learning journey for family physicians that can take them up to the highest level of excellence.

The FPSC and CME Programmes

The FPSC was a response to the need for structured CME and was started four years ago. The chief architect of such courses is Dr Lee Kheng Hock. Today the FPSC is well recognised and the College is able to offer short courses that update knowledge, improve clinical problem solving skills. A/Prof Goh took the opportunity to acknowledge the work done by Dr Lee Kheng Hock.

Joint Committee on Family Medicine Training (JCFMT)

This is a tripartite initiative in the training of family physicians - namely the MOH, the College, and the University. The function of the JCFMT used to be performed by the Committee of FM in the Graduate School. Since 2005, the College has taken over the secretariat function of the JCFMT. Dr Ho Han Kwee from the MOH, and is also one of our Council members, has been instrumental in this transition.

College Secretariat

The College Secretariat had to weather the massive changes associated with the events enumerated. The staff rose to the challenge and provided good administrative and secretarial support to ensure timely delivery of the College programmes.

Preparation for the Future

The task ahead is to manage the 4Ps - the profession, the policy makers, the people and the press in the vision of unity for health. We will need changes in the College both in and outside of the College Council and communities. A/Prof Goh looked forward to the participation of all members to further the relevance, excellence, and place of family medicine.

The only disappointment of the AGM was the failure to get the quorum of 139 members ($\frac{1}{8}$ of voting membership) to attend. Thus the resolution to change the College Constitution was not tabled.

ACADEMIC PROGRAMMES & CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES

Dr Lee Kheng Hock, the Censor-in-Chief, reported that 45 of the 54 candidates passed the GDFM examination held in

July 2006, and 15 of the 19 candidates passed the MMed (FM) examination held in October 2006.

In 2006, two doctors were awarded the FCFP(S) by assessment, 16 awarded the MCFP(S) by election, and 9 the MCFP(S) by assessment.

18TH WONCA WORLD CONFERENCE - POST CONFERENCE REPORT

The report presented by Dr Tan See Leng, Chairman of Wonca 2007 Host Organising Committee, is encapsulated in Tables 1, 2, and 3.

TABLE 1. REGISTRATION REPORT (as of 3 August 2007)

SUMMARY

Total (Full Registration)	1,986 delegates
Total (Day Registration)	121 delegates
Grand Total	2,107 delegates

TABLE 2: INCOME AND EXPENSES (as of 13 August 2007/ draft report)

Total Income	SGD 3,202,530.97
Less: Total Expenses	SGD 1,630,237.86
Estimated Profit	SGD 1,572,293.11

TABLE 3: THE EFFORTS OF WONCA 2007 HOC

An estimated 4,800 man hours by HOC were put into this project

Calculation

A. 1 month before Conference:

A total of 20 meetings x 2.5 hrs per meeting x 15 members = 750 hrs

B. Last 3 years to 1 month before Conference:

A total of 36 HOC meetings x 2.5 hrs per meeting x 15 members = 1,350 hrs

C. Last 4 to 6 years ago

6 meetings per year x 3 years x 2.5 hrs per meeting x 10 members = 450 hrs

D. Marketing Trips - Total of 11 trips

4 days per trip x minimum 2 members x 11 trips x 24 hrs = 2,112 hrs (round up to 2,250 hrs)

$$A + B + C + D = 4,800 \text{ hrs}$$

$$4,800 \text{ hrs} \times \text{SGD } 80.00/\text{hr} = \text{SGD } 384,000.00$$

Dr Tan See Leng proposed that a sum of about \$500,000 from the surplus be set aside for the development of family medicine. ■ **CM**



A Cup of Tea with *Dr Shigeru Omi*

by A/Prof Goh Lee Gan

First published in the Wonca Daily, 27 July 2007

Dr Shigeru Omi, Regional Director of the Western Pacific Regional Office of the WHO, squeezed in a moment between spoonfuls of Singapore fare to give the Wonca Daily these precious pearls of wisdom after his very inspiring keynote lecture on Tuesday evening, Future of Health Care: Harmonising Science and Humanity.

CM: Dr Omi, the Minister of Health in Singapore has likened healthcare to car manufacturing in his past address to parliament. It was mentioned that Singapore should be producing more Toyotas and less Lexus. What do you have to say about that?

Huh? I don't know much about cars...

CM: Oh okay, there are no Lexus in Japan, but the same Toyota cars are sold as utilitarian Toyota brand and the more luxurious Lexus brand in some parts of the world including Singapore.

Ah yes. But each country needs to decide on its own level of health care financing and quality as each country

is different in terms of wealth and development. Some countries also have their own unique problems.

Singapore, however, is well known for producing the best quality healthcare from little resources. Paradoxically, Singapore has done very well because of its small size and it might be easier to manage than many larger developed countries. Take the management of SARS for example, I would confidently state that no other countries had managed the SARS situation better than Singapore.

Managing healthcare well is not just about healthcare spending; it is also about hard work, determination, wisdom, cooperation, and networking. Dedication, commitment and decisiveness were well demonstrated during the SARS crisis. The result was a rapid control of a potentially disastrous situation.

There is also much to say about the high level of transparency and democracy in the way the government has handled healthcare in Singapore. I don't know about Toyota, but a vehicle that can move forward is a good vehicle.

“Take the management of SARS for example, I would confidently state that no other countries had managed the SARS situation better than Singapore.”

CM: Thank you for your kind words and insight, your keynote lecture was indeed courageous and relevant.

Family physicians are well positioned to provide effective healthcare, but a paradigm shift is needed in the perception that specialist are superior to family physicians.

Thank you so much for leaving us with those wise words. Enjoy your stay in Singapore. **ICM**

Future of Health Care: Harmonising Science and Humanity

In his keynote address, Dr Omi gave 3 take home messages for the audience to reflect upon:

- Putting people at the center of health care underpins health care reform;
- All health constituents contribute to achieving this paradigm shift;
- Family physicians are key catalysts of this shift.

In the context of family physicians - he said family physicians are wanted as catalysts because health is better in areas with more primary care physicians. People who receive care from primary care physicians have better health. Characteristics that constitute primary care are associated with better health. Primary care is associated with a more equitable distribution of health in populations.

Family Practice Skills Course Function and Disability in Primary Care

The College of Family Physicians Singapore would like to thank the Ministry of Health (MOH), Ministry of Community Development, Youth and Sports (MCYS), National Council of Social Services (NCSS), and the Expert Panel for their contribution to the Family Practice Skills Course on **Function and Disability in Primary Care**, 25-26 August 2007.



Thank you,

Dr CHAN KIN MING, Senior Consultant Geriatrician, Chan KM Geriatric & Medical Clinic

Dr ONG HIAN TAT, Senior Consultant, Division of Paediatric Neurology and Developmental Paediatrics, National University Hospital.

Dr PETER LIM, Head and Senior Consultant, Department of Rehabilitation Medicine, Singapore General Hospital

Dr JANICE WONG, Paediatrician, Paediatric Medicine, Neurology Service, KK Women's and Children's Hospital

Dr NG YEE SIEN, Consultant, Department of Rehabilitation Medicine, Singapore General Hospital

Dr HEEYOUNE JUNG, Associate Consultant, Department of Rehabilitation Medicine, Singapore General Hospital

Dr SYLVIA CHOO, Consultant, Child Development Unit, KK Women's and Children's Hospital.

Dr PANG WENG SUN, Vice-Chairman of the ElderShield Arbitration Panel/IDAPE Decision Panel

Mr REEVE ONG, Head of Claims Department, Great Eastern Life

Dr KEVIN KOH, General Practitioner, The Chung Kiaw Family Practice

Mr JONES PUNG, Resource Allocation Division, National Council of Social Service

Ms GERALDINE LEE, Health Services Finance Branch, Ministry of Health

Ms HEATHER WONG, Healthcare Finance Division, Ministry of Health

Mr CHEW KIA WONG, Claims Manager, NTUC Income

Chairpersons:

Dr CHOW MUN HONG and **Dr KELVIN KOH**

Writing Prescription

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



"A doctor is man who writes prescriptions till the patient either dies or is cured by nature" - John Taylor (1694-1761)

Most of us will probably feel lost if we did not give something for a snort. Indeed prescribing forms a major part of any GP's workload. However, bad prescribing wastes resources, deprives patients of a chance to benefit and may cause illness. Prescription related errors also form a significant proportion of legal action against doctors. Medications should be prescribed only when needed and in all cases, the benefits of prescribing should be weighed against the risks.

10 commandments in prescribing

1. **Explore alternatives to a prescription** (three places to look at):
 - the kitchen: e.g. more fluids for viral sore throats
 - the blackboard: education materials e.g. lifestyle changes in GERD
 - yourself: some real sympathy and understanding may be all the patient wants
2. **Find out if the patient wants to take the drug**
 - the patient may just need the assurance that he has a minor ailment and is happy to live with it
3. **Decide if the patient is responsible**
 - if he swallows all the pills at once, death could be swift
4. **Ask yourself if your prescription could be misused**
 - e.g. codeine-containing cough elixirs
5. **Address these issues**
 - Can the dosing frequency be reduced?
 - Can the number of drugs be reduced?
 - Can the patient read the instructions?
 - Does the patient understand what the medication is for?
6. **List the risks** ("SICA"):
 - s ide-effects
 - I nteractions
 - c ontraindications
 - a llergy
7. **Discuss and agree** with the patient about the risk: benefit's favorability
8. **Record** how you will review the patient's need for each drug
9. **Quantify progress** (or lack of it) towards specified, agreed goals
 - e.g. PEFr in asthma, target weight in obesity
10. **Make a record** of all drugs given and offer the patient or family members a copy.



Happy prescribing! **ICM**

Conversations *with MOH*

Making Primary Care Work

What is Conversations with MOH?

Conversations with MOH is a forum organised by MOH especially for GPs. We want to discuss with you how MOH and GPs can work together to make primary healthcare better.

What can I expect?

Hear from us firsthand, the latest initiatives that MOH will be introducing to GPs! See how these will make a difference to your patients. Time will also be set aside for discussions and for us to gather your feedback on important issues that affect GPs in their daily practice. A CME session can be incorporated into the programme so that doctors can earn CME points.

Why should I attend?

This will be the place for the GPs to talk to MOH about issues that concern them. Tell us how we can help you make your practice better so that patients can receive better health care in the community.

Date: Saturday, 20 October 2007
Time: 2.00pm (registration starts at 1.00pm)
Venue: Legends Ballroom, Park Level
 The Legends, Fort Canning Park

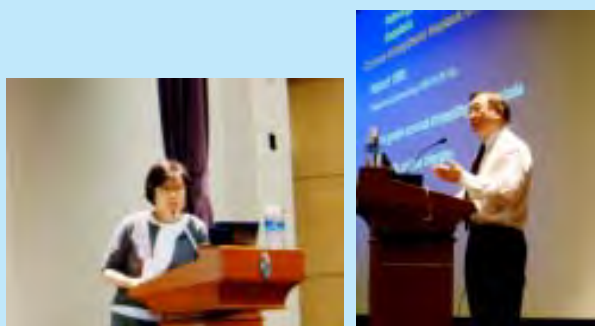
(Lunch and tea will be provided)

Sign up via email: MOH_conversations@moh.gov.sg or fax to **63259212** with name and contact details.

Family Practice Skills Course

Value of Vaccination

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course on **Value of Vaccination**, 15-16 September 2007.



Thank you,

Dr WONG SIN YEW
 Infectious Disease Physician in Private Practice

Dr LAM MUN SAN
 Infection & Vaccination Consultant, Mt Elizabeth Medical Centre

Dr CHONG CHIA YIN
 Head & Senior Consultant, Paediatric Medicine, KK Women's & Children's Hospital

A/Prof GOH LEE GAN
 Assoc. Professor, Department of Community, Occupational, and Family Medicine, Yong Loo Lin School of Medicine, National University of Singapore

A/Prof HELEN OH MAY LIN
 Senior Consultant, Department of Medicine, Changi General Hospital

Clin A/Prof TAY ENG HSEON
 Senior Consultant, Gynaecological Cancer Centre, KK Women's & Children's Hospital

Clin A/Prof TAY SUN KUIE
 Senior Consultant, Department of Obstetrics & Gynaecology, Singapore General Hospital

A/Prof ANNELIES WILDER-SMITH
 Head, Travellers Screening and Vaccination Clinic, National University Hospital

Chairpersons:

Dr MICHAEL WONG and **A/Prof LIM LEAN HUAT**

Family Practice Skills Course 24
Adolescent Health

COURSE STRUCTURE

- Unit 1: Understanding Adolescents**
Dr Victor Loh
- Unit 2: Adolescent-friendly Consultation**
Dr Daniel Fung / Dr Ong Say How
- Unit 3: Addictive Behaviours**
Dr Arthur Lee
- Unit 4: Mental Health**
Dr Geraldine Goh, Prof Kua Ee Heok
- Unit 5: Eating Disorder**
Dr Lee Huei Yen
- Unit 6: A. Developmental Issues in Female**
Dr Sadhana Nadarajah
- B. Developmental Issues in Male**
A/Prof Loke Kah Yin / Dr Chan Poh Chong

*Workshop held on Day 1 is repeated on Day 2. Registration of workshops is on first come first served basis. Limited seats available.

SEMINARS

(2 Core FM CME Points for each seminar)

Seminar 1 : 27 October 2007 (2.00pm - 4.15pm)

- Unit 1: Understanding Adolescents
- Unit 2: Adolescent-friendly Consultation
- Unit 3: Addictive Behaviours

Seminar 2 : 28 October 2007 (2.00pm - 4.15pm)

- Unit 4: Mental Health
- Unit 5: Eating Disorder
- Unit 6: A. Developmental Issues in Female
B. Developmental Issues in Male

WORKSHOPS*

(2 Core FM CME Points - attend 1 day only)

- Practical Skills: case studies, role play on communication skills
- Video on Adolescent Consultation

Day 1: 27 October 2007 (4.30pm - 6.45pm)

Day 2: 28 October 2007 (4.30pm - 6.45pm)

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.

Date: 27 & 28 October 2007
Time: 2.00pm - 6.45pm
Venue: College of Medicine Building, MOH Auditorium

Due to limited seats available, please register by **20 October 2007** to avoid disappointment.

REGISTRATION

ADOLESCENT HEALTH SKILLS COURSE
Course Registration Form

Please tick (✓) the appropriate boxes

	College Member	Non-College Member
Seminar 1 (27 Oct 2007)	<input type="checkbox"/> \$ 10.00	<input type="checkbox"/> \$ 20.00
Seminar 2 (28 Oct 2007)	<input type="checkbox"/> \$ 10.00	<input type="checkbox"/> \$ 20.00
Workshop	<input type="checkbox"/> \$ 20.00	<input type="checkbox"/> \$ 40.00
Please choose your preferred workshop date	<input type="radio"/> 27 Oct 2007 (Sat)	<input type="radio"/> 28 Oct 2007 (Sun)
Distance Learning Module (Journal)	FREE	<input type="checkbox"/> \$ 40.00
TOTAL		

Name: Dr _____ MCR No: _____

Mailing Address: (Please indicate: Residential Practice Address)

Tel: _____ Fax: _____ E-mail: _____



The development of this Family Practice Skills Course is supported by an educational grant from Health Promotion Board.

Please make cheque payable to:
College of Family Physicians Singapore

and mail it with the completed form to:
College of Family Physicians Singapore
 16 College Road #01-02
 College of Medicine Building
 Singapore 169854

Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund of registration fee after official receipt is issued.