

CELEBRATING THIRTY YEARS

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In this commemorative issue to celebrate thirty years of the Singapore College we chronicle activities and developments in the areas of training, research and practice. Each of these areas may be regarded as the College's ongoing academic challenges.

In training, the challenge of the College is to work towards leveling up the family physician. Primary care doctors need to work towards the capability of providing care that is more than care of episodic, acute, self-limiting conditions. This high volume, low value work must be transformed into high value and lower volume work of continuing care, integrated disease management with the hospitals, and care of the elderly. In this way, the specialist outpatient clinic workload can be reduced and a better distribution of work to the whole health care system can be achieved.

We have now in place programmes for each of the three phases of the training of the doctor, namely, clinical attachment for the medical undergraduate, vocational training and continuing medical education for the graduate doctor. The vocational training programmes lead to the diploma, masters and fellowship by assessment. The College is a member of the SMC CME Committee and has the responsibility for delivering a CME programme for family physicians. A cyclical modular CME programme based on the 8 modules of the family medicine training programme has been drawn up. The Annual Scientific Conference is another of the College's CME Initiatives. We look forward to each family physician taking an active part in participating in these programmes.

From the standpoint of research, the College has in the past embarked on sporadic research activities. The time has come for the College to consolidate these sporadic efforts into a systematic primary care research programme. Plans are underway to embark on collaborative research efforts with primary care doctors in private and public sectors as research partners.

In practice, there are many innovations that can make primary care more effective. The Ministry of Health is working on integrated disease management programmes both within the polyclinics and also vertically between hospitals and the primary care sector. Such policy changes provide the family physicians opportunities for greater participation in health care delivery. Family Physicians must also re-tool themselves and their practices to better cater for continuing care especially that of the elderly. A more effective and workable healthcare financing system must evolve to support this. Neither the fee-for-service contract system nor managed care as it is practiced in the private sector in Singapore is adequate.

Primary Care is affordable now because of public subsidy for the 20% of patients seen in the polyclinics and the predominantly acute episodic care provided by General Practitioners for the other 80%. Means must therefore be introduced

to ensure that the 80% of care provided by GPs is not just affordable but responsive to the national challenge of implementing disease management and providing high quality care to the elderly.

College members in this year's Annual General Meeting in June unanimously adopted resolutions to look into setting up an independent Department of Family Medicine in a University in Singapore and a Family Medicine Foundation in the near future. An independent Department will provide the due emphasis on Family Medicine education. After all, half of all doctors will be family physicians. A Family Medicine Foundation that is founded partly by private and partly by public funding will serve to develop Family Medicine at a surer pace than hitherto to also benefit the majority of doctors in the private primary care sector.

The *raison d'être* that spurred the founding fathers to set up the College 30 years ago has not changed. To improve the health of our people, family physicians must play their part. Training is still the foundation. Funding and seamless delivery structure can then kick in to actuate it.

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