



COLLEGE OF FAMILY PHYSICIANS  
SINGAPORE

# THE College Mirror

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## Family Medicine Convocation Ceremony

### *Speech by Guest-of-Honour*

Prof Kenneth Mak, Director-General of Health, Ministry of Health at the College of Family Physicians Singapore's Family Medicine Convocation Ceremony & Dinner, 25 November 2023

**D**istinguished guests, ladies and gentlemen, good evening.  
Thank you for inviting me to attend the Family Medicine Convocation Ceremony and Dinner, organised by the College of Family Physicians, Singapore.

This is an annual event that allows members of the Family Physician community to come together and to recognise our colleagues in primary care, who have successfully completed the Master of Medicine (Family Medicine) and the Graduate Diploma in Family Medicine programmes. They have received training and exposure to a wide range of clinical themes befitting the practice of Family Medicine, and will be enrolled into the Register of Family Physicians. This will empower them to practise not only across the breadth of Family Medicine, but also to support their colleagues in primary care by caring for patients with more complex chronic conditions, providing coordinated care to optimise clinical outcomes while anchoring care for their patients in the community.

*(continued on Page 6)*



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Check out the ACE Clinical Guidance (ACG) today to find out how you can optimise T2DM management for your patients!



ACE Clinical Guidance



Clinician drug table and infographic



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“New classes of diabetes medications have shown cardiovascular and renal benefits. This means that healthcare professionals can further enhance management beyond glycaemic control and select medications that are based on individual patient comorbidities and risk factors. Based on the appropriate clinical context, I encourage all healthcare professionals caring for patients with type 2 diabetes to consider how this ACG can inform your pharmacotherapy decisions for better patient outcomes.”



**Dr Tham Tat Yeap**  
CEO & Family Physician, Frontier Healthcare Group  
Member of the T2DM ACG Expert Group

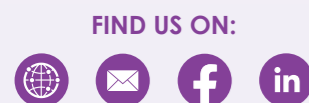
“With SGLT2 inhibitors and GLP-1 receptor agonists becoming increasingly important therapeutic options in type 2 diabetes management, this ACG is a timely reference. Our clinic has incorporated relevant recommendations into our clinician protocols to ensure our practice is up-to-date, aligned with local guidance and consistent in our management approach. In addition, I use the handy accompanying clinician medication table to check for eGFR cut-offs and renal dose adjustments before prescribing some of the diabetes medications.”



**Dr Edwin Chng**  
Medical Director, Parkway Shenton



Sign up for an ACE educational visiting (EV) session (limited slots available) to receive clinical updates on this topic through personalised small group discussions (aimed at primary care practitioners/ generalists).



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# Editor's Words

by Dr Fok Wai Yee Rose, FCFP (S), Editor Team A

**D**ecember is a time of reflection, remembrance, and celebration for our new graduands from Fellowship cohort, Collegiate Members, MMed (Family Medicine), and Graduate Diploma in Family Medicine cohorts. We are indeed proud of our graduands who have persevered in one of the most challenging disciplines of medicine, Family Medicine. An inaugural GDFM Tutors' Appreciation Dinner was organised to express gratitude to the invaluable contributions to training and education.

Family Medicine is one of the broadest medical specialities, with the American Academy of Family Physicians describing family doctors as being "dedicated to treating the whole person". This means that as well as focusing on patients of every age and gender, Family Medicine physicians are also trained to understand the entire body instead of just one organ or one illness.

We are grateful to Prof Kenneth Mak, Director-General of Health, Ministry of Health for recognising the importance of primary care in our healthcare system and engaging our family physicians as a critical partner of Healthier SG. This year, numerous stakeholders have come together to support and empower the GP and primary care fraternity with education, relevant tools, and resources to better care for their enrolled patients in their health plan. Next year, we will see more initiatives rolled out such as HSG-compatible Clinic Managements Systems and subsidised drugs.

*"... describing family doctors as being "dedicated to treating the whole person". This means that as well as focusing on patients of every age and gender, Family Medicine physicians are also trained to understand the entire body instead of just one organ or one illness."*

Leading the way, Dr Wong Tien Hua, President of the 29th CPFS Council, has emphasised the core function of the College in providing training for the upskilling of family physicians. The College will be acquiring three new resources for training, which include professional MCQ Banks for the GDFM Programme, UpToDate access for CFPS members, and setting up a new CFPS academic training centre at Neil Road to meet the increasing needs of Family Medicine training.

To prepare our CFPS members for compulsory Ethics CME starting next year, we organised an inaugural ethics webinar. This was met with enthusiasm as our panellists discussed what medical professionalism is, the goals of medicine, and why we need medical professionalism. Medical ethics, law, and professional misconduct were debated and applied in a case-based discussion highlighting the importance of appropriate disclosure and the unique challenges of managing informational privacy of members in a family unit.

Our regular outreach to showcase the breadth and depth of Family Medicine is the Family Medicine Extravaganza, where speakers, tutors, trainees, and students come together to share and learn. In WONCA Sydney 2023, we had many delegates from Singapore actively participating and contributing to scientific presentations. Learnings were shared to prepare Singapore to host the 2024 WONCA-APR Conference, which will be held from 21-24 August.

Lastly, our veteran GP, Dr Lawrence Ng, has penned a reflective article on how to manage relationships in the context of a doctor-patient relationship, to recognise boundaries, maintain objectivity, and appreciate inter-generational and intercultural differences.

To end the year, our CFPS retreat collectively came up with our new college Vision and Mission statements and to set our path ahead! Wishing everyone a Merry Christmas and Happy New Year!

■ CM

## FAMILY PRACTICE SKILLS COURSE

### Child and Adolescent Preventive Mental Health Care

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #112 on "Child & Adolescent Preventive Mental Health Care", held on 16-17 September 2023.

**Expert Panel:**

- Dr Lian Wee Bin
- Dr Courtney Davis
- Dr Rajeev Ramchandran
- Dr Annabelle Chow
- Dr Adrian Loh
- Dr Lim Hong Huay
- Dr Elaine Chua
- Dr Darryl Lim

**Chairperson:**

- Dr Eugene Chua

### Basic Obesity Management Accreditation 3

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #113 on "Basic Obesity Management Accreditation 3", held on 7-8 October 2023.

**Expert Panel:**

- Dr Tham Kwang Wei
- Dr Benjamin Lam
- Dr Lee Yingshan
- Ms Izabela Kerna
- Dr Ivy Lim
- Dr Shanker Pasupathy
- Dr Elaine Chew
- Dr Emily Ho
- Dr Leong Choon Kit
- Dr Donna Tan
- Dr Suraj Kumar
- Dr Lee Phong Ching
- Dr Tan Kok Kuan
- Dr Adrian Toh

**Chairpersons:**

- Dr Tham Kwang Wei
- Dr Benjamin Lam

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(continued from Cover Page – Speech by Guest-of-Honour, Prof Mak)

These expanded competencies position them well to support our national efforts to promote preventive health under our national Healthier SG strategy, which was launched earlier this year.

### Updates on Healthier SG (HSG)

Since the launch of Healthier SG on 5 July 2023, we have enrolled more than 530,000 residents. This number is above our enrolment projections. We expect to achieve enrolment of at least 50% of our eligible adult resident population by end May 2024. We presently have more than 1,020 PCN clinics who have come onboard Healthier SG. Just under two-thirds of those enrolled have done so with GP clinics and many have already met up with their family doctor to craft their health plan. We have made a good start and we will continue to work on encouraging more Singaporeans to form long and trusted relationships with their enrolled family doctor.

### Contribution of Family Medicine and Primary Care

Healthier SG signals the importance of primary care in our healthcare system and its success will only be possible with the support and participation of Family Physicians. I wish at this time to extend my appreciation to many of you here this evening, who have come onboard Healthier SG and are committed to supporting your patients in their journey to better health.

Healthier SG is also a chance to emphasise and put the features of Family Medicine into practice. Through Healthier SG, our primary care doctors can better provide personal, primary (first contact), preventive, comprehensive, continuing, and coordinated healthcare for individuals under their care.

What does this mean? Family Physicians can now move beyond only providing episodic care for minor acute medical conditions in their clinics. They are better resourced to provide more comprehensive, holistic care of patients of all ages and look after both their episodic and chronic care needs. They can introduce a greater emphasis on Preventive health actions, through evidence-based health screening, vaccinations, and support for healthy lifestyle changes. Beyond the family doctors' role in providing primary "first contact" care to manage acute conditions, I hope to see more integrated care coordinated and orchestrated from GP clinics that will be proactively managed by family doctors and their care teams over time ("continuing care").

Enrolment to a regular primary care provider seeks to strengthen the doctor-patient relationship for more personal care, and commits the patient to taking on a



Prof Kenneth Mak,  
Director-General of Health, Ministry of Health

greater self-ownership of his health journey. The patient will be more willing to comply with his family doctor's care plan for him and enable his family doctor to play a greater role in coordinating and helping their patients navigate the healthcare system.

*“ Since the launch of Healthier SG on 5 July 2023, we have enrolled more than 530,000 residents ... many have already met up with their family doctor to craft their health plan. ”*

### Expanded Roles for Family Doctors Under Healthier SG – Lifestyle Prescription

Promoting and maintaining health and well-being extends beyond medical care. Good health comprises mental, physical, social, and spiritual wellness. Under Healthier SG, we are empowering primary care practitioners to hand out lifestyle prescriptions and to facilitate their patients' access to lifestyle interventions by community-based providers.

We believe that good clinical outcomes cannot rest only on medical treatments. There are many lifestyle behaviours that have a significant impact on our health and this includes maintaining a healthy lifestyle through regular exercise and a good diet. Keeping our weight to a healthy range and stopping smoking have often a great influence on improving our overall health.

MOH has therefore worked with its partners to provide GPs with the relevant tools and resources to make lifestyle prescriptions, whether to enrol and participate in more community activities to reduce social isolation and build a stronger support framework, to learn more about healthy eating, as well as to enrol in activities for more sports and exercise in the community. You may now refer your patients to a wide range of lifestyle programmes conducted by agencies such as Health Promotion Board (HPB), People's Association (PA), and Sport Singapore, as well as at our Active Ageing Centres (AACs) or other community partners. To promote ageing well, we want to encourage our residents and patients to get active and achieve their health goals, while building social connections and exploring new hobbies. The wide range of lifestyle prescriptions curated by the Health Promotion Board is available on HealthHub, to assist primary care doctors in providing concise evidence-based lifestyle advice to their patients.

We have worked to provide more patient education material and clinical guidelines to support our GPs in managing chronic medical conditions. Our priority is to cover the prevalent chronic conditions seen in our patients in the community and defined under MOH's Chronic Disease Management Programme (CDMP) for primary care. We had started working on the National Diabetes Reference Materials (NDRM; both tier 1 & 2) since our War on Diabetes and Healthier SG has provided us with the opportunity to finalise these materials and make them available to you. These resources like the NDRM may even be customised for different patients, based on their clinical needs.

### Repositioning the Role of Primary Care

Healthier SG is the start of a journey, where all of you as Family Physicians will play an increasingly important role in our healthcare ecosystem. But the present focus on improving our care for residents with chronic diseases such as diabetes, hypertension, and hyperlipidaemia are not the only areas that we need to work on. From next year onwards, using Healthier SG as a base, we will also expand the capabilities of our GPs to better care for our residents with mental health needs as well as in the area of maternal and child health. These two themes reflect important clinical areas to focus on, to better meet the changing demographic trends and healthcare needs of our population.

The recent National Population Health Survey (NPHS) in 2022 reported an increase in the prevalence of poor mental

health from 13.4% in 2020 to 17% in 2022. Mental health-ready GP clinics and polyclinics are critical touchpoints for individuals with mental health needs, given that they are community-based and easily accessible. In addition, integrated care for both physical and mental health is necessary given the strong association between physical and mental health conditions. This integrated care model enables holistic patient management, opportunistic early detection, and intervention for individuals with mental health needs.

Under the Mental Health General Practitioner Partnership (MHGPP) Programme, partnering GPs are trained to identify, diagnose, and treat individuals with mental health conditions in the community. Since the launch of this programme in 2012, over 400 GPs have been trained. Presently 17 of our existing 24 polyclinics provide mental health services. This will be progressively extended to more polyclinics, including all new polyclinics, by 2030.

Going forward, care protocols on managing depression and anxiety will be made available to GPs under Healthier SG, to better equip GPs to manage patients with depression and anxiety in the community.

In maternal and child health, the Ministry wishes to refocus renewed attention on the health and well-being of expectant mothers as studies have shown that improving the health of the mothers during pregnancy has a positive impact on the health status of their babies at birth and subsequently. Also, a greater emphasis on the health of children below two years of age has a long-term positive impact on their health in their older years. This includes ensuring that all children complete their developmental assessment and the relevant vaccinations as recommended under the National Child Immunisation Schedule, and to better detect children with learning and developmental disabilities early, so that interventions can be introduced to help them overcome their disabilities. We believe that there is a role for primary care in this area and we want to provide family doctors the resources and capability to provide for these groups of patients in the community setting.

*“ ... care protocols on managing depression and anxiety will be made available to GPs under Healthier SG, to better equip GPs to manage patients with depression and anxiety in the community. ”*

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(continued from Page 7 – Speech by Guest-of-Honour, Prof Mak)

The mother-child dyad service, currently rolled out to 17 polyclinics, is reshaping the way care is delivered to children and their families. Instead of the traditional one-patient-one-consult approach, this service enables children and mothers to benefit from existing childhood development screening service at the polyclinics and other services like breastfeeding and lactation support, as well as maternal mental health screening at the same time. Parents and children can receive concurrent support at a single session, eliminating the need for multiple trips.

Tapping on the Healthcare Team: Even as our Family Physicians are becoming better trained to meet the increasing complexity of our patients, it is becoming clearer that even the best trained FPs will need to have a healthcare team to work with. Interdisciplinary teams will be an important area that we will continue to improve upon. Family Physicians will need to develop leadership skills that help the multi-disciplinary care team better integrate their provision of clinical services and engage in shared accountability for their patients in the community. Skilled and competent primary care doctors are needed to support the ongoing transformation of our healthcare system.

## Acknowledging the Contributions of the CFPS

Over the years, the College of Family Physicians has done much to upskill primary care providers through postgraduate FM training programmes (e.g., the GDFM, MMed College Programme, Fellowship Programme) and has been a key contributor to the various committees supporting Family Medicine and primary care training. CFPS, together with our PCNs and AIC, has been a key partner in the development of Healthier SG Care Protocols, and in rolling out short, bite-sized thematic webinars that are useful as refresher training for our family doctors. These have been well-received, with more than 700 GPs benefitting from the first run of the series. They have also given useful professional inputs in the formulation of Healthier SG strategy, and my Ministry will continue to work closely with them to refine our policies.

I would like to take this opportunity to acknowledge the contributions of the College in supporting primary care doctors in their professional development. I am confident that you will continue to work towards promoting high standards of Family Medicine practice, and in supporting MOH in developing programmes to nurture the competencies needed to support our refreshed healthcare model.



## Advice for Graduands

To the graduands of the MMed (Family Medicine), GDFM and Fellowship programmes, I give you my heartiest congratulations and best wishes. You have successfully taken the first step into qualifying and establishing yourselves in family practice. You will be taking on greater roles to deliver comprehensive care in an effective, consistent, well-coordinated, and patient-centred approach – concepts central to Healthier SG. Patients look to you for the relief of their suffering and ailments. You must strive to continually strengthen the trust that has been bestowed to you as a healthcare professional when you provide assistance and advice to your patients.

As Family Physicians, you are role models for your peers and colleagues. Your juniors will also look to you as doctors who have undergone Family Medicine training and achieved the competency and skills to care for patients holistically. As you continue to deliver quality care to patients, continue to maintain high standards of professional practice and conduct. Always strive to upgrade yourselves and engage in continuing professional education, so that you can do your best for your patients in your clinics and in the community.

## Closing Remarks

Finally, I thank the College for being a strong partner in shaping our primary healthcare landscape, and I look forward to the continued partnership.

I was honoured to attend an earlier Family Medicine Convocation Ceremony in 2016 when I was the Deputy Director of Medical Services overseeing Health Services at the Ministry of Health and I gave the Sreenivasan Oration that year. I spoke on the value proposition of Family Medicine to our Healthcare system. I highlighted the need for our healthcare system to be sustainable and create “value” for our patients. This could only be achieved through relooking our primary care model, reducing care fragmentation, and

having a clear and pragmatic understanding of what care was required to not only maintain but also to improve the health of our population. Family Physicians had to take the initiative and lead many of our preventive health efforts, as they would intuitively seek leaner ways to provide care and take pains to not increase the care burden for their patients inappropriately. I shared my firm belief that the centre of gravity of our efforts in care transformation had to rest in primary care and in the community.

The College has risen up to that challenge and played a key role in articulating the value proposition that Family Physicians present to their patients and our healthcare system. Generations of Family Physicians have created value for their patients and I am confident that this new generation of Family Physicians will do the same to foster better health, better care, and a better life for your patients.

Thank you.

*Family Physicians had to take the initiative and lead many of our preventive health efforts ... the centre of gravity of our efforts in care transformation had to rest in primary care and in the community.*

# Celebrating Excellence in Family Medicine

## A Toast to Our Graduates and Fellows

by Dr Wong Tien Hua, President, 29th Council,  
College of Family Physicians Singapore

**P**rofessor Kenneth Mak, Director-General of Health, Distinguished guests, my esteemed colleagues and fellows, our graduands and families, ladies and gentlemen.

Welcome to the 2023 Convocation of the College of Family Physicians Singapore! It is my great pleasure and privilege to welcome you in joining us as we celebrate this most auspicious event in the College's calendar.

I am delighted to see so many of you here this evening, as we come together to applaud the remarkable achievements of those who have triumphed in their respective College programmes in the field of family medicine.

It is with profound joy and pride that we extend our heartiest congratulations to our Graduate Diploma in Family Medicine and Master of Medicine (Family Medicine) graduands, Collegiate Members, and Fellows of the College for their tremendous achievement.

This evening, we will be seeing 23 graduates from the Fellowship cohort, 33 from the Collegiate Members, 94 from the MMed (Family Medicine), and 65 from the Graduate Diploma in Family Medicine cohort.

To our Graduands this evening – you have persevered through the past few years of intense training, and you have prevailed to finally earn your qualifications in postgraduate Family Medicine. This is no mean feat.

The achievement is even more remarkable as you had to contend with postgraduate training through the COVID pandemic. We have heard so many stories from candidates who faced challenges at their workplace, and also struggled through personal difficulties during the height of COVID. The social separation also saw changes in the way we had to conduct lessons, and our staff and programme directors had to quickly respond and adapt to new methods of teaching.

This resilience and can-do mentality will stand you in good stead in your practice of Family Medicine and in the service of your patients for years to come.



Take a moment to reflect on the journey you have undertaken. The late nights of studying, forgoing personal hobbies and even family commitments, and the challenges you faced have shaped you into the capable and resilient family physicians you are today. You together are the future leaders and shapers of Family Medicine in Singapore and you have set the standards at a very high bar indeed.

As we congratulate our graduates, let us also acknowledge the tremendous support provided by the faculty, the programme directors and assistant programme directors, the tutors, and the staff of CFPS. Their dedication and support to ensure your success has been critical.

Last but not least, I exhort you to remember your families and loved ones who were there for you during this long and arduous journey. Families always play a big part in Family Medicine! They stood by you when you needed them, their unwavering support made the difficult times easier to overcome.

Congratulations to the Class of 2023! May your achievements be a source of inspiration for all who follow in your footsteps.

### RESOURCES

The core function of the College is training and upholding the standards for Family Medicine. It is our priority to provide adequate resources for our trainees and faculty so that they can have a rewarding experience when they participate in college programmes. For our members, we always want to provide value for the membership fees that we charge.

This evening, I am delighted to announce three new areas of resource that the College is providing.

### MCQ banks

First, the college will be acquiring professional MCQ Banks for our GDFM Programme.

We have noted that, in its present form, the GDFM programme is proving to be a high mountain to climb for many trainees, because of the recent change of MCQ format to AKT (or Applied Knowledge Test). You cannot simply go and sit the AKT exams and expect to pass. It comprises 180 questions over 4 hours. Candidates need to regularly practise MCQs in order to have a feel of the test method, and also to see where they have gaps in knowledge.

The College has therefore acquired MCQ banks for our current inflight candidates and we will be rolling them out with immediate effect and ensure that our trainees get to practise the MCQs after every training module. I would like to thank our GDFM programme director Dr Meykkumar and his team for sourcing between several providers. We managed to get the best subscription rate based on our volume – we think we got the best “Bank for the Buck”!

### UpToDate access for CFPS members

With the launch of HealthierSG, Primary Care is now in the centre of public healthcare transformation. However, there is a gap in the resources between Primary Care physicians in the public institutions and private sectors in Singapore. This disparity hinders many private GPs from accessing the latest evidence-based recommendations, essential for informed clinical decisions.

UpToDate is a leading evidence-based clinical resource widely used by doctors in the public healthcare institutions in Singapore and is provided to all Medical Students as well.

The power of evidence-based clinical information cannot be overstated. With access to UpToDate, doctors can make more informed decisions about diagnosis and treatment, leading to better patient outcomes and significantly reducing medical errors through more accurate diagnoses, fewer unnecessary tests and procedures, and reduced specialist referrals. This not only elevates patient care but also brings about substantial cost savings for both patients and our healthcare system.

Tonight, I am thrilled to announce a meaningful step towards bridging this resource gap at CFPS. Thanks to a generous grant from the Starry Night Foundation, which is dedicated to supporting physicians and scientists in improving human health through a holistic, interdisciplinary, and preventative approach, we can soon offer UpToDate access to 300 CFPS members. This grant covers 85% of the annual subscription fee. We are working towards launching this project in February 2024.

The plan is to give priority of seats to members who currently do not have institution access to UTD, according to the following sequence:

- Teaching faculty
- Trainees – members currently enrolled in the CFPS teaching programmes
- CFPS members who are actively practising Family Medicine in Singapore

CFPS members enrolling in this programme will only need to pay 15% of the annual subscription fee, which is approximately S\$90 per year. I urge all eligible members to seize this opportunity, not just for the cost savings, but for the invaluable enhancement to your clinical decision-making and patient care.

This initiative marks a significant step in our journey towards a more robust, equitable, and advanced healthcare system in Singapore. We are grateful to the Starry Night Foundation for making this possible.

Further details will soon be sent via email to College members.

*With access to UpToDate, doctors can make more informed decisions about diagnosis and treatment, leading to better patient outcomes and significantly reducing medical errors through more accurate diagnoses, fewer unnecessary tests and procedures, and reduced specialist referrals.*

### CFPS academic training centre at 31 Neil Road

Today marks a significant milestone in the history of the College of Family Physicians as I reveal the opening of our new academic training centre at Neil Road.

For many years, the College has found itself in the challenging position of meeting the escalating demands for training space. The increasing cohort sizes and the need for

(continued on the next page)



Academic training centre at 31 Neil Road

a comprehensive facility in family medicine has put us on a quest for a venue that can meet our training requirements.

The COVID-19 pandemic forced us to embrace online teaching as a means of ensuring the continuity of education. During the pandemic, we adapted, innovated, and continued to deliver content to our trainees through online platforms. The resilience displayed by our tutors our students during this period have been commendable. And as I had mentioned earlier, most of our graduands here this evening can attest to that challenge.

However, it is abundantly clear that while online teaching is a powerful tool, it cannot replace the invaluable experience of face-to-face interactions. Indeed, Medical education thrives on the dynamic exchange that occurs in a physical classroom.

The College acquired our current property at 31 Neil Road in November 2015 as an investment. The time has now come to expand our College and make use of the building for training purposes.

To our MOH colleagues here with us, I want to make it clear that our existing CFPS office that houses the secretariat and conference room will remain in COMB – we are not moving out! We have expanded the secretariat and the office at COMB is fully utilised by our staff. We just need training space for our College training programmes.

You can see the façade of the shophouse now along Neil Road with the lighted signboard. This shophouse is located directly opposite the Maxwell MRT station.

Access is via electronic keypad lock and we can provide the passcode for members who wish to use the facility at any time, day or night.

On Level 1, we have a space to build a simulated consultation room for masterclass-style tutorials for the training programmes conducted by the College. We have installed a Projector as well as Audio equipment and mics, with broad band Wifi on all floors for broadcast capability. Level 1 can take a class size of about 20 pax.

The space at Level 2 will be a very versatile area for F&B, café, and dining. It also functions as a lecture theatre for meetings, focus group discussions, and CME events as it has a projector and Audio equipment installed. Level 2 can comfortably fit a seminar meeting for 40 pax.

Level 3 will be a conference room configured for both physical and Zoom meetings.

With the new CFPS academic training centre, our trainers and trainees will now have a ready and available space to conduct their tutorial sessions and meetings.

The opening of this new training centre signifies more than just a physical space; ladies and gentlemen, it is a symbolic return to the heart of effective medical education.

Thank you!

■ CM

## Ethics Webinar

by Dr Fok Wai Yee Rose FCFP(S) Editor Team A and Dr James Cheong MMed (FM) Faculty

Compulsory Ethics CME will start from 2024. To aid our fellow primary care colleagues in preparing for this move, we organised an inaugural ethics webinar, which comprised two sections:

### Part 1: Keynote panel discussion: Professionalism, Ethics, and Law (PEL) – Challenges in Primary Care

The panellists included Prof T Thirumoorthy, A/Prof Goh Lee Gan, Dr Wong Tien Hua, Dr Swah Teck Sin, and Mr Lek Siang Pheng, and was facilitated by Dr Suraj Kumar. Some takeaway points from the panel included the following:

1. Medical professionalism encompasses a set of duties,

competencies, behaviours, values (principles), virtues (professional conduct), outcomes (performance), and relationships that aims to achieve the goals of medicine and promote trust & confidence in the healthcare system [SGH Proceedings 2009; 18:74]

2. The goals of medicine include the prevention of disease and injury and promotion and maintenance of health, relief of pain and suffering caused by maladies, the care and cure of those with a malady, and the care of those who cannot be cured. Additionally, the avoidance of premature death and the pursuit of a peaceful death.

3. Why do we need medical professionalism? Medicine is a complex scientific, social, and ethical enterprise. The trust and confidence of patients, the public, and all stakeholders is essential in navigating the complexities, uncertainties, and changes of medical practice. Trust is necessary to establish stability and consistency in medical practice to achieve the goals of medicine. Professionalism provides the platform and components for building trust.

4. In Singapore, professionalism is codified into law by the Medical Registration Act (MRA), the Singapore Physician's Pledge, and SMC Ethical Code & Ethical guidelines.

PC Types	CME Requirements for PC Renewal
2-year PC	At least 50 CME points, of which: - 20% or 10 CME points shall be core points in each of their registered specialty and/or in Family Medicine; and - 5 core points in Ethics CME
1-year PC	At least 25 CME points, of which: - 20% or 10 CME points shall be core points in each of their registered specialty and/or in Family Medicine; and - 3 core points in Ethics CME

5. In applying concepts of ethics, we can adopt the four principles and scope (Gillion, 1994), comprising of Autonomy, Beneficence, Nonmaleficence, Justice, and Scope (the context)

6. Applying concepts of law to professionalism. The law of medical negligence comprises four components: having a duty of care; breach of this duty; linking causation and harm; and damage as outcome.

7. Medical ethics & health law. Laws and ethics do not always go hand-in-hand and can be in conflict.

- What is legal may not be ethical. Termination of pregnancy as requested by a pregnant woman is legal

## Compulsory Ethics CME will start from 2024.

in Singapore, based on the premise that the foetus is not a person. Termination of pregnancy is an ethically controversial issue. The question of whether termination of pregnancy is a termination of a life (killing) is unsettled in ethics. This allows for conscientious objection by clinicians that would allow those objectors to not perform abortions.

- What is ethical may not be legal. Physician-Assisted Death (PAD) is illegal in Singapore. There is a strong ethical case for PAD, especially in patients with neurodegenerative disorders such as AMLS or motor neurone disease, where pain and palliative care play a limited role. PAD can be justified on the principles of autonomy and compassion. Surrogacy is illegal in Singapore but a strong ethical argument in specific cases could be established.

8. Professional misconduct: Determining whether a misconduct constitutes professional misconduct under the MRA.

The Three-stage Inquiry Test:

- The First stage is to establish the relevant benchmark standard that is applicable to the doctor.
- The Second stage is to establish whether there has been a departure from the applicable standard.
- The Third stage is to determine whether the departure in question was sufficiently egregious to amount to professional misconduct.

All three stages must be met in order for professional misconduct to be considered.

*Singapore Medical Council v Lim Lian Arn [2019] SGHC 172.*

### Part 2: Case-based Discussion: Medical Confidentiality & Disclosure

The panellists included Prof T Thirumoorthy, CI Asst Prof Paul Goh, Dr Eng Soo Kiang, Dr Suraj Kumar, and Mr Lek Siang Pheng, and was facilitated by Dr James Cheong.

A case vignette of a husband attempting to seek from the family GP, medical information regarding his unwell spouse who contracted a sexually transmitted infection, highlighted the importance of appropriate disclosure and the unique challenges of managing informational privacy of members in a family unit.

(continued on the next page)

(continued from Page 13 – Ethics Webinar)

Learning points include:

1. Preserving medical confidentiality is an obligation to respecting patient autonomy.
2. Patients have the right to decide on the disclosure of their medical information.
3. There are exceptions where doctors must or can disclose patients' medical information without their consent. The doctor must make an assessment if the disclosure is necessary and justified.
4. Doctors should be aware of the professional ethical guidelines and laws relating to disclosure and personal data protection, in making the assessment of disclosure.
5. Doctors often care for family members belonging to a family unit. By default, the doctor is obligated to respect the confidentiality of each family member.
6. Sharing of a patient's information with family members must be done in the best interests of the patient.
7. Before sharing and disclosing medical information to other family members, the doctor must consider the context, the nature of the information to be disclosed, whether there have been implicit consent by the patient to share the information with the family, whether active consent is needed, the risk, and benefits to the patient and the family members if the information was disclosed.

■ CM

# Family Medicine Extravaganza 2023

by Sheng Jiankai (Yong Loo Lin School of Medicine, Year 4)  
On behalf of Family Medicine Extravaganza 2023 Organising Committee  
Photo credits to Jeremy Pang

On 11 August 2023, over 100 medical students and doctors from various institutions convened at the Lee Kong Chian Auditorium for the 9<sup>th</sup> Family Medicine Extravaganza. This annual outreach event, organised by the Joint Committee of Family Medicine Singapore in conjunction with students from Yong Yoo Lin, Lee Kong Chian, and Duke-NUS medical schools, seeks to explore the multiple facets of Family Medicine and engage seasoned practitioners on issues close to their hearts.

The theme for this year's event was "Future of Primary Care". As our nation's healthcare system primes itself for new challenges, primary healthcare has been identified as a cornerstone of Singapore's medical landscape. New policies like Healthier SG have been implemented to increase the relevance of Family Medicine in our integrated healthcare system. These new policies and the challenges that come along with them create new opportunities. The future of primary care is filled with endless possibilities. This year's Family Medicine Extravaganza explored some of these unique pathways in Family Medicine, ranging from education opportunities to work diversity.



Speakers, participants, and Organising Committee of the 2023 Family Medicine Extravaganza.

The first half of the event focused on the new Healthier SG initiative. Our first speaker, Dr Goh Zhaojing, introduced the audiences to the initiatives under Healthier SG and elaborated on the thought processes involved in generating such healthcare policies. Our second speaker, Dr Leong Choon Kit, explained the importance and impact of Healthier SG from a general practitioner's perspective. This segment concluded with a panel discussion where audiences clarified their doubts about this novel healthcare policy with our speakers.

The second half of the event commenced with sharings by Family Medicine residents and trainees from National University Healthcare System, National Healthcare Group, SingHealth, and College of Family Physicians Singapore. The doctors tapped on their own experiences to explain their choices of joining Family Medicine and the unique features of their respective residencies. The event then culminated in a residency panel discussion involving residency programme directors from the four institutions as well as the residents and trainees who had conducted the aforementioned sharings. The audience took this opportunity to clarify their doubts about Family Medicine residencies, with questions ranging from entry requirements to future job prospects.

The event concluded with a lucky draw, which saw two lucky audience members win brand new Littmann stethoscopes sponsored by CFPS. Participants then proceeded to have a scrumptious buffet dinner, while interacting with doctors stationed at various booths set up by the residency programmes.

Overall, participants enjoyed the event, in no small part due to the clarifications offered, the interactions with Family Physicians, and in the process gleaning new insights about this particular field of medicine. On behalf of the organising committee of the 2023 Family Medicine Extravaganza, I would like to thank all our speakers, sponsors, and participants, as well as Dr Loke Kam Weng, without whom this event would not have been a success. Hope to see everyone at next year's Family Medicine Extravaganza!



Dr Leong Choon Kit sharing about Healthier SG from a GP's perspective.



Dr Jason Chan (right) answering a question during the residency panel discussion.

*Overall, participants enjoyed the event, in no small part due to the clarifications offered, the interactions with Family Physicians, and in the process gleaning new insights about this particular field of medicine.*

■ CM

# FAMILY MEDICINE CONVOCATION CEREMONY & DINNER

25 NOVEMBER 2023 • RAFFLES CITY CONVENTION CENTRE



## 29th Council (2023 – 2025) College of Family Physicians Singapore

**Standing (from left):** Dr Fok Wai Yee Rose, Dr Chua Lee Lea Im Elaine, Dr Tan Kian Wee Kenneth, Dr Meykkumar S/O Meyappan, Adj A/Prof Tan Tze Lee, Clin A/Prof Paul Goh Soo Chye, Clin Asst Prof Xu Bang Yu, Dr Hu Pei Lin, Dr Chiang Shu Hui Grace.

**Seated (from left):** A/Prof Low Lian Leng, Dr Seah Ee-Jin Darren, Dr Wong Tien Hua, Prof Kenneth Mak (Guest-of-Honour, Director-General of Health, Ministry of Health), Prof Joseph Sung (Dean, LKCSOM), Dr S Suraj Kumar, Dr Wee Wei Chieh Nelson.

**Not in photo:** Dr Tan Hsien Yung David, Dr Shen Fengli Sharon.



## 2023 GDFM Graduates

**Standing (from left):** Dr Chong Wei Kin, Dr Sanchez Daniel John Gutierrez, Dr Abdul Muhaimin Bin Abdul Rahman, Dr Lim Yi Herh, Ansel, Dr Ong Jiawen, Dr Tan Toon Wei (Chen Junwei), Dr Chik Cheng Wei, Dr Loh Cheng, Dr Toh Zheng Jie, Dr Ong Shao Qiang, Alvin.

**Seated (from left):** Dr Tan Gui Fang, Edlyn, Dr Magneline Ang Ke Xin, Dr Tan Chek Swee, Allison, Dr S Suraj Kumar, Dr Wong Tien Hua, Dr Seah Ee-Jin Darren, Dr Priya Hanaman, Dr Tan Meijun, Dr Valerie Khoo Yu Hui.



## 2023 MMed(FM) College Programme Graduands

**Standing (from left):** Dr Ang Wei Luong, Dr Loo Ying Yi, Dr Leong Wai Siang, Dr Adrian Chua Leong Aik, Dr Stella Poh Xiao Jun, Dr D'Cotta Whitney Renee, Dr Chai Hui Min, Dr Fong Qi Wei (Feng Qiwei), Dr Mark Nicholson, Dr Tan Chun Jek (Chen Junze), Dr Goh Jun Heng, Dr Li Kexin.

**Seated (from left):** Dr Chong Oi Fong, Dr Ang Ling Min, Dr S Suraj Kumar, Dr Wong Tien Hua, Dr Seah Ee-Jin Darren, Dr Liew Siew Lee, Dr Swe Swe Thet Paing.



## Graduands of Collegiate Programme MCFP(S) Recipients

**Standing (3rd row; from left):** Dr Jambay Dorji, Dr Kenneth Choo Wei Qiang, Dr Andrew Lee Yew Weng, Dr Low Jia Hua, Dr Foo Shao Rong Jonathan, Dr Lee Binglong, Dr Lim Chee Luan, Dr Haresh S/O Singaraju, Dr Yap Sae Cheong, Dr Teo Hon Wei, Dr Michael Warren Lim, Dr I Gusti Ngurah Prawira Suartha Oka.

**Standing (2nd row; from left):** Dr Tsang Li Ping, Marianne, Dr Liew Pui Mun, Dr Ee Runhua, Michelle (Yu Ruhua), Dr Lee Elin, Dr Chng Yi-Shi Kelly, Dr Phua Huei Wen Daryl, Dr Donna Tan Mui Ling, Dr Choo Ying Ying, Dr Chiong Xiao-Ying Cleo, Dr Clarissa Nah Hui Ying, Dr Lim Lay Khim, Dr Pamela E-Wei Gopal, Dr Park Yaesol, Dr Lee Ke Yao.

**Seated (from left):** Dr Lim Li Cui Rachel, Dr Amelia Binte Ahmad Hatib, Dr Jacquelyn Melody, Dr Ng Li Yan, Dr S Suraj Kumar, Dr Wong Tien Hua, Dr Seah Ee-Jin Darren, Dr Felicia Clara Tan Jun Hui, Dr Alicia Ong Huiying, Dr Teo Jia Hui.



## Graduands of Fellowship Programme FCFP(S) Recipients

**Standing (3rd row; from left):** Standing (3rd row; from left): Dr Ong Kah Pieng, Dr Koh Wei-Mei Jeremy, Dr Hou Minsheng, Dr Han Weiyao, Dr Teo Chiang Wen, Dr Quek Jing Sheng, Dr Ng Xin Rong, Dr Moses Tan Mong Heng (Chen Maoxing).

**Standing (2nd row; from left):** Dr Sky Koh Wei Chee, Dr Sze Kai Ping, Dr Liow Yiyang, Dr Galih Kurnarso, Dr Chan Xin-Bei, Valerie, Dr Chee Jia Yi, Dr Ong Yingxian Natalie, Dr Tan You Mei, Charmaine, Dr Tan Liat Leng, Dr Chong Ern-Ji Jonathan, Dr Choo Wei Song Jeremy.

**Seated (from left):** Dr Tan Huey Chieng, Dr Lee Ern Jie, Abigail, Dr S Suraj Kumar, Dr Wong Tien Hua, Dr Seah Ee-Jin Darren, Dr Gun Shih Ying, Dr Tan Wan Hua Gwendoline.

# GDFM

## – Tutors' Appreciation Dinner

by Dr Meykkumar, Dr Eugene Chua, Dr Kenneth Tan, Ms Anica Goh, Ms Zhang Qiyin

The College of Family Physicians Singapore (CFPS) hosted its inaugural GDFM Tutors' Appreciation Dinner post-COVID on 13th October, extending its gratitude to tutors for their steadfast commitment to guiding GDFM trainees. The event, held at the elegantly decorated Secret Patio @ Duxton, cultivated a relaxed and pleasant atmosphere as tutors reconnected over a meticulously prepared dinner.

Dr Wong Tien Hua, President of CFPS, delivered the opening address, emphasising the pivotal role of the GDFM programme as the cornerstone of the College's courses. He underscored the programme's significance in providing doctors interested in Family Medicine with essential expertise, ultimately serving as the minimum entry requirement for the Family Medicine Registry. Dr Wong acknowledged the evolving nature of the GDFM course and its adaptability to societal needs while commending the dedication, wisdom, and steadfast support of the tutors. He expressed sincere gratitude for their invaluable contributions to training and education, noting their instrumental role in shaping the academic advancement of Family Medicine.



Dr Meykkumar giving a report on current developments for the GDFM programme

The introduction of the new GDFM Programme Director, Dr Meykkumar, along with Assistant Programme Directors Dr Eugene Chua and Dr Kenneth Tan, supported by Ms Anica Goh and Ms Zhang Qiyin, was met with commendation from Dr Wong. He emphasised the strength of this cohesive team in navigating future challenges in Family Medicine training and encouraged continued support from the tutors.

Dr Meykkumar outlined notable changes in the GDFM exam format, detailing the ongoing efforts to work with the Family Medicine Training and Accreditation Committee (FMTAC) and Family Medicine Examination Committee (FMEC), to update the curriculum, refine tutorial formats, and rectify gaps in critical areas such as procedures and common assessments. He actively sought tutor participation in the note-reviewing process, underscoring the importance of maintaining relevance and focus. Additionally, he shared initiatives to enhance tutorials, emphasising the need to structure them to closely mirror the actual examination experience for trainees.

Dr Kenneth provided insights into exciting plans for the FM AKT, emphasising the importance of candidates' familiarity with question types and time management. He announced the College's commitment to acquiring an MCQ question bank and providing resources, such as subscriptions to NEJM Knowledge +, to offer trainees MCQ practice and allow for faculty tracking of candidates' NEJM scores for tailored tutorial sessions.

Dr Eugene elaborated on developments in OSCE, reviewing the new examination format implemented in the 2023 GDFM OSCE exam. He identified areas for improvement based on exam observations and called for tutor participation in reviewing tutorials to better simulate the examination format.



Dr Wong Tien Hua expressing his gratitude to all of the GDFM tutors



Dr Kenneth Tan and Dr Eugene Chua sharing on the developments in the GDFM programme

The evening concluded with Dr Wong unveiling the new College Academic Training Centre at 31 Neil Road, which is currently undergoing refurbishment to enhance College training capabilities and meet the training needs of College courses.



Visiting the upcoming College Academic Training Centre at 31 Neil Road



A/Prof Wong Teck Yee sharing his thoughts on enhancing the GDFM curriculum

The interactive session that followed saw tutors raising questions, offering creative suggestions, and sharing experiences, fostering a collaborative atmosphere. Each tutor had the opportunity to express their challenges and aspirations, contributing to a sense of unity and shared purpose.

The team would like to take the opportunity to extend a warm welcome and express gratitude to Dr Andrew Wong and Dr Ng Li Ling for their support as Head of GDFM Notes Reviewer and Head of Workshops respectively.

# WONCA

## Sydney 2023

The WONCA 2023 World Conference in Sydney celebrated WONCA's 50th anniversary, focusing on recovery in primary care. Delegates from Singapore actively participated, contributing to scientific presentations and engaging sessions. The College Mirror (CM) interviewed six GPs on their reflections, building anticipation for the WONCA APR Conference 2024 in Singapore, which will be held from 21-24 August.

### CM: Why did you attend WONCA?

**Dr Prawira Oka:** As a Family Physician, attending WONCA has always been a personal aspiration of mine. WONCA's mission to facilitate the exchange of knowledge and establish international collaborations resonates strongly with me. It was immensely humbling to be afforded the opportunity to share our work, learn from, and collaborate with esteemed colleagues to contribute to the larger Family Medicine fraternity.

### CM: What was one of the greatest takeaways from WONCA?

**Dr Marianne Tsang:** This being the first WONCA World after emerging from the pandemic, there was a lot of focus on recovery, revival, and reconnection. It was refreshing to soak in the perspectives of Family Physicians around the world, as well as exchange ideas on clinical care, education, and research. To realise that we were all grappling with similar issues was comforting. To appreciate how Family Medicine practice and its struggles are uniquely expressed within each country's culture and socio-economic situation was fascinating. My greatest takeaway from all of that is a broader, more global perspective on Family Medicine practice and a strengthened professional identity as a Family Physician.

### CM: What was one unexpected gain from WONCA?

**Dr Yap Sae Cheong:** Attending WONCA has given me a greater appreciation of the resilience of Family Physicians worldwide. Many WONCA speakers acknowledged that although primary care was stretched to the limits during the COVID-19 pandemic, the pandemic allowed the value of primary care as the healthcare frontline to shine through. There was a general sense of optimism that as a profession we will take to heart the lessons learnt and emerge stronger.

### CM: What is one perspective you had that changed after WONCA?

**Dr Alicia Ong:** Before attending WONCA, I assumed that primary care in Western societies would be more developed than Singapore's! In some ways they are. However, similar nuances of coordination and health equity challenges

emerged from the presentations. There were anecdotes we could learn from, yet also share of our experiences. Perhaps with greater collaborations, we can ensure better health for all, inter-continently.

### CM: What would you hope to see in the WONCA APR 2024 held in Singapore?

**Dr Michael Warren Lim:** I hope to see a variety of speakers bringing different perspectives on Family Medicine from around the world. From attending WONCA 2023, it was clear that Singapore is ahead of the curve in many aspects, in particular electronic medical records, chronic disease management, and multidisciplinary team care. However, it was also refreshing to hear perspectives giving voice to a more subjective and patient-oriented dimension of care, which we often overlook in our quest towards achieving chronic disease targets and optimising resource efficiency. In particular, the final plenary session with Dr Iona Heath gave me an opportunity to meet one of my heroes. Her talk shared perspectives from writers, artists, and philosophers as she sought to remind us of other sources of wisdom in our practice.

### CM: What would you say to a fellow GP considering attending WONCA APR Conference 2024?

**Dr Eugene Chua:** Save the date for WONCA APR 24! I've personally felt the transformative impact of the recent WONCA world conference through connecting with international GPs, sharing common challenges, and gaining fresh insights. Networking is golden for collaborations and broadening perspectives. As a host nation, let's showcase Singapore's FM strength and commitment to advancing Family Medicine. Your participation is crucial! Don't miss this chance to broaden horizons and elevate your practice!



From left to right: Dr Prawira Oka, Dr Marianne Tsang, Dr Eugene Chua



From left to right: Dr Micheal Warren Lim, Dr Yap Sae Cheong, Dr Alicia Ong

# My Doctor, My Friend

## Why be careful?

by Dr Lawrence Ng Chee Lian, FCFP(S), Editorial Team Member (Team A)

*(Disclaimer: In this article, the author hopes to bring attention to certain issues that can be troublesome and shed some light as guidance. It is the individual view of the author (not of the College of Family Physicians Singapore. It is not a code of practice and is not intended to be quoted for disciplinary proceedings).*

### INTRODUCTION

"It is too simplistic to state that the (dual) relationship should not exist; the question, rather, is how does one best guard against a dual relationship resulting in harm?"

Hallenberg J. "Doctor and Friend". Ethics Journal of the American Medical Association June 2005, Volume 7, Number 6 <https://journalofethics.ama-assn.org/article/doctor-and-friend/2005-06>

Given the long-term nature and continuous care of family medicine/general practice and the higher frequency of visits (compared to the nature of episodic care in hospitals), there is a tendency for stronger bonds to develop between patients, caregivers, and their family physician/general practitioner (GP). Some of these doctor-patient/doctor-caregiver relationships (shortened to DPR) do develop some element of friendship, leading to what some authors call "dual relationships". It can lead to a possible blurring of boundaries. This is a very tricky topic; this article is not meant to be prescriptive.

*(A note: The "other-side-of-the-coin" question of friends and family members turning into "patients" will be reserved for another article. It sounds similar but it is not the same.)*

### DEFINITION OF "FRIEND"

Here, I use the American Psychological Association's definition of friendship:

"A voluntary relationship between two or more people that is relatively long-lasting and in which those involved tend to be concerned with meeting the others' needs and interests as well as satisfying their own desires. Friendships frequently develop through shared experiences in which the people involved learn that their association with one another is mutually gratifying."

(Adapted from APA Dictionary of Psychology <https://www.apa.org/topics/friendship>)

*(The question of romantic and sexual involvement has been well-discussed in many other articles and will not be covered here. It is also clearly prohibited in most, if not all, professional ethical codes, including the Singapore Medical Council's (version 2012).)*

*It is too simplistic to state that the (dual) relationship should not exist; the question, rather, is how does one best guard against a dual relationship resulting in harm?*

Many a time, I have heard doctors say that "I have known this patient and his/her family for a few decades, we have become friends." Likewise, you can read numerous Google reviews, especially of GP clinics, that "my family and I have known Dr so-and-so since I was a baby. He/she is like a family friend. He has our trust and he is like our friend," or something to that effect. So, in both directions, somehow and at some point on the slippery slope, the DPR has turned into a friendship or adopted some elements of friendship.

Human beings are social creatures. The tendency to develop long and lasting relationships is built into our DNA. It is how homo sapiens, as a species, survived from prehistoric times. Banded together, humans as a group of trusting and interdependent people were able to survive against all odds, including shortage of food, resources, and other predators. Our survival is predicated on bonds of kinship and friendship where there was a sharing of resources, information, and mutual support. Without this socialisation, an early human could easily die.

However, in the context of a clinic setting, a friendship within a DPR can have its own pitfalls and disadvantages. It is similar to walking on ice without traction: slipping and falling is inevitable.

### FRIENDLINESS MISTAKEN FOR FRIENDSHIP

For want of a better word, most people like to be "friendly" to one another. In a clinic setting, this is to create an environment of trust and allow fuller disclosure of information for the purpose of medical care.

The friendly disposition of a doctor does not equate to being a friend. This is often misunderstood by patients, unaware that doctors have to maintain a certain distance, "adopting a posture of warm detachment".

Andrea Petersen. WSJ Dec 7, 2015 The New Boundaries Between Doctors and Patients <http://www.wsj.com/articles/the-new-boundaries-between-doctors-and-patients-1449508150>

(continued on Page 23)



## Family Practice Skills Course #114 (2-Day)

# Genomic Medicine: Clinical Primer for Primary Care Physicians

Sat, 13 Jan 2024: 2.00pm - 5.30pm  
Sun, 14 Jan 2024: 2.00pm - 5.30pm

Please note that FPSCs will be conducted as "In-Person" (Limited Capacity).  
Venue : \*NEW\* National Cancer Centre Singapore (NCCS),  
Level 1, Lecture Theatre, 30 Hospital Blvd, Singapore 168583  
Getting to NCCS: <https://for.sg/visitorinfo>

**Course directors:** A/Prof Joanne Ngeow, Dr Rose Fok  
**TOPICS**

- Unit 1: Principles of Clinical Genetics, Ethical, Legal and Social Implications
- Unit 2: Cardiovascular Conditions
- Unit 3: Cancer Predisposition
- Unit 4: Genetics in Glomerular Diseases and Chronic Kidney Disease
- Unit 5: Pharmacogenomics
- Unit 6: Polygenic Risk Scores: When should we use them on
- Unit 7: Role of Primary Care in Co-management of Patients with Genetic Conditions

### WORKSHOPS

Day 1 & 2: Case studies

### SPEAKERS

A/Prof Joanne Ngeow	Dr Ng Kar Hui
Dr Subramaniam Tavintharan	Dr Chan Gek Cher
Ms Sowmya Jonnagadla	Dr Elaine Lo
Dr Zhang Zewen	Dr Li Jingmei
Ms Jeanette Yuen	A/Prof Goh Lee Gan
Ms Nur Diana Binte Ishak	Dr Rose Fok

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

■ **SEMINARS** (2 Core FM CME points)  
DAY 1 • Unit 1 - 3: Sat, 13 Jan (2.00pm - 4.00pm)  
DAY 2 • Unit 4 - 7: Sun, 14 Jan (2.00pm - 4.00pm)

■ **WORKSHOPS** (1 Core FM CME point)  
DAY 1 • Sat, 13 Jan (4.30pm - 5.30pm)  
DAY 2 • Sun, 14 Jan (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis.  
Please register by 8 Jan 2024 to avoid disappointment.

■ **DISTANCE LEARNING MODULE**  
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)  
• Read 7 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **Ministry of Health, Singapore** and organised by **College of Family Physicians Singapore, Precision Health Research, Singapore (PRECISE) and National Cancer Centre, Singapore.**



## DOC IN PRACTICE

(continued from Page 21 – My Doctor, My Friend)

For patients, it can be confusing because we doctors play many roles similar to what friends do for one another. We listen, we support, and we cheer patients on their illness journey, even towards the end of life. Hence, it is not surprising many patients (and even clients of a psychotherapist) consider their GP (or psychotherapist) their close friend.

However, we can never lay claim to one of the hallmarks of friendship: that of equality. As doctors, there is an asymmetry in that the power balance is tilted towards the authority figure of the doctor (the same goes for authority figures such as nurses, psychotherapists, teachers, policemen, and parents).

The role of friendship is best left to those friends outside the clinic.

### MAKING TIME FOR FRIENDS OUTSIDE WORK

This is also true in the other direction. Doctors can unwittingly make patients into friends when they share common interests. The tendency to talk about and attend events of common interest together is tempting and quite a challenge to resist.

Hence, doctors need to have a work-life balance and carve out personal time from their schedule to make friends outside of their clinics. Thus, working long hours, as many of us do, and "socialising" only with co-workers and patients or caregivers, is not very healthy. We need to find time to be "off-duty" and stay off-duty (i.e., not answering the phone, looking at work emails and instant messages).

We need time off-duty to cultivate friendships outside of work, not turn co-workers and patients into friends just because we do not have a life outside of work.

We need time to rest and recharge so we can have the energy and motivation to be actively involved in friendship and kinship (familial relationships). Often, we are too tired to make and keep friends outside work.

### DIFFERENCES IN DEGREE OF FORMALITY AND "BEDSIDE MANNERS": INTERGENERATIONAL AND INTERCULTURAL

#### Intergenerational Differences

Inter-generational differences is another factor to consider. Each year, many young doctors are entering the medical profession. The younger GPs, born with iPhones in their mouths (so to speak), who grew up in the internet era, tend

to have younger patients who are more receptive to greater disclosure of their lives and more open to the use of social media (such as Facebook, Instagram, etc to showcase their pursuits in their private lives such as where they go to have a meal or holidays).

Older GPs, born in the pre-personal-computer and pre-Internet era, raised on traditional bedside manners, may frown on such open disclosure and would rather keep their private lives, well, private. Two very different sets of values and views on what is acceptable and what is inappropriate. Is it a matter of not keeping up with the times?

(By the way, Facebook was created by college kids for college kids, not so much for adults; their use of the word "friend" more accurately connotes "connection" rather than the precise meaning of "friend" per say. It came after the existence of another social media site called Friendster (which has been shut down since 2015) where making connections is described as "to friend". But this is another topic for another day.)

#### Intercultural Differences

Much of the conversations in the office of GPs are rooted in the culture of the practitioner and the patients/caregivers. What is considered acceptable in one culture might be considered as inappropriate in another culture.

In Sinosphere parts of Asia (China, Japan, Korea, & Southeast Asia), once we are more familiar with each other, the tendency is to dispense with the formality/etiquette (礼仪 Lǐyí rites or standing on ceremony) and speak more informally. We become casual in our use of words and body language. This is considered warmer in approach (the Chinese word for this is 情切 Qing Qie). A common Chinese refrain heard is "Why so formal with each other? Are we not friends?" (为什么这样客气? 大家都是朋友, 一家人)

*For patients, it can be confusing because we doctors play many roles similar to what friends do for one another.*

## REGISTRATION

Genomic Medicine: Clinical Primer for Primary Care Physicians

**FREE REGISTRATION for College Members!**

Please tick (✓) the appropriate boxes

	College Member	Non-Member
Seminar 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Workshop 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Seminar 2 (Sun)	FREE	<input type="checkbox"/> \$32.70
Workshop 2 (Sun)	FREE	<input type="checkbox"/> \$32.70
Distance Learning (MCQs Assessment)	FREE	<input type="checkbox"/> \$87.20
	<b>TOTAL</b>	

All prices stated are inclusive of 9% GST with effect from 1 January 2024. GST Registration Number: M90367025C

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

Cheque number: \_\_\_\_\_

### We also accept payment via PayNow

PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

\*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).

### Online Registration Available



Scan the QR code or access the link below to register online.

<https://www.cognitofrms.com/CFPS/FPSC114>

Name: Dr \_\_\_\_\_

MCR No: \_\_\_\_\_ Clinic HCl Code: \_\_\_\_\_

Mailing Address: (Please indicate:  Residential  Practice Address)

E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_

**Note:** Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:  
**College of Family Physicians Singapore**  
16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: [sfp@cfps.org.sg](mailto:sfp@cfps.org.sg)  
**Successful applicants will be confirmed by email.**

College of Family Physicians Singapore  
Registration Number : S71SS0039J  
Registration Period : 7 Aug 2023 to 6 Aug 2029

(continued on the next page)

(continued from Page 23 – My Doctor, My Friend)

## BOUNDARIES

Unknown to many GPs, especially the older ones, is that, in their professional capacity, there are boundaries between them and their patients/caregivers. In fact, most older GPs have never heard of or have any awareness of OB (out-of-bounds) markers or boundaries or a need for distance between themselves and their patients. (It is much like the boundaries between teachers and students or a policeman/ambulance officer and members of the public.)

The boundaries between formal and informal/casual sometimes break down with no way to reverse the disruption. Due to overfamiliarity, some regular patients, in the clinic, even call us by our first names. The distance in the relationship has obviously changed.

There are good reasons why, in a court, we address the judge as Justice so-and-so; in a classroom, we address a teacher as Ms or Mr so-and-so and not by their first names. It is not just a form of respect but a recognition of the professional roles these authority figures play and the seriousness of their duties and responsibilities. We have a job to do, duties to discharge. Anything short of that, and we can be charged with negligence.

We exist as a profession only to play the roles and functions that society expects of us. There is a duty of care towards the client. That duty is to act in the best interest of the client and, as the first principle of Medicine, to Do No Harm. The boundary is illustrated in the examples below.

## DUTY TO THE STATE & DUTY TO DO NO HARM VS EXPECTATIONS OF A FRIEND

The expectations of a doctor as a friend can lead to conflicts of interests. As examples, this can be problematic in two scenarios:

1. GPs function as state examiners for many things such as assessment for the fitness to drive beyond a certain age. Due to ageing, some patients become unfit to drive. Yet to certify them unfit means that they will be deprived of a means of livelihood (if they are taxi or private hire drivers). If they are not vocational drivers, they simply have to take public transport (this can be rather unacceptable to some patients). “But, doc, as a friend, can you not pass me this time? I only drive to the market near my house, once a week.” Here, the element of friendship can cloud one’s better judgement. My answer is that public safety carries a higher importance than their freedom to drive or earn a living. Here, public interest (protection and safety) overrides the interest of the individual (the licence to drive).
2. The repeated prescription of medicines, especially psychoactive drugs, is a minefield. For how long can a

patient refill the prescription without seeing the GP? “Doc, just one more time, can? I am going through a rough patch. As a friend, can you do me this favour?” Usually, my answer is that I am trying to make sure that they do not suffer any harm from repeating prescriptions without a consultation and be firm about this. Here, the principle is that the doctor is acting in the patient’s best interest.

## OBJECTIVITY

One of the downsides of being too close to a client is that the professional loses objectivity. The patient may have alarm symptoms pointing to a more sinister diagnosis that can unconsciously be prematurely dismissed due to a loss of objectivity. This can lead to a failure to make a timely referral to a specialist or a failure to investigate further.

On the other hand, the patient with the symptom may refuse referral since he is too comfortable with the care of a doctor-friend and refuse to see another doctor or specialist he or she does not know. (Dr J Hallenberg gives one such example in his opinion article “Doctor and Friend”. Ethics Journal of the American Medical Association June 2005, Volume 7, Number 6 <https://journalofethics.ama-assn.org/article/doctor-and-friend/2005-06>)

The sense of urgency to insist on further investigation or a referral can be lessened by a misplaced sense of friendship. A doctor can forget his place of authority or duty and the patient too can forget the role of authority the doctor-friend plays when faced with a symptom of concern. The matter then drags on and a definitive diagnosis and timely treatment are inadvertently delayed.

A word of caution: Given a case of adverse outcome or death, the patient-friend, especially if he is already dead, may not make a complaint. However, a concerned relative, unknown to the doctor-friend, can make a complaint. In the case of death, an inquest (what we in Singapore call a Coroner’s hearing) can be held. The doctor then is held accountable and will be summoned to give an explanation of his acts of commission and acts of omission. This is something many doctors fail to keep in mind. You may be a friend to the patient but you are not someone their relative knows or cares about. To them, you are just another doctor.

“One of the downsides of being too close to a client is that the professional loses objectivity.”

## TIME SPENT

Most GP clinics are busy, especially during peak hours on Mondays and weekends. A patient-friend coming during clinic peak hours is often bad timing because the tendency is to chit-chat about other things of common interest rather than the medical reason for an encounter.

This can lead to less time for other patients who will be kept waiting longer than it would have originally taken (if the patient has been a non-patient-friend). The subsequent shortage of time due to unwarranted delay can lead to failure in history-taking and examination for subsequent patients. In a sense, this can be a problem in terms of distributive justice as professional time is a common resource to be shared by all the patients for that day. Time should be allocated for complex medical reasons, not for social reasons.

A word about casual banter to create rapport. The common advice for beginner public speakers (with the exception of stand-up comedians) is to steer away from the many polarising topics that can lead to a rupture in the DPR. Examples of such topics are politics, religion, race, and language. During the aftermath of the September 11 attacks, many in our multireligious and multiracial Singapore were deeply divided with strong disagreements even among friends and family members. What more between a patient/caregiver and the doctor-friend. Now, in the recent attacks on Israel on 7 Oct, the same caution can and should be applied. Best to stick to comments on the weather and football; then again, some Arsenal fans may object to your supporting Manchester United.

In the end, it is no wonder that most doctors do away with friendly banter, cut to the chase and get down to the business of consultation. It’s just that we run the risk of being labelled as business-like and cold, accused instead of practising “conveyor-belt” medicine.

## FEES: TO WAIVE OR TO DISCOUNT

It is a common thing in Asian culture to give friends a treat. A patient-friend, especially a relative, seeing a doctor is often given a fee discount or even fee waiver. In Asia, and other places as well, this can be an unspoken understanding and, sometimes, unfortunately it can lead to misunderstanding. In a self-employed situation, GPs often do give a discount on fees, for which the friend and relatives are always grateful (or, in some cases, fee discounts are taken for granted, although they would never admit it). In an institution, however, fee waivers usually cannot take place.

However, the discount on and waiver of fees can lead to a) taking shortcuts in the time spent (in history-taking, examination, or giving of advice) since there are other

paying patients waiting to be seen; and b) the need to make up for the time spent without collecting fees by charging subsequent patients more. This is a matter of lack of fairness.

Time is a precious, limited resource, and doctors should consider a policy of levying fees equally on all patients even if there is an element of friendship in that DPR. This is done in order to be fair, professional, and objective.

It is only fair to avoid bias in apportioning the length of time and quality of care spent for all patients, regardless of there is an element of friendship. Everyone should be given equal treatment without bias towards or against any single group, regardless of the status of the patient in the eyes of the doctor.

“Given a case of adverse outcome or death, ... a concerned relative, ... can make a complaint. In the case of death, an inquest.”

## CONCLUSION

The above ideas are not written as a set of regimental rules of engagement for practice but rather as food for thought while we work every day from sunrise (or before) to sunset (or beyond). It is worth keeping in mind why we go to work and for what. The answer must be for the sake of the patients (and their best interests) and the community (public interest), both of which come before any friendship.

In this regard, when seeing patients familiar to us, should we not maintain a boundary (even a soft one) for as long as we are functioning in the clinic and in our professional role?

On a microscopic level, human interactions, weaving in-and-out between the lanes of professional-vs-friendship boundaries, are notoriously difficult to govern with a set of regulations. How do we even micro-manage what goes on in hundreds of thousands of consultations in Singapore per day, not to mention online interactions?

Obviously, it is better to educate and raise awareness among doctors than it is to use a stick-and-whip method. Just like drivers on the road, it is better to educate them on safe driving skills than to rely on fines, suspension and other forms of punishment.

■ CM

**GDFM Enhancement Programme (FPSC#115) (2-Day)**

# Chronic Disease Management 2024

Sat, 27 Jan 2024: 2.00pm - 5.30pm  
Sun, 28 Jan 2024: 2.00pm - 5.30pm

FPSCs will be conducted on the online platform "ZOOM".  
A Zoom registration link will be sent to participants who have registered.



**TOPICS**  
Unit 1: Hypertension, and proteinuria: with and without Diabetes Mellitus  
Unit 2: Insulin Therapy in Type 2 Diabetes Mellitus  
Unit 3: Obesity Updates: Understanding Obesity as a Disease and Intermittent Fasting  
Unit 4: Initiation of Urate Lowering Therapy (ULT)  
Unit 5: Assessment and Management of Non-alcoholic Fatty Liver Disease  
Unit 6: Heart failure with normal and reduced ejection fraction – assessment and shared care management

**WORKSHOPS**  
Day 1 & 2: Case studies

**SPEAKERS**  
A/Prof Goh Lee Gan                      Dr Richard Lee  
Dr Tan Seng Kiong                      Dr Desmond Wai  
Dr Tham Kwang Wei                      Dr Rohit Khurana

- **SEMINARS** (2 Core FM CME points)  
DAY 1 • Unit 1 - 3: Sat, 27 Jan (2.00pm - 4.00pm)  
DAY 2 • Unit 4 - 6: Sun, 28 Jan (2.00pm - 4.00pm)
  - **WORKSHOPS** (1 Core FM CME point)  
DAY 1 • Sat, 27 Jan (4.30pm - 5.30pm)  
DAY 2 • Sun, 28 Jan (4.30pm - 5.30pm)
- \*Registration is on first-come-first-served basis.  
Please register by 22 Jan 2024 to avoid disappointment.
- **DISTANCE LEARNING MODULE**  
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)  
• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This GDFM Enhanced Programme is organised by **College of Family Physicians Singapore**.



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

## REGISTRATION

**FREE REGISTRATION for College Members!**

Chronic Disease Management 2024  
Please tick ( ✓ ) the appropriate boxes

	College Member	Non-Member
Seminar 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Workshop 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Seminar 2 (Sun)	FREE	<input type="checkbox"/> \$32.70
Workshop 2 (Sun)	FREE	<input type="checkbox"/> \$32.70
Distance Learning (MCQs Assessment)	FREE	<input type="checkbox"/> \$87.20
<b>TOTAL</b>		

All prices stated are inclusive of 9% GST with effect from 1 January 2024. GST Registration Number: M90367025C

I attach a cheque for payment of the above, made payable to: **College of Family Physicians Singapore** \*  
Cheque number: \_\_\_\_\_

**We also accept payment via PayNow**  
PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

\*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 QR after official receipt is issued (whichever is earlier).



### Online Registration Available

Scan the QR code or access the link below to register online.

<https://www.cognitofrms.com/CFPS/FPSC115>

Name: Dr \_\_\_\_\_

MCR No: \_\_\_\_\_ Clinic HCI Code: \_\_\_\_\_

Mailing Address: (Please indicate:  Residential  Practice Address)

\_\_\_\_\_

E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_

**Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.**

Please mail the completed form and cheque payment to:  
**College of Family Physicians Singapore**  
16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: [sfp@cfps.org.sg](mailto:sfp@cfps.org.sg)  
**Successful applicants will be confirmed by email.**

College of Family Physicians Singapore  
Registration Number : S71SS0039J  
Registration Period : 7 Aug 2023 to 6 Aug 2029

**REPORT**

# CFPS Retreat 2023

by Mr Terence Lee, Editorial Executive

The College of Family Physicians (CFPS) held a staff retreat for the 29<sup>th</sup> Council and Secretariat from 24-26 November at Fairmont Singapore. This retreat was conducted in conjunction with the Convocation Ceremony. The Council and the Secretariat took the opportunity to discuss their views of and objectives for CFPS going forward, as well as deciding on the College Mission and Vision.

The first night saw discussion on four topics, namely College training programmes, encouraging young doctors to join Family Medicine, CFPS value proposition, and advocacy for Family Medicine. The discussion was open and candid; the delicious chocolate dessert didn't hurt either!

The candid conversations continued the following morning, which concluded with the staff discussing and proposing the College Mission and Vision, especially with the WONCA-APR Conference coming up in 2024. Then it was on to preparing for the Convocation ceremony at night. Truly, the work never ends!



## VISION

Leading Family Medicine,  
Inspiring Health

## MISSION

To nurture generations of  
Family Physicians through  
advocacy, education and  
innovation, so as to uphold the  
standards of Family Medicine

(continued on Page 29)





## GDFM Enhancement Programme (FPSC#116) (2-Day)

# Geriatric Care 2024

Sat, 2 March 2024: 2.00pm - 5.30pm  
Sun, 3 March 2024: 2.00pm - 5.30pm

FPSCs will be conducted on the online platform "ZOOM".  
A Zoom registration link will be sent to participants who have registered.

### TOPICS

- Unit 1: BPSD of dementia - Assessment and Management
- Unit 2: Mental capacity assessment update - LPA certification; and court appointed deputy application for patient
- Unit 3: Insomnia in the Elderly - Evaluation and Management
- Unit 4: Modern Geriatric Giants: Sarcopenia and Frailty
- Unit 5: Parkinson's disease in Elderly
- Unit 6: Stroke Rehabilitation Principles

### WORKSHOPS

Day 1 & 2: Case studies

### SPEAKERS

TBC

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

- **SEMINARS** (2 Core FM CME points)  
DAY 1 • Unit 1 - 3: Sat, 2 March (2.00pm - 4.00pm)  
DAY 2 • Unit 4 - 6: Sun, 3 March (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)  
DAY 1 • Sat, 2 March (4.30pm - 5.30pm)  
DAY 2 • Sun, 3 March (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis.  
Please register by 26 February 2024 to avoid disappointment.

- **DISTANCE LEARNING MODULE**  
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)  
• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This GDFM Enhanced Programme is organised by **College of Family Physicians Singapore**.



## REGISTRATION

Geriatric Care 2024

Please tick (✓) the appropriate boxes

**FREE  
REGISTRATION  
for College  
Members!**

	College Member	Non-Member
Seminar 1 (Sat)	<b>FREE</b>	<input type="checkbox"/> \$32.70
Workshop 1 (Sat)	<b>FREE</b>	<input type="checkbox"/> \$32.70
Seminar 2 (Sun)	<b>FREE</b>	<input type="checkbox"/> \$32.70
Workshop 2 (Sun)	<b>FREE</b>	<input type="checkbox"/> \$32.70
Distance Learning (MCQs Assessment)	<b>FREE</b>	<input type="checkbox"/> \$87.20
	<b>TOTAL</b>	

All prices stated are inclusive of 9% GST with effect from 1 January 2024.  
GST Registration Number: M90367025C

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

Cheque number: \_\_\_\_\_

**We also accept payment via PayNow**

PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

\*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).



### Online Registration Available

Scan the QR code or access the link below to register online

<http://www.cognitofrms.com/CFPS/FPSC116>

Name: Dr \_\_\_\_\_

MCR No: \_\_\_\_\_ Clinic HCI Code: \_\_\_\_\_

Mailing Address: (Please indicate:  Residential  Practice Address)

E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_

**Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.**

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College of Family Physicians Singapore  
Registration Number : S71SS0039J  
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# Congratulations

To All Public Health Preparedness Clinics for receiving the President's Certificate of Commendation for your invaluable contributions during COVID-19

by Agency for Integrated Care



President's Certificate of Commendation to PHPCs for COVID-19 contributions

The COVID-19 pandemic was a challenging time, during which our Public Health Preparedness Clinics (PHPCs) went above and beyond, participating in initiatives to ensure that residents received required care, testing and vaccinations close to home. We would like to express our gratitude to the PHPCs for partnering us in the national fight against COVID-19.

The SARS outbreak of 2003 highlighted the importance of having a system that would enable efficient case-finding and treatment at the community level during public health emergencies. The Pandemic Preparedness Clinic Scheme was set up and later consolidated with the Haze Subsidy Scheme to form the PHPC Scheme in 2015, allowing enrolled clinics to serve as the first line of defence during infectious outbreaks.

Singapore's response to COVID-19 as a whole was remarkable, with a high vaccination rate and one of the lowest case fatality rates of all the countries in the world. Our PHPCs, no doubt, played a key role in the country's successful handling of the crisis. During the pandemic, more than 1,000 PHPCs were activated and took on roles such as administering vaccinations and testing. Here are some of the initiatives that they were involved in.

## Flu Subsidy Scheme

This scheme enabled Singapore citizens and Permanent Residents with symptoms of acute respiratory infections to receive consultation and medication at subsidised rates of \$5-\$10 at PHPCs. The MOH subsidies made care for acute respiratory infections affordable and accessible, and encouraged residents to seek treatment early and helped to limit the spread of possible infections when details of the infection were still uncertain.



## Swab and Send Home

The Swab and Send Home (SASH) Programme was an initiative to expand the COVID-19 testing capacity by tapping on PHPCs to carry out swab tests on individuals presenting with symptoms of acute respiratory infections. These efforts provided residents with convenient and timely testing close to their homes, hence facilitating early detection and active case finding in the community. Free Personal Protective Equipment was provided to participating PHPCs to carry out this initiative.



Photograph courtesy of Dr Nelson Wee

## National Vaccination Programme (From January 2021)

PHPCs supported the National COVID-19 Vaccination Programme by offering free COVID-19 vaccinations subsidised by MOH to residents, making vaccinations accessible and convenient. This allowed vaccination capacity to be expanded, which was critical in protecting residents from severe disease, minimising the risk of transmission and preventing the healthcare system from being overwhelmed. As a result, Singapore achieved a remarkable vaccination rate compared to most other countries and was able to ease restrictions allowing residents to resume their pre-COVID-19 activities.



MINISTRY OF HEALTH

11 November 2022

Your Colleague

As we approach the end of the year, we are grateful for the support and assistance you have provided during the past year, from ensuring the Public Health Preparedness Clinic (PHPC) in February 2020 to identifying and managing COVID-19 infections, providing COVID-19 operations and support, and implementing the COVID-19 Return to Normalcy Plan.

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Letter of appreciation from Director-General for Health and photograph of Dr Tan Tze Lee, then president of the College of Family Physicians receiving the commendation medal on behalf of PHPCs.

Visit [www.primarycarepages.sg](http://www.primarycarepages.sg) to read the letter in full.

## Oral Antivirals (From March 2022)

Participating PHPCs administered free Oral Antivirals to eligible residents who tested positive for COVID-19 who were at risk of severe illness. This initiative was key to reducing hospital admissions and the general burden on the healthcare system.

Interested in participating in the PHPC scheme? Scan the QR code or contact your AIC account manager to learn more.



## Home Recovery Programme

The Home Recovery Programme enabled eligible COVID-19 positive residents to recover at home, with PHPC support through patient assessment, medication, follow-up and coordination with private swab providers for subsequent swabs where needed. This enabled tertiary acute hospitals and community facilities to focus on providing care to patients with severe illness and reduced the need for additional capacity for patients with mild/moderate illness.

Once again, we would like to thank all our PHPCs for this tremendous effort during the COVID-19 pandemic, providing much needed care and advice to residents amidst constantly changing protocols. We would also like to thank all Primary Care Network (PCN) leaders and staff for supporting their clinics during this time.

# Mental Health 2024

Sat, 23 March 2024: 2.00pm - 5.30pm  
Sun, 24 March 2024: 2.00pm - 5.30pm

FPSCs will be conducted on the online platform "ZOOM".  
A Zoom registration link will be sent to participants who have registered.



## TOPICS

- Unit 1: The Patient with Anxiety: Assessment and Management
- Unit 2: The Patient with Depression: Assessment and Management
- Unit 3: Smoking cessation: A practical paradigm for doctors
- Unit 4: Continuing care of the schizophrenia patient in the community
- Unit 5: Eating disorder in adolescents – Physical and Psychiatric Perspectives
- Unit 6: Caregiver Management to prevent burnout

## WORKSHOPS

Day 1 & 2: Case studies

## SPEAKERS

TBC

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

■ **SEMINARS** (2 Core FM CME points)  
DAY 1 • Unit 1 - 3: Sat, 23 March (2.00pm - 4.00pm)  
DAY 2 • Unit 4 - 6: Sun, 24 March (2.00pm - 4.00pm)

■ **WORKSHOPS** (1 Core FM CME point)  
DAY 1 • Sat, 23 March (4.30pm - 5.30pm)  
DAY 2 • Sun, 24 March (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis.  
Please [register by 19 March 2024](#) to avoid disappointment.

■ **DISTANCE LEARNING MODULE**  
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)  
• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This GDFM Enhanced Programme is organised by **College of Family Physicians Singapore**.



## REGISTRATION

### Mental Health 2024

Please tick (✓) the appropriate boxes

**FREE REGISTRATION for College Members!**

	College Member	Non-Member
Seminar 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Workshop 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Seminar 2 (Sun)	FREE	<input type="checkbox"/> \$32.70
Workshop 2 (Sun)	FREE	<input type="checkbox"/> \$32.70
Distance Learning (MCQs Assessment)	FREE	<input type="checkbox"/> \$87.20
	<b>TOTAL</b>	

All prices stated are inclusive of 9% GST with effect from 1 January 2024.  
GST Registration Number: M90367025C

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

Cheque number: \_\_\_\_\_

### We also accept payment via PayNow

PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/ Bill Reference No.

\*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 **QR** after official receipt is issued (whichever is earlier).



### Online Registration Available

Scan the QR code or access the link below to register online

<http://www.cognitofrms.com/CFPS/FPSC117>

Name: Dr \_\_\_\_\_

MCR No: \_\_\_\_\_ Clinic HCI Code: \_\_\_\_\_

Mailing Address: (Please indicate:  Residential  Practice Address)

E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_

**Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.**

Please mail the completed form and cheque payment to:  
**College of Family Physicians Singapore**  
16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: [sfp@cfps.org.sg](mailto:sfp@cfps.org.sg)  
**Successful applicants will be confirmed by email.**

College of Family Physicians Singapore  
Registration Number : S71SS0039J  
Registration Period : 7 Aug 2023 to 6 Aug 2029



## LKCMedicine Postgraduate Programmes and Continuing Education Courses



### Graduate Diploma in Sports Medicine Programme

Application Period: 1 January 2024 - 30 April 2024

In partnership with Singapore Sport & Exercise Medicine Centre @ Changi General Hospital (SSMC@CGH), Lee Kong Chian School of Medicine is offering a Graduate Diploma in Sports Medicine (GDSM) programme aimed primarily at doctors. The programme will equip them with the knowledge and skills needed to confidently perform pre-participation screening, for sport and exercise, manage general and sports-related musculoskeletal injuries in the primary care setting and to provide medical support for sports programmes and events, among other skills.



### Sports Medicine Theory Course

Application Period: 15 September 2023 - 10 December 2023  
Course Dates : 1 January 2024 - 30 June 2024

In partnership with Singapore Sport & Exercise Medicine Centre @ Changi General Hospital (SSMC@CGH), Lee Kong Chian School of Medicine is offering a Sports Medicine Theory Course (SMTC) for medical doctors and allied health professionals who would like to have a fundamental understanding of sports medicine. Participants (only applies to medical doctors) who have successfully completed the SMTC and subsequently sign up for Graduate Diploma in Sports Medicine (GDSM) programme will be entitled to a 30% discount from the GDSM tuition fee.



### Living Well with Common Joint Pain

Course Dates: 10 January 2024 - 12 January 2024

This course is designed to improve participants' skills in caring for joint pain using physiotherapy and tuina approaches. Aligned with recent healthcare initiatives in Singapore, such as Healthier SG and the Action Plan for Successful Ageing, the course content will address the needs of Singapore's ageing population.



### Care and Prevention of Common Sport Injuries

Course Dates: 10 January 2024 - 12 January 2024

Through this course, participants will gain valuable practical skills in providing first aid and develop a strong understanding of how to effectively manage a variety of sports injuries, including open wounds, strains, sprains, and chronic injuries. Upon completion, learners will have the exciting opportunity to enhance their knowledge and abilities by enrolling in the 'Sports Trainer' certification course offered by Sport Singapore (Sport SG).



### Living Well with Diabetes Mellitus

Course Dates: 24 January 2024 - 26 January 2024

Participants will gain a comprehensive understanding of diabetes management, including the crucial role of exercise and nutrition in disease management. They will also acquire the necessary skills to provide effective patient-centered care, significantly improving the health and overall well-being of those under their care.



### Living Well with Hypertension and Hypercholesterolemia

Course Dates: 24 January 2024 - 26 January 2024

This course is a formal training programme aimed at enhancing the competencies of allied healthcare professionals, nurses, and other health-related workers who provide care for elderly individuals with chronic diseases, such as hypertension and hypercholesterolemia.



### Living Well with Arthritis

Course Dates: 28 February 2024 - 1 March 2024

The course focuses on mitigating and managing osteoarthritis and rheumatoid arthritis, equipping professionals to guide and support senior citizens in prevention and management. It emphasises medication compliance and lifestyle modifications including exercise, diet, pain management, biomechanical adjustments, and movement aids.

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Hospital



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References: 1. IQVIA NovoRapid 2020 (v1.0) 2. DOF 2021 data disclose NovoRapid® 13.07.2021 (v1.0).

For healthcare professionals only.

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