



COLLEGE OF FAMILY PHYSICIANS
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Speech by Dr Wong Tien Hua
at the World Family Doctor Day
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President's Column Service

by Adj A/Prof Tan Tze Lee, President, 28th Council,
College of Family Physicians Singapore



It has been six years since I was entrusted with the office of President of the college, and it has been a great honour for me to be able to serve you and our Family Medicine community these past six years.

There have been many changes and development in Family Medicine during this period. The college has been very active and contributed greatly in various roles in the many committees in the Ministry of Health and its agencies. It has been my privilege to be able to serve with the excellent team in our college council who have worked tirelessly to see these changes through. During this time, we have seen Family Medicine come to the forefront, and demonstrated to all that we as Family Physicians can deliver in the face of tremendous challenges to our society and healthcare system. Even now, as we look at the huge developments with respect to Healthier SG for Singapore, I am confident that together, we will continue to strive to make it work, in no small part due to the passion, clarity of thought, and unity in spirit that binds us as a Family Medicine fraternity.

It has been a pleasure, privilege, and honour to be able to serve in this role, and I have every confidence that the mission we are now engaged in will continue unabated under the strong leadership of the incoming team.

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World Family Doctor Day 2023

Family Doctors: The Heart of Healthcare

by Dr Wong Tien Hua, Vice President, College of Family Physicians Singapore

Mr Ong Ye Kung, Minister for Health, past presidents, council, distinguished guests, ladies and gentlemen.

Thank you very much for joining us tonight as we celebrate WONCA's World Family Doctor Day. We are indeed very privileged to have with us tonight as our Guest-of-Honour Mr Ong Ye Kung, Minister for Health.

I am Dr Wong Tien Hua, Vice President of the College and I will be delivering the welcome address on behalf of the College President. A/Prof Tan Tze Lee is unable to join us this evening due to the recent passing of his beloved father. On behalf of the Council of College of Family Physicians, I offer our deepest condolences.

The first World Family Doctor Day (WFDD) was celebrated on 19 May 2010 in Cancun, Mexico at the meeting of the World Organization of Family Doctors (or WONCA for short). In Singapore, the College of Family Physicians held our first World Family Doctor Day dinner in 2014, and it has been the main highlight event on our College calendar ever since, disrupted only by the COVID Pandemic.

Our College has a long relationship with WONCA. We hosted two WONCA world conferences in Singapore in 1983 and 2007, and we will be hosting the WONCA Asia Pacific Regional Conference next year in 2024 at Raffles City Convention Centre, in conjunction with the Singapore Primary Care Conference 2024.

World Family Doctor Day has become an annual celebration that recognises the central role of Family Doctors in delivering personal, comprehensive, and continuous healthcare to our patients.

World Family Doctor Day is also a day to acknowledge and appreciate the progress made in family medicine and the exceptional contributions of primary care teams globally. In Singapore, we honour and celebrate the tireless efforts of our family doctors and primary care professionals in improving healthcare through their contributions to teaching, research, and leadership in Primary Care.

The theme for this year is: "Family Doctors: The Heart of Healthcare". I cannot think of a more timely theme for World Family Doctor Day.

In Singapore, we are at the cusp of what some have described as "the most far-reaching and significant health policy reforms since Singapore's independence". We are shifting away from a focus on illness to an emphasis on disease prevention and health promotion. Healthier SG is about to be launched in July 2023, and one of its key elements is to mobilise our network of family doctors to deliver preventive and holistic care for Singapore residents.

So, how does our theme "Family Doctors: The Heart of Healthcare" apply to Healthier SG? I can name four areas:

1. Our Long-term relationships with our patients support Healthier SG: Family doctors are typically the first point of contact for patients seeking medical care. We provide continuous and comprehensive care to patients throughout their lives, offering personalised care and support. Healthier SG will seek to enrol residents with a single family doctor, and it is designed with built-in incentives for the patient and the doctor to forge a long-term relationship.

2. Our Holistic approach: Family doctors take a holistic approach to healthcare, considering not just a patient's physical health, but also their emotional, social, and psychological well-being. We are trained to focus on preventive health initiatives, we are best sited to do health screening and early detection of illnesses. This is why preventive health screening is such an integral component of Healthier SG.

3. Our emphasis on Care Coordination: Family doctors serve as a central point of coordination for a patient's healthcare needs, and we work with other healthcare providers, such as specialists and hospitals, to ensure that patients receive the best possible care. Under Healthier SG, GPs now work together under a Primary Care Network, which provides the support needed for more services to be delivered by the clinic. Formal links with Regional Health Systems translates to smoother referrals and communication, improving care coordination.

4. Finally, our role in Advocacy and education: Family doctors are advocates for our patients, helping them to navigate the healthcare system and access the resources they need. They also educate patients about their health, including how to manage chronic conditions, make healthy lifestyle choices, and prevent illness.

With the upcoming IT enhancements, family doctors will now be able to give personalised advice directly to patients via the Healthhub apps on their mobile phones. Under Healthier SG, patients who enrol with a family doctor can schedule a visit to come up with a shared health plan that incorporates health prevention and actionable targets.

Still on the topic of education, this is where the College of Family Physicians has a major role to play.

For Healthier SG, we have worked closely with MOH and MOHT to come up with a series of nine training webinars to cover all aspects of Care Protocols. The first webinar commenced on 2 May with 740 participants, and we will run the series every Tuesday night from 9:30pm-10:30pm until 27 June. We will repeat the training cycle if required. All the webinars are anchored by our own College council members, thus this whole series is led by Family Doctors.

As Singapore's healthcare landscape changes, so too must our programmes evolve to address future needs.

Our College mission is to train our family doctors, and we have been doing so ever since we started training the first batch of GPs in 1971. Our courses have since evolved, and we now provide courses in the Graduate Diploma of Family Medicine, the College Master of Medicine (FM) course, and our Fellowship course, which represents the pinnacle of self-actualisation for the Family Physician. As Singapore's healthcare landscape changes, so too must our programmes evolve to address future needs. We have identified the need for more in-depth training in medical ethics of family medicine, and we are working hard to introduce more of such components into our programmes.

We are able to run these courses only because of the sheer dedication, commitment, and spirit of volunteerism of our trainers and tutors. It is only through their efforts that we have been able to train so many family physicians, and tonight we honour many of them for their years of service to the family medicine community.

On that note, I wish you an enjoyable and wonderful evening of celebration.

Dr Wong Tien Hua
Vice President, 28th Council (2021-2023)
College of Family Physicians Singapore

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Editor's Words

by CI Asst Prof Low Sher Guan, FCFP(S), Chief Editor

On May 19, 2023, we celebrated World Family Doctor Day, a special occasion to honour the remarkable work each of you has undertaken throughout the year. It is a day where we express our heartfelt appreciation for your unwavering dedication, tireless efforts, and compassionate care that have profoundly impacted the lives of countless residents, patients, and their families across various healthcare settings.

I am pleased to announce that I will be handing over the leadership of College Mirror Team C to Dr Gabriel Yee, who will undoubtedly guide the team to new heights. Gabriel has been closely involved with the team and has established excellent working relationships with its members. In this issue, he will join me in contributing to the editor's words section and provide a preview of the exciting articles to be expected.

Although I will continue as the chief editor overseeing the publication as a whole, I cannot help but feel a tinge of sadness as I bid farewell to Team C. Together, we have spent the past few years diligently researching current news in family medicine, exploring emerging trends, and introducing new elements, such as the insightful articles from Prof Cheong and the fascinating anecdotes about the diverse roles of our family physicians. These additions have enriched the publication and our team eagerly anticipates each opportunity to collaborate and bring the issue to fruition.

Each of us has a time when we are called to serve, as well as a time when we are called to mentor and empower the next generation, allowing those who are more capable than us to carry on the work and continue the journey. It has become evident to me that what matters most is not one's individual capabilities, but rather their selflessness and altruism. A leader who shines as a star player may draw attention to themselves, but when their time comes to an end, the team readily embraces the next appointed leader. On the other hand, a team player leader who directs attention toward the collective

achievements and celebrates alongside the team elevates the entire group in the process. Such a leader takes pride in the accomplishments of the team, prioritises spotlighting and showcasing their efforts, and remains modest and low-profile. When their tenure concludes, the team joyfully embraces the next leader, eagerly seeking the same qualities in their new captain while fondly remembering the outgoing leader for establishing the right culture and values. Simultaneously, the outgoing leader wishes the incoming leader all the best, content to fade into the background and provide the new leader with ample opportunities to shine. I have experienced this transition before when I passed the baton to Gabriel at Bright Vision Community Hospital, and I am experiencing it once again as I happily hand over the reins of our dedicated College Mirror Team C to him. Let us extend our best wishes to Gabriel as he embarks on this leadership journey with Team C in the upcoming issue.

Each of us has a time when we are called to serve, as well as a time when we are called to mentor and empower the next generation, allowing those who are more capable than us to carry on the work and continue the journey.

By Dr Yee Wen Jun Gabriel Gerard, FCFP(S), Editor (Team C)

Transitions, Trials, and Teamwork. Indeed, teamwork is the glue that binds all of us together to overcome trials, with constancy of purpose.

I first knew "Dr" Luke when he came to support BVCH and I was a newly minted Associate Consultant (AC) after my FCFP, recalled to BVCH to support the COVID operations. Those were the days where 30,000 cases a day were the norm, and travellers had to be separated by port of origin as they might be carrying variants of concern (VOCs). "Dr" Luke quickly established that we work as a team, with as little hierarchy as possible, and role-modelled, real-time, agile leadership and compassionate mutual care (even before they were SingHealth buzzwords!). I truly fondly remember Luke for his leadership and guidance, and there isn't a day that I don't think "what would Luke do if he were in the same situation" when I am faced with conundrums. (This is also a good opportunity to share my appreciation for how the FCFP programme has equipped us to holistically deal with such dilemmas – for FPs who are interested in upskilling, you won't regret it!)

The next major trial that confronts us is the implementation of Healthier SG (HSG). The "why" of HSG is quite clear – Singapore's ageing population together with the ravages of cardiometabolic disease, cognitive impairment, and cancer will lead to an unsustainable situation where society might simply grind to a halt if we do not put brakes on escalating healthcare costs (driven partly by the populace's view that healthcare is a solution to all wicked problems). Whilst CFPS will work in getting the population holistically healthier – our best work in healing the populace requires deep and broad collaboration with all sectors of society.

Indeed, teamwork is the glue that binds all of us together to overcome trials, with constancy of purpose.

Whilst no one questions the "why", there are many ways "how" we might implement HSG. These must balance multiple stakeholders, especially our private GP colleagues who are the backbone of our FM workforce in the implementation. MOH is aware of this too, and aiming to help it make financial sense to our GP colleagues without having them suffer a "death by admin". Our Polyclinic colleagues together with our GP colleagues will certainly have an even greater role in preventive health. Our FM colleagues in the Community and Acute Hospitals will have our hands full for the foreseeable future as the crest (yes, these days, everyone

talks in COVID terms) of the silver tsunami has not even hit yet, and we stand ready to work with our outpatient colleagues in transitioning patients and their families back into the community.

How do FPs keep ourselves sane during the pandemic? In this issue of *The College Mirror*, Dr Catherine Chan, BVCH Consultant, describes how she chanced upon gardening, which dovetailed with her role as our director of dementia and cognitive care services. Gardening clearly fosters teamwork – I help Catherine water her plants and vice versa when she is gone.

Dr Luke Low, Dr Julia Yuen, and myself describe how e-sports bonded us together and strengthened our commitment to the public service (psst... Dr Catherine has recently joined us in our escapades, and she throws a mean flying kick. Virtually of course!). Really, the only enemies are the illnesses and inequalities in society that we as FPs, public and private, outpatient and inpatient, must band with our specialist colleagues against.

With the return to DORSCON Green, I share a little of what I've been up to (aside from computer gaming) and hope all of us are enjoying the post-pandemic new normal with our families, friends, and colleagues.

Dr Ng Lok Pui from SingHealth Polyclinics shares regarding how the implementation of MyCareTeam (MCT) is transforming the patient care journey, tapping on existing staff, but improving collaboration between them and with the patient to achieve the best health outcomes together. We look forward to its success as this will be a key support for the HSG roll-out at SHP.

Everyone needs new toys in preparation for HSG and Dr Lawrence Ng kindly went CMS shopping on our behalf. We thank him for sharing his experience, and the pros and cons of various CMS systems. We hope this will be of use to the readers who are thinking of upgrading or changing systems.

In all trials, there are places that anchor us and remind us of the need for constancy of purpose. For me it is BVCH, but that is a story for another day 😊 Prof Cheong Pak Yean shares how Tsap Keng Chu is one such place, which despite her dark past has served to train generations of senior FM leaders. (Psst... read to the end to find out the rich history of the entire row of shophouses!)

Indeed, teamwork with constancy of purpose is truly what gets us through transitions and trials. #Gameon

FMRC Reflections

by Dr Low Jia Hua, Head of Organising Committee, FMRC 2023, FCFP(S) 2022-2024

The Family Medicine Review Course (FMRC) 2023 took place on 20 May 2023. This was the first time FMRC took place in-person since the COVID-19 pandemic era.

The event was conducted at the Centre for Healthcare Innovation under the theme of “Weaving the Tapestry”. In light of Healthier SG and the tapestry of primary care provision, the organising committee brought together speakers who were experts in their fields to cover topics that ranged across the ages, such that the audience, no matter what their core focus, would take something away from the course.

FMRC was well received by nearly 200 Primary Care Physicians, Family Medicine trainees, and Nurses. In addition, for the first time, Advanced Practice Nurses embraced the event in the spirit of progressing interprofessional education and collaboration.

The course received positive feedback especially for the relevance of the chosen topics.



Organising Committee (from left to right): Teo Jia Hui, Felicia Clara Tan, Haresh Singaraju (Secretariat), Low Jia Hua (Chair), Vanessa Koon, Amelia Binte Ahmad Hatib, Chin Chi Hui. Advisors: Dr Xu Bangyu, Dr Luke Low.

FMRC was well received by nearly 200 Primary Care Physicians, Family Medicine trainees, and Nurses.

FMRC was successfully organised by the College of Family Medicine Singapore’s (CFPS) 2022-2024 Fellowship programme trainees. These trainees received support from the joint partnership of CFPS and the Chapter of Family Medicine, Academy of Medicine, Singapore, as well as sponsorships from Pfizer Singapore, AstraZeneca Singapore and Boehringer Ingelheim.

The topics covered were Osteoporosis by A/Prof Ang Seng Bin, Optimising Chronic Kidney Disease in the Community by Dr Clara Ngoh, Troubleshooting Childhood Vaccinations by Prof Lee Bee Wah, Updates on Pneumococcal Vaccination by Dr Zheng Shuwei, and Exercise Prescription by Dr Lim Ang Tee.

The course received positive feedback especially for the relevance of the chosen topics, smooth flow of events, and the catered food. Having the course in-person also gave many the opportunity to catch-up with “old friends”. A significant number of those who attended also mentioned that they looked forward to FMRC 2024 — certainly a comment that signifies a mark of success for FMRC 2023.



(go to Page 23 for more event photos)

It's DORSCON Green – Yay!

by Dr Yee Wenjun Gabriel Gerard

7 February 2020: DORSCON Orange. 9 February 2023: DORSCON Green. Three years, two fellowships (one from Singapore, one from London) and one baby later, here I am at a crossroads. What will I do with my life? What of my beloved Bright Vision Community Hospital (BVCH)? What of my dear doctors, nurses and interdisciplinary team who have fought COVID with me? Will it all change? What's our role moving forward, now that COVID is endemic? Do I continue clinical administration balanced with education and service? What is our common identity?

PASSION AND PROFESSION: PAST AND PRESENT

I realised we as FPs are blessed. We get to marry our passions with our professions. Initially with COVID, I was skeptical. Converting the entire CH to a COVID Treatment Facility (CTF) care for COVID-infected travellers (many of whom didn't even want to be here) felt underwhelming. But then the elderly, demented, sick, frail, those with cancer and organ failures came. They came with rather than of COVID. And that was an opportune moment for us to examine their social determinants of health, their biopsychosocial circumstances, and co-create plans with them, helping the system to help them. I would like to thank all who made Healthcare 2020 happen in front of my eyes. A key example is the seamless CTF to CH transfers (now possible within BVCH now that we have a complement of CH beds again), with all financial barriers removed, which re-ignited my passion for, and belief in, the public service.

Another good side effect of the pandemic was that I spent more time than ever with my dad. Through our (his more intellectual than mine) discussions, I reflected on his example. He was and continues to be a model civil servant for me. He believed in the system, navigating it to help the dear students he advocated for, firmly but never rudely. He was truly an expert communicator and collaborator (why does he sound like a CANMEDS Family Physician?). I also had good colleagues (who are now my close friends) who role modelled what servant leadership is, what it means to navigate the system, and balance polarities that we are called to do daily as FPs, as leaders. Thus to those who might view being a doctor and civil servant at odds, and to those who view the system as broken – I say not so. It depends on the individuals as much as the system to work hand-in-hand.

My greatest passions in life (believe it or not, is not eSports – see next article – nor medicine, nor nerdy geekiness, nor cartoon drawing). It's being with the princesses of my life. And these three years were a prime opportunity for

me to spend time with these lovely (at times) ladies. Many “body books”, “doctor sets”, and cartoons later, my two lovelies want to do “fammed, like papa” at “bright vision!” (sometimes Sephina, the elder, says she wants to do “emed, cos there's CPR and I want to drive the ambulance!”) I truly have married them with my profession. See Figure 1.



Figure 1. The new BVCH family, caring together

PASSION AND PROFESSION: FUTURE

What do consultants do with a little more time on their hands?

For one, we oil our rusty brains with conferences – see Figure 2. I attended this awesome geriatric and neurology conference in Newcastle (or “Newie” as the locals call it) 100 km north of Sydney, and unlocked lots of achievements, such as being able (hopefully) to decipher obscure tremors and variants of movement disorders amongst other things, whilst drawing helpful comics to cascade the learning to my MOs. (And enjoy Hunter Valley wine and cheese alongside of course!)

Beyond conferences and individual level patient care of course, kaypoh me started thinking again of systems (re) design.

What kind of healthcare system do we hope our patients have for the future? At the meso level, what kind of (community)

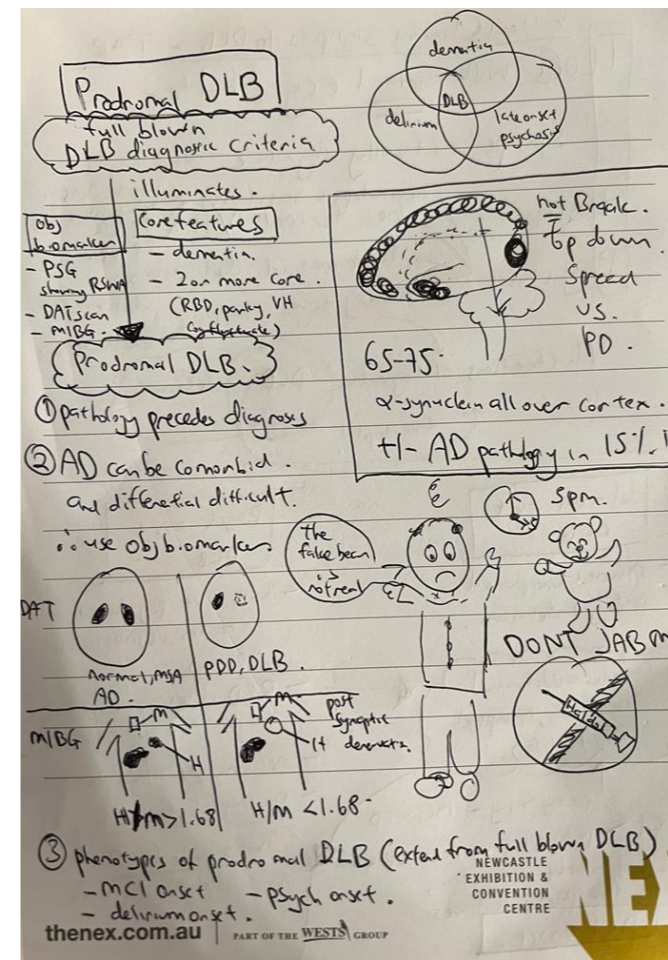


Figure 2. Cognitive stimulation Therapy for post-COVID posting neurological impairment. Yes you saw that right – do NOT JAB Parkinsonian people with Haldol, or bad things will happen.

hospital do I hope we'd have? I believe we should start with values. Not value-driven care alone, but valueS driven care (yes, plural). Values of compassion, integrity, collaboration, and continual improvement are a good start.

Figure 3 pictorially summarises how we might have a (truly) healthier population, biopsychosocially and even spiritually. The centre building (the Soma Home – named after the drug in Aldous Huxley's *Brave New World*) is an assisted living facility-cum-community hospital-cum-hospice-cum-nursing home. The community drops in daily. Everybody is happy and shares (only good) stuff with each other. The dude on the right-hand side is going for his microGig in the Soma Home (he normally drives Grab but is exploring these meaningful microgigs and, who knows, he may soon be one of our Wellbeing Coordinators who socially prescribes!). There is a gotong royong spirit here and everyone is sharing and caring. They even share out their Healthsave (not Medisave) vouchers, because now, you can use your hard-earned money (which is earning good interest) for healthier choice food subsidies. Everyone is reflectively happy (with their religious and community leaders facilitating thoughts and discussions) regarding how they want to live, successfully age, and die.



Figure 3. HealthieST SG 2040?

TIMELESS KINDA APHORISMS

Now I know I sound like my nagging dad, but I'd like to leave us with these three kinda-aphorisms cos, IMHO, they've been really demonstrated during this COVID pandemic!

1. Change is the only constant
2. You can either see it as half-full or half-empty
3. In everything, do it FAN – Fast, Accurate, Neat (this one from Kumon Class!)

I guess all that's left is for Mei Mei Sabrina to say, “It's DORSCON Green, Yay!” – see Figure 4.



Figure 4. Mei Mei is dressed for the occasion – DORSCON Green

Plantation House, Comfort Station, and Family Medicine Clinics – Memories of a JJK Shophouse

by Tsap-keng Chu (十間屋)

Comfort Women of Singapore in *Memories and History*, a 208-page book published by Nanyang Technology University (NTU) historian Professor Kevin Blackburn in 2022, jolted my memory of a dark period from 1942 to 1945 when I was used for sexual slavery by the Japanese army. From historical documents, Prof Blackburn painted the stories of enslaved women from Korea, the rest of the region, and he believed local women as well in the many comfort stations in Singapore and elsewhere.

Yet to date, no woman in Singapore, unlike those in Korea, stood up to seek redress. Korean activists had in 2012 planned to install a memorial next to me just like the statue in Seoul (see Figure 1). The plan was aborted. If you still have the gumption to learn more of what went on inside a “comfort station”, read Prof Blackburn’s book.

But I have pleasant memories too. Pre-war, I was a plantation house contributing to the economy of rural Singapore and, post-war, a centre for education and healing. These I now narrate.

Who am I? I am a row of 10 double-storey shophouses at the edge of a large tract of land in Western Singapore granted by the East India Company to Won Mo Choon and Low Ah Jit on 2 May 1857. Subsequent owners were Singapore pioneers such as Aboobakar Alkaff. The land was bought on 13 May 1902 by Cheong Chin Nam, a wealthy landowner, to develop plantations. After Cheong Chin Nam died inter-state in 1924, a small parcel on which I stand was transferred to the wife of his second son, Cheong E Peng, in 1929.

Pre-war Plantation House

Cheong E Peng built me as his “plantation house” to administer the family holdings (Figure 2). I was known as “Tsap-keng Chu” (Hokkien for 十間屋, ten-unit house), a majestic row of double-storey shophouses situated at the crossroad of Bukit Timah Road and Jurong Road, the gateway to the wilderness of the west of Singapore. There was also a railway station stop nearby in the rail connecting Malaya up north to the wharves in the south.

There were pig farms and vegetable and fruit farms around me supplying food for the city folks. What attracted poor labourers to “ong lai soa” (黄梨山, pineapple hills) to work here were the rolling hills, ideal for pineapple plantations.

The preserved pineapples were then exported as exotic food to the west in glass bottles. A boom came when tin canning was used instead. Fruits grown were transported from a railway stop nearby to the canning factories and then to the wharves in Tanjong Pagar. In the early 1900s, Singapore was the world’s largest cannery and exporter of canned pineapples.

Comfort Station

This idyllic “peace” of old Singapore was disrupted by the Japanese invasion. On 27 April 1942, the Japanese Army forcibly turned me into a comfort station called “Chibune” as documented in records of the 15th Independent Engineering Regiment. The records were captured by the allied forces in New Guinea where it failed to invade Australia after Singapore (see Side Story 1).

A Beauty World

A cluster of zinc sheds and attap houses organically grew around me. It later became known as “Beauty World”, rural cousin to “Great World” and “New World”. Famous local playwright Michael Chiang and composer Dick Lee wrote the eponymous musical. Their caricatures of “Towkay Neo” and the farmers cavorting with the girls from south Malaya who flocked here to work in the gambling dens and “half-way cabaret”, complete the sleaze of this amusement park cum market. It served an economic function too. Poor farmers would get credit for fertilisers and animal feeds from the traders around and pay back in kind on harvest.

Post-War Years

After the war, my owner, Cheong E Peng, was appointed by the British colonial masters as a comprador and “Chairman of the Rural Board”. He set up his office and rural residence here. Behind his office were educators from Seh Chuan School. Businessmen who needed licenses and folks who needed intercession with the government passed through my doors. There was left-wing activism here too. Political rallies and Chinese high school students’ concerts were staged in the temple grounds next to me. The hustle and bustle around me ceased when Singapore became independent.

1954 was the year a young man, Dr Wong Heck Sing, set up his clinic after graduating as a doctor. In a privately published book, *The Batam Years*, he recounted the years he spent as a farmer in Batam during the war and the many experiences he had tending to illnesses even then. His clinic Wong Dispensary at no. 78 was the first medical clinic in this part of rural Singapore. He soon expanded his practice to Bukit Panjang. Dr Wong was later to co-found the College of Family Physicians in 1972.

Dr Koh Eng Kheng and Dr James Chang, past president and censor-in-chief respectively of the College, also set up their clinics, Chung Khiaw Clinic (1957) and Chang Clinic

(1965), in “new” buildings in the vicinity. Dr Tan Kok Soo, a past president of the Singapore Medical Association, started Jurong Dispensary (1970s) nearby. His father was a famous local merchant.

A Road Less Travelled

In 1980, Dr Cheong Pak Yean, Cheong E Peng’s son, chose to start up his practice at 76 JJK after successfully attaining the masters of medicine (IM) and membership of the Royal Colleges. In a twist of history, Dr Wong returned to his roots in 1992 and co-located Wong Dispensary with Cheong Medical Clinic (CMC) until he retired in 1996. Many sentinel events of the Family Medicine (FM) movement in Singapore were inaugurated in the offices above CMC, spearheaded by Prof Goh Lee Gan, Prof Cheong Pak Yean, and Dr Julian Lim (see Side Story 2 FM milestones in Tsap-keng Chu JJK).

The JJK area was thus known for its medical clinics serving the many private housing estates that sprung up around me. The names of nearby roads like “Lorong Pisang xxx” and roads named after persons provide clues that the area was once an orchard owned by Cheong Chin Nam and family.

The buildings in which the Dr Koh, Chang, and Tan practices were sited has since been demolished. I am saved from oblivion because of the dark heritage of the war (1942-45), which Prof Blackburn meticulously documented. “Singapore [...] had (in 2002) become the first country to conserve a comfort station because it had been a comfort station. China would not do so until the 2010s”. Now in my eighties. I hasten to provide this panorama to narrate my life and times before and after. Lest I forget.

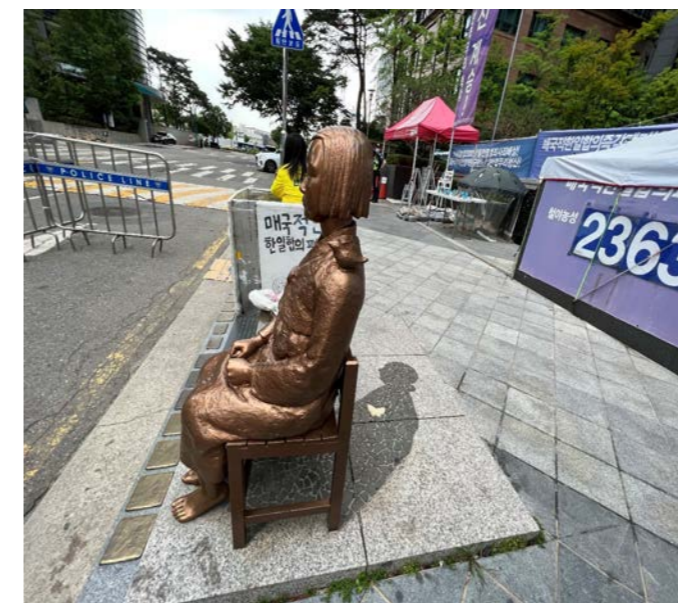


Figure 1. Photo of a comfort woman statue in front of the Japanese Embassy in Seoul taken by Dr Wong Tien Hua. Note the etched “shadow” of the young girl as a wizened bent woman on the pavement.



Figure 2. Photo of the JJK shophouses now. Photo taken by Dr Julian Lim of the row of ten shop-houses now. Cheong Medical Clinic is at the extreme right hand.

Side Story 1

Announcement of Opening of Comfort station, 27 April 1942

1	Imperial Japanese Army Unit	Allocated Days
	Takaya Butai	Sun, Mon, Tue
	Imperial Japanese Army Unit	Thu, Fri
	Imperial Japanese Army Unit	Sat
	Imperial Japanese Army Unit	Wed will be medical exam day
2	Charges	Hours of Use
	Privates 1 Yen	1200-1930 hours
	NCO Yen 1.50	1200-2100 hours
	Imperial Japanese Army Unit	Imperial Japanese Army Unit
The Chibune relaxation house will be closed on the first Wed of every month.		

Side Story 2

Milestones of Family Medicine in Tsap-keng Chu

1954	Wong Dispensary by Dr Wong Heck Sing at 78 JJK
1980	Cheong Medical Clinic by Dr Cheong Pak Yean at 76 JJK
1989	Founding of FM PCN Health Maintenance Office PL by 40 GPs
1994	FM posting for trainees of MOH to CMC
1995	Master of Medicine FM private practitioners’ stream weekly classes started above CMC. Dr Tan See Leng, then FM trainee, provided the headline “No frogs in well. Doctors go back to school” as quoted in “Life at Large”, page 6 of <i>The Straits Times</i> , 27 Sep 1996
1998	Opening of the Graduate Family Medicine Centre and the inauguration of the Fellowship FCFP on 9 Oct 1998 with inaugural lecture given by Professor John Murtagh
2020	Hosted the first online GDFM workshop via Zoom on 8 Feb 2020, one day after DORSCON Orange for the COVID-19 pandemic was announced

Family Medicine in Humanitarian Missions:

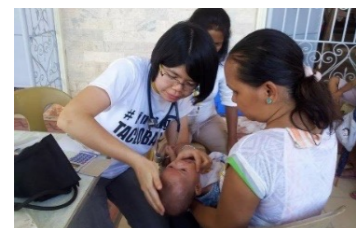
Travel Not to Level the Gravel, but Unravel the Biopsychosocial Tangle

by Dr Wong Wei Teen, Clinic Director, SHP Outram

When Supertyphoon Haiyan (a.k.a. Yolanda, Nov 2013) hit the Philippines Region 8, and a call was activated by Cru Singapore for healthcare personnel to volunteer medical support, I felt convicted to go, though I had not been at the frontline of crisis relief missions, and lend hands and feet to those who were victims of the natural disaster. The team was new – one doctor, three nurses, and one musician; we only met for the first time at the airport, but a common faith and purpose united us to serve together in a zone devastated by the storm surge, leaving countless homeless, and many lives lost. Our medical and nursing skills were put to good use as we tended to not only physical ailments, but also emotional needs of loss and despair. While crisis response in immediate and short-term aftermath is essential, the longer-term rehabilitation made a deeper impact, as I went on to lead many other Project HoPe teams from that point, to support geographically disadvantaged rural communities for medical and psychosocial care, including livelihood projects, in partnership with our local coordinator through to 2019. There was a momentum built, and appreciation for the many who came alongside to give their time, thought, talent, and treasure. This continued, with grit... then took a hard hit.



A school designated as evacuation centre that was hit by a storm surge. Twenty students and one teacher lost their lives.



Tending to a young child in the open area of a barangay (village, Tagalog).



Disbursing chicks to family units for rearing as a livelihood.

The COVID-19 pandemic pandemonium put a halt to this venture by freezing borders. A planned return to one of the far-flung rebel-infested zones in March 2020 had to be painfully abandoned. But while COVID struck many a broken chord into our system, the cords of natural disasters continued to rage beyond our borders. The Philippines continued to face onslaughts of typhoons, and a call came for supporting victims of Typhoon Odette (a.k.a. Typhoon Rai, Dec 2021) – those who lost homes and livelihoods. Closed borders did not mean closed hearts, however. While we were “grounded” in Singapore, our field coordinator in the Philippines continued the groundwork to coordinate relief and support. Old teammates, friends, and the SingHealth FM Residency Global Health Initiative Team Nov 2019 came forward to give and raise funds for raw materials for re-roofing and for fisherfolks to rebuild fishing boats for their livelihoods. In October 2022, I had the opportunity to return to visit and encourage these communities, as we handed over the fishing boats and provided medical care. Project HoPe has since provided medical support in October 2022 to other barangays in the same municipality. I look forward to continued care of the underserved communities, through direct care and equipping the local community with skills and resource.



Handing over the fishing boats built by the fisherfolk from the donated raw materials and engines.



Beneficiaries of zinc roofing, a collaboration between local government unit, SingHealth FM Residency Global Health Initiative team, and Project HoPe.

“Doc Teen” is how different communities call me when I serve their kababayan (countrymen, Tagalog). I am as much a fellow human being as anyone, and a continually-being-refined output of Family Medicine (FM) Residency training since 2011. FM was a deliberate choice of clarity to be enabled to serve in zones of significant socioeconomic disparity, because it takes the broad application of effective primary care to support needs in global health systems worldwide. I am thankful for the learning journeys and opportunities for growing in the primary care space beyond Singapore. In a space of a different culture and language, breaking down barriers comes with acknowledging that our occupation is not our preoccupation – flex to be in any role through generous giving of head, hand, and heart.

“The team was new – one doctor, three nurses, and one musician; we only met for the first time at the airport, but a common faith and purpose united us to serve together in a zone devastated by the storm surge, leaving countless homeless, and many lives lost.”




A boy we performed I&D on his “pigma” (infected cyst, Tagalog).

Having come through many medical mission experiences, testing my physical, emotional, and mental strength, I can say with confidence how blessed I am for the privilege to be a human being supporting a fellow human being, in recognising my shared humanity in humility, and valuing the extraordinary moments in the ordinary.

“I am thankful for the learning journeys and opportunities for growing in the primary care space beyond Singapore.”

CM



COLLEGE OF
FAMILY PHYSICIANS
SINGAPORE

**FAMILY MEDICINE
COMMENCEMENT
CEREMONY 2023**

✿

**COLLEGE
52nd AGM**

29 July 2023 (Saturday)
2.00pm
Academia Auditorium
20 College Road, Singapore 169856

**Family Medicine
Commencement Ceremony 2023**
2.00 - 3.00pm ♦ Auditorium

✿

Tea Reception
3.00 - 4.00pm ♦ Foyer

✿

College 52nd AGM
4.00pm ♦ Auditorium



WORLD FAMILY DOCTOR DAY

2023



SINGHEALTH Polyclinics' My Care Team (MCT) Journey

by Dr Ng Lok Pui
Director, Regional Clinical Services (East), SingHealth Polyclinics

With an ageing population, many of our patients now have multi-morbidities, in addition to those with psycho-social issues that affect their medical conditions. The tasks of consultation have become more complex. My Care Team (MCT), SHP's team-based care, is our transformation of our care delivery model with the intent to deliver comprehensive care effectively and efficiently in the increasingly complex healthcare landscape.

What Is My Care Team (MCT)?

MCT functionally, consists of a unit of four doctors, two care managers (nurses), and two health pals (trained ancillary staff). The team, with each member's distinctive roles and responsibilities that complement one another, is responsible for the care of a panel of patients. This allows collective ownership in the care of patients through a team-based approach.

My Care Team Journey, Learning, and Reflection

SingHealth Polyclinics (SHP) started one MCT at each of the pilot clinics, namely SHP-Eunos and SHP-Punggol, in July 2022. Whilst there has been continual learning from the pilot, relationship-building has been the key area that we are developing. This involves enhancing the working relationships amongst our team members and building long-term therapeutic relationships with our patients. The rapport and trust built between teams and patients will help patients be more receptive to our advice, engaged, and empowered to take charge of their health over time. With the relationship that has been built amongst team members, their work complementing and supporting one another, the synergistic strength of the team is greater than the sum of its parts. With this understanding and objective, culture, structure, and processes are developed to facilitate and strengthen this relationship-building, which is the cornerstone of the development of a successful team-based care. Since 23 January, each of our SHP polyclinics has formed an MCT, bringing the number of MCTs to 10 in total for the whole of SHP.

The Next Step

There are many possibilities with team-based care, but the next immediate step for SHP MCT will be to support the upcoming national initiative on Healthier SG, together with the rest of the members in the clinic, e.g., pharmacists, physiotherapists, podiatrists, dietitians, medical

social workers, laboratory and radiology team, and nurses supporting shared nursing services. Healthier SG initially focuses on preventive health in addition to chronic disease management, delivered through a formalised relationship between the primary care provider and their patients via enrolment. Under MCT, our doctors will continue to provide clinical care to our patients while also actively involving the care managers and health pals to deliver comprehensive and holistic care to our patients. The care managers provide chronic disease management via direct consultation, counselling, and coordination of care with community partners. The health pals will focus on closing the preventive care gaps for our patients. Together with our MCTs, we look forward to the exciting journey ahead as we embark on this national-level effort and multi-year journey of Healthier SG.



My Care Team at SHP – Sengkang



My Care Team at SHP – Punggol



Health pals undergoing training

Care Manager consulting patient

Who is part of My Care Team?

 <p>Doctors</p> <ul style="list-style-type: none"> • Take care of your medical needs • Lead the team to provide holistic care for you 	 <p>Care Managers</p> <ul style="list-style-type: none"> • Conduct clinical assessments • Share practical health tips • Coordinate your social needs 	 <p>Health Pals</p> <ul style="list-style-type: none"> • Coordinate appointments • Coordinate your preventive care needs
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CM



Got 'Planted' Along The Way

by Dr Chan Qiu Hua Catherine, Bright Vision Community Hospital

How I got started:

It was during COVID when many activities ceased. I decided to look for new hobbies. 'Nature is most probably the safest to go to', I thought back then. I came across an NParks advertisement on plot rental from them in Sengkang. I'm one of the lucky few who got 'a piece of land' on the first bid. I also attended a meeting with NParks on gardening as a form of social prescribing, where I learnt about 'Therapeutic Gardening' and read that it can be a form of therapy for patients as well. The journey of eating countless kangkongs and lady's fingers commenced, and I had my first sunflower bloom. Of course, the journey was not easy. Soil management, pest control, daily watering and many more were all new to me. Ha ha when I was young and stayed in a kampung, I thought sweet potatoes just grew rapidly by themselves in the wild. Nope, it is not as easy as I thought.



A friend who works in the healthcare sector shared about her project using an indoor hydroponic system. The vegetables amazingly grew faster and 'pest-free' compared to my 'traditional' ones. But of course, it comes with a price. Sunlight and water are free for me, although I do wonder what the labour cost is. Still, sometimes experiences are priceless. Subsequently, at my workplace we have 'Joy at Work' sessions on air plants and we each got gifted one as part of our care pack. In Bright Vision Community Hospital (BVCH), we have our air plants wall: A little corner in the office where we created a 'home' for them with little bunnies and butterflies on a grass patch.



It was meant to be... just got planted and it continues.



Esports

Everybody? Electronic? Entertaining?

I felt slightly uncomfortable walking into the dark dingy place. Just beside the entrance was an altar, lit with glowing red candles. The place smelt like cigarettes. I was greeted by a man covered in tattoos who asked for my identification. My peers handed out theirs, and I followed suit. "Number XX to ZZ," the guy muttered and pointed in a direction. We walked over to the numbers assigned to us and sat down. The chairs were pretty worn out. The mouse and keyboard felt slightly tacky. There were occasionally shouts and a male voice cussing from neighbouring terminals.

You would probably be wondering where I was. Well, I was in a LAN shop, a particularly shady one that is. And why, you may ask? Well, all for the sake of playing Left 4 Dead 2 (L4D2) with my peers. It wasn't unusual. I was still in medical school then, and we would occasionally go to a LAN shop to game after our tests and exams. To be fair, not all LAN shops we went to were like that. I have been to spanking clean and super new LAN shops with nice computers and cool gaming headsets. Either way, we always had a great time pitting our gaming skills against each other.

When the *College Mirror* team was brainstorming about this issue and potential articles, I had never heard of the term "cybersports" until Luke mentioned it. Cybersports is the use of computer games in a competitive manner and can be of two types – multiplayer, whereby there are two or more teams competing, or single player, where each player plays independently. I guess I have been somewhat involved in cybersports for longer than I thought.

It started off with having a younger brother. Very many years ago, we played HALO on Xbox. We then moved on to Gears of War on PC. Then I did Battle Field, Counterstrike, and L4D2 with the guys in medical school. And on my own, Tomb Raider, Dishonoured 1 and 2, Bioshock... especially when I needed a little break studying for FM exams. A disclaimer though: as much as I enjoy gaming, I'm no expert gamer. I just enjoy the story, the graphics, the music, and especially the teamplay with friends. So when Gabriel texted me out of the blue to invite me to one of their impromptu L4D2 gaming sessions with Luke and Junjie, I agreed.

Time flew by that Friday night. I couldn't even remember whether it was one or two hours of slaying zombies, trying to avoid being covered by Boomer's bile, being pounced on by a Hunter, being dragged by a Smoker's tongue, being plowed by the Charger, getting jumped by the Jockey, avoiding acid from the Spitter, fighting the ever powerful Tank, trying not to startle the Witch, needing to be saved countless times, saving my teammates, all while trying to

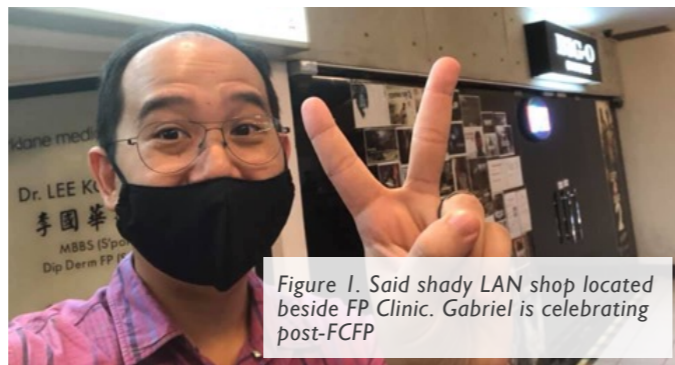


Figure 1. Said shady LAN shop located beside FP Clinic. Gabriel is celebrating post-FCFP

stay alive as a team till the next safe house. See Figure 2 for examples of our excellent teamwork.

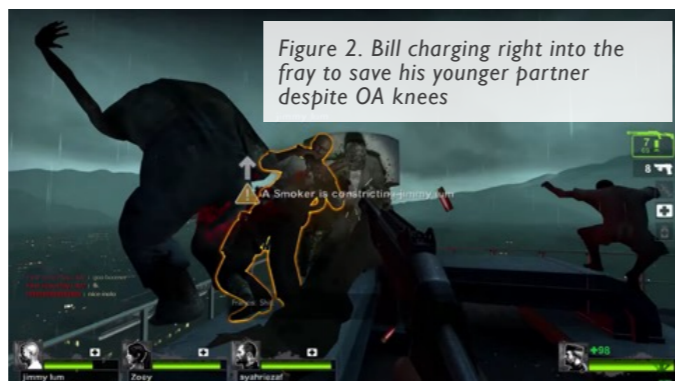


Figure 2. Bill charging right into the fray to save his younger partner despite OA knees

Gaming with friends is fun and exciting, helps build camaraderie and teamwork, develops problem-solving and strategy skills, and certainly helps with hand-eye coordination. A win all around for such an effective stress-relieving team activity. So the next time you are thinking of a team bonding activity, why not consider a cybersport? If it's playing L4D2, don't forget to hit us up. ;)

Game on.

by Dr Yuen Sok Wei Julia

“Gaming with friends is fun and exciting, helps build camaraderie and teamwork, develops problem-solving and strategy skills, and certainly helps with hand-eye coordination. A win all around for such an effective stress-relieving team activity.”

I'll start from the middle, the part where Julia said Gabriel texted her to play L4D2.

Not long before, our L4D2 team had only three human survivors - Junjie, Gabriel, and I. We were always one human survivor short and had to rely on the AI as the fourth one. Needless to say, we were always one player short of fun. So when Gabriel told me a shocking revelation – that he had found the fourth human survivor, and a lady, no less! – I could not believe my ears! "Wow, now we really have a real Zoey on our team!" Even more surprising, Gabriel told me it was someone we know – Julia! Julia, of all the ladies? Hmm, that can't be. She looks so gentle, kind, mature, and quiet... the list of good qualities could go on, but I'm running out of editorial space. In short, how could she be a cyber-gamer? For a female cyber-gamer, I would expect someone who is stereotypically rough, tough, rugged, a smoker, drinker, profanity-spewing Ah Lian with a killer look in her eyes. That's why many LAN shops have a cigarette smoke smell in the air. I couldn't imagine Julia having any of these qualities! Then I thought back to myself, and I realised I was intelligent, handsome, gentle, soft-spoken, kind, learned, didn't smoke, and didn't drink, but yet I'm a cyber-gamer! I guess we can never judge a cyber-gamer by their looks – see Figure 3!

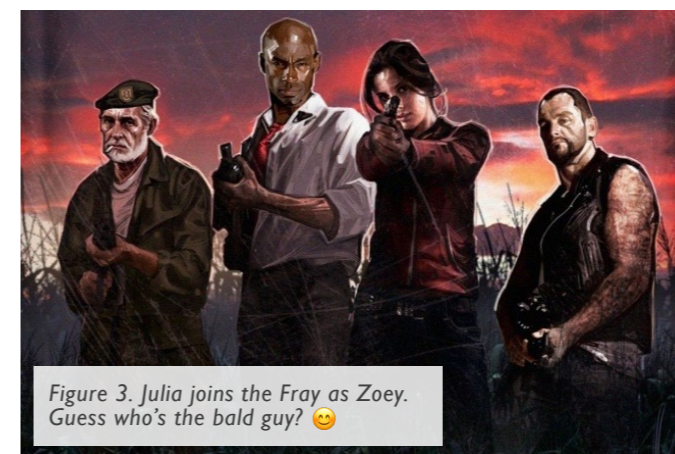


Figure 3. Julia joins the Fray as Zoey. Guess who's the bald guy? 😊

HALO was a game I played when I was a medical officer, but I had started playing console games when I was nine years old, so you can imagine my journey with console and computer games started way before. Even before consoles were as intelligent as the Xbox and the PlayStation, there was the ancient 8-bit Nintendo Entertainment System (NES) with their cartridges that sometimes didn't work when their copper connectors got oxidised. I remember having to blow my hot breath at the connectors and then give them a good wipe before inserting them into the consoles. The graphics were terrible by present-day standards, but back then, they gave me so many hours of pure joy, especially during school holidays when I was in primary school. Among my favourite games were Pac-Man, Tetris, Mario Brothers, Contra, Excitebike, Teenage Mutant Ninja Turtles, Double Dragon, Bomberman, Ice Climber, Road Racer, Galaga, Kung Fu, Circus Circus, RoboCop, etc. And because these games were short in duration and small

in size, some cartridges had multiple games in one, e.g., 64 games in one, and I often bought those as they were more bang for my buck. Of course, my parents were not rich enough to buy that many games for me, so we had a buddy system whereby we would exchange cartridges after we had played them, with friends who had different games, so that we need not pay more to buy more cartridges. Later on, I realised that my neighbour had the Sega Mega Drive, with different games like Sonic the Hedgehog and Streets of Rage. Needless to say that neighbour quickly became my friend! So, I had always thought that games were meant to be played with a joystick or joystick.

When I was in lower secondary, the IBM XT was being phased out, and the IBM 386 was becoming more commonplace. My dad got our family a second-hand 386 PC, and I was introduced to the world of PCs, with their VGA monitors and 5¼-inch soft floppy disks. Later, the 3½-inch hard diskettes became more common. Microsoft DOS was the predominant operating system then, and when Microsoft Windows came out, the world suddenly became so colourful and full of windows, without the need to remember all the unintuitive MS DOS commands. At that time, I had thought that most games should be played with a joystick, so how could a keyboard and mouse combo be suitable for playing games? But I did manage to learn to play on the PC! What games did I play on them? Doom, Diablo, Castle Wolfenstein, Prince of Persia, Sim City, Civilizations, Command and Conquer, Duke Nukem, Wing Commander, Quake, Resident Evil, etc. Some of the games with longer storylines and better graphics often required multiple disks for installation, so when CD-ROMs came into the picture, we suddenly could have very high-quality games in a single CD instead of an entire box of diskettes! Even when I went on to JC and during my NS days, desktop PCs were still very expensive, often costing several thousands of dollars and way out of my savings and budget, so I often DIY-ed and built my own PC, buying selected components and parts from Sim Lim Square or Funan, which were my favourite hangout places (other than the MPH and the National Library at Stamford Road, where I often went to browse or borrow my favourite Star Wars books, but this iconic library has since been demolished in 2004. Thankfully, it reopened at its current premises at Victoria Street in 2005). I spent many of my school holidays taking bus 166 from Ang Mo Kio to North Bridge Road, where I would go to the National Library and MPH at Stamford Road, then walk to Funan to window shop (no money at that time, so just look-look-see-see most of the time). My trusty DIY PC stayed by my side for many years. It was a humble AMD PC that was cheaper than Intel, and I simply spent a bit of money once every 2-3 years, upgrading its internal parts like RAM, video card, and hard drive, but much of the PC largely remained intact as long as it continued to work, so I was able to own a PC on a budget by reusing and recycling whatever worked and upgrading whatever was slow or had stopped working.

(continued on the next page)

(continued from Page 19: Esports)

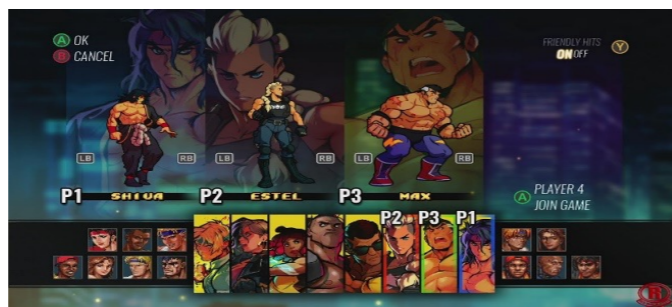
I only entered the world of multiplayer cyber-gaming after I completed my National Service and when I was in medical school. Those were the days of Counter-Strike, and I would sometimes go to my friend's KE VII hall room to play. The entire hall was networked with LAN, and we could often find enough terrorist and counter-terrorist players! Somewhere down the road, I was introduced to LAN shops as well, mostly the cigarette-filled, dingy ones that Julia found so memorable, because they were by far the cheapest on the market. I remember paying \$2 per hour, and if we clocked enough playtime, there would be some discount. There were cleaner shops with newer and better machines, but they were also more expensive! Pretty unaffordable for a medical student. In case you are wondering, no, I did not skip any lectures or tutorials to play. I would only play after exams and during holidays. So, I was still a hardworking medical student then.

After all these years, now in my mid-40s, if not for my INSEAD course, I would still want to play more. It is a hobby that transports me to another world and another dimension, where anything is possible and everything is out of this world. In this virtual realm, I can become a sword-swinging prince, a gun-toting survivor, a Kung Fu master, a ninja turtle, a pilot in a spaceship, a magician, or a commander of the C&C Global Liberation Army. I can be anyone, anywhere. What better hobby could I possibly have?

Game on.
by Dr Luke Low Sher Guan

Julia's and Luke's e-sporting stories are so entirely engaging that mine would pale in comparison. I was a relatively well-provided kid growing up, given a PC from the time I could handle a keyboard and mouse (three years old). Since then, I have encountered the amazing worlds of Robocop, Lemmings, Doom, Wolfenstein, and of course Street Fighter, Streets of Rage, and Teenage Mutant Ninja Turtles! For much of my childhood, I was a loner (can you believe it?) engaged in my little splinter world of computer games (so much so I had to be dragged out of the arcade and/or my computer room by my dad).

It was only in university that I really understood the VALUES (yes there is an honour code) of Esports, when my medical school classmates (many of whom from my LAN group are still my good friends now) introduced me to a dark dingy world of LAN gaming (see Figure 1) whilst forging long lasting friendships as we cas-evaced and resuscitated each other under fire, with the ubiquitous regenerating health, just pressing F to do so! These VALUES are highly aligned with what we practise in the public service; see Table 1.



All in all, I wouldn't have the world, extra ammo or even a tier 4 shotgun, if I had to see one of my teammates get ripped to shreds by a tank. The bro/sista code developed through countless rounds of L4D2, SOR4, and TMNT will serve us well across all our settings, public, private, polyclinic, CH, or general practice in our continued fight against diseases and un-health.

Table 1: Values of the Public Service and how these are reinforced through LAN Gaming

Public Service Values	How LANning helps
Compassion	Seeing your friend getting choked to death by an evil zombie with a long tongue will make you run towards said evil zombie regardless of the danger to save friend. I mean, would you hang back and look at the shiny gun that you can poach instead of helping your friend who's asphyxiating? – See Figure 2
Integrity	Saving the good stuff for your friends so you can fight as a system when you really need it – see Figure 4... Parallels in real life?
Collaboration	It takes different kinds of characters with different strengths (pun intended) to beat different kinds of bosses – see Figure 5. Parallels in real life?

We will band together as one united College of Family Physicians against the evil monsters of Diabetes, Hypertension, Hyperlipidaemia, Dementia, and the list goes on. And there's always room for more players!

Game on.
by Dr Gabriel Gerard Yee Wenjun



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Are you a Home Medical Care or Telemedicine Provider?



If you are a **standalone** home medical care or telemedicine provider (i.e., if you do not have any physical licensed premises where you are operating these services from presently), **you will need to hold an Outpatient Medical Service (OMS) licence under the Healthcare Services Act (HCSA) to offer your services in Singapore, come 26 June 2023.**



Do You Know?

For those already providing home medical care or telemedicine services from your current premises licensed under the Private Hospitals and Medical Clinics Act (PHMCA), you do not need to apply for a separate HCSA licence. Come 26 June 2023, your current PHMCA licence will be transitioned to a HCSA licence - which will include a bundle of permanent & temporary premises and remote mode of service delivery under your OMS licence, allowing you to provide medical services from your physical premises, temporary premises (e.g. house calls) or remotely (e.g. teleconsultation).

How do I get a HCSA licence?

If you do not operate under any PHMCA licence currently, please submit the form via the link (below) or scan the QR code. MOH will reach out to you on the steps needed to obtain a HCSA licence.



<https://go.gov.sg/hcsa-services-form>

Submit this form:
go.gov.sg/hcsa-services-form

Interested to know more about the HCSA?

The HCSA was enacted in 2020 to replace the current PHMCA so as to better safeguard patient safety and well being, as well as to strengthen the governance of healthcare service providers in this evolving healthcare landscape, while enabling the roll out of new and innovative services and models. HCSA will regulate outpatient medical services including home medical and tele-consultation services by medical doctors. For more details, **visit www.HCSA.sg**

For enquiries or clarifications, please email hcsa_enquiries@moh.gov.sg

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References: 1. Jardiance® Singapore Prescribing Information. 2. Packer M, et al. *N Engl J Med.* 2020;383(15):1413-1424. 3. Anker SD, et al. *N Engl J Med.* 2021;385(16):1451-1461. For Healthcare Professionals Only

Abbreviation: CV: cardiovascular, eGFR: estimated glomerular filtration rate, HHF: hospitalization for heart failure, HFrEF: heart failure with reduced ejection fraction, HFpEF: heart failure with preserved ejection fraction, LVEF: left ventricular ejection fraction, RRR: relative risk reduction

*Primary endpoint: composite of cardiovascular death or hospitalization for heart failure



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The **Graduate Diploma in Mental Health (GDMH)** is jointly offered by IMH and the Division of Graduate Medical Studies, National University of Singapore. The course, into its 13th year and conducted by mental health specialists, aims to enhance the knowledge and skills of GPs and FPs to assess, identify and manage various psychiatric conditions in the community.

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for 2023/2024
intake opens
27 Mar – 3 Jul 2023

Organised by:



Division of Graduate Medical Studies
Yong Loo Lin School of Medicine



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GDMH@imh.com.sg

<https://www.imh.com.sg/Education/Medical-Education/Pages/GDMH.aspx>

BE AN EVERYDAY HERO!

COVID-19 IS STILL WITH US, SO TALK TO YOUR DOCTOR ABOUT HOW VACCINATIONS—INCLUDING BOOSTERS—CAN HELP PROTECT YOU AND YOUR LOVED ONES



LEARN HOW...

- ★ Getting vaccinated is a mission we're all on together to help protect ourselves from COVID-19
- ★ Staying up to date is one of the best ways to take action as COVID-19 continues to evolve

And remember to talk to your doctor if you have any questions or concerns about COVID-19 or vaccination.

WHEN ULTRON RETURNS TO WREAK HAVOC ON THE WORLD, THE AVENGERS ASSEMBLE AS THE FIRST LINE OF DEFENSE. READ THE COMIC BOOK AND SEE HOW COMMUNITIES CAN UNITE AS WE CONTINUE TO FACE ONE OF THE BIGGEST CHALLENGES OF OUR TIME!

Point your camera here to access the comic book! Read the exciting Marvel comic book about how the Avengers help protect the world!



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www.Pfizer.com.sg

NovoMix®
life ready



Simplify your patient's insulin regimen with NovoMix® 30

NovoMix® 30 offers a simple regimen vs basal- plus: one insulin in one device¹

NovoMix® 30 is as effective as a basal-bolus regimen, with fewer injections²

NovoMix® 30 improves glycaemic control, quality of life and risk of hypoglycaemia when switching from glargine U100³



Abbreviated Prescribing Information (Singapore)

NovoMix® 30 contains insulin aspart 100 U/ml (30% soluble insulin aspart and 70% protamine-crystallised insulin aspart). **Presentation:** NovoMix® 30 FlexPen® **Indication:** Treatment of patients with diabetes mellitus requiring insulin. **Dosage:** Dosage of NovoMix® 30 is individual and determined in accordance with the need of the patient. In patients with type 2 diabetes, NovoMix® 30 can be given in monotherapy or in combination with oral antidiabetic drugs and/or GLP-1 receptor agonists. For patients with type 2 diabetes, the recommended starting dose is 6 U at breakfast and 6 U at dinner (evening meal). NovoMix® 30 can also be initiated once daily with 12 U at dinner (evening meal). When using NovoMix® 30 once daily, it is generally recommended to move to twice-daily when reaching 30 units by splitting the dose into equal breakfast and dinner doses. From NovoMix® 30 twice daily to thrice daily. The morning dose can be split into morning and lunchtime doses (twice daily dosing). In patients with type 2 diabetes, a dose reduction of 20% is recommended for patients with an HbA_{1c} less than 8% when a GLP-1 receptor agonist is added to NovoMix® 30, to minimise the risk of hypoglycaemia. For patients with an HbA_{1c} higher than 8% a dose reduction should be considered. Subsequently, dosage should be adjusted individually. NovoMix® 30 can be used in children and adolescents aged 10 years and above when premixed insulin is preferred. Limited clinical data exists for children aged 6 to 9 years. No studies had been performed in children under the age of 6 years old. **Administration:** NovoMix® 30 is administered subcutaneously by injection in the thigh, in the abdominal wall, the gluteal or deltoid region. Injection sites should always be rotated within the same region in order to reduce the risk of lipodystrophy and cutaneous amyloidosis. NovoMix® 30 has a faster onset of action than biphasic human insulin and should generally be given immediately before a meal. When necessary, NovoMix® 30 can be given soon after a meal. **Contraindications:** Hypersensitivity to insulin aspart or excipients. **Warnings and Precautions:** Omission of a meal or unplanned strenuous physical exercise may lead to hypoglycaemia. Compared with biphasic human insulin, NovoMix® 30 may have a more pronounced glucose lowering effect up to 6 hours after injection. Patients, whose blood glucose control is greatly improved, may experience a change in their usual warning symptoms of hypoglycaemia. Usual warning symptoms may disappear in patients with longstanding diabetes. The rapid onset of action should be considered in patients with concomitant diseases or medication where a delayed absorption of food might be expected. Concomitant illness increases the patient's insulin requirement. Transferring to another type or brand of insulin should be done under strict medical supervision. NovoMix® 30 must not be administered intravenously, as it may result in severe hypoglycaemia. Intramuscular administration should be avoided. NovoMix® 30 is not to be used in insulin infusion pumps. Treatment with the combination of thiazolidinediones and insulin medicinal products is not recommended, especially in patients with risk factors for development of congestive heart failure. Insulin administration may cause insulin antibodies to form. In rare cases, the presence of such insulin antibodies may necessitate adjustment of the insulin dose in order to correct a tendency to hyper- or hypoglycaemia. Patients must be instructed to perform continuous rotation of the injection site to reduce the risk of developing lipodystrophy and cutaneous amyloidosis. There is a potential risk of delayed insulin absorption and worsened glycaemic control following insulin injections at sites with these reactions. A sudden change in the injection site to an unaffected area has been reported to result in hypoglycaemia. Blood glucose monitoring is recommended after the change in the injection site from an affected to an unaffected area, and dose adjustment of antidiabetic medications may be considered. **Pregnancy and Lactation:** There is limited clinical experience with NovoMix® 30 in pregnancy. There are no restrictions on treatment during lactation, however, dosage may need to be adjusted. **Undesirable effects:** Hypoglycaemia, lipodystrophy, generalized hypersensitivity, diabetic retinopathy and peripheral neuropathy. These symptoms are usually transitory in nature: injection site reactions, oedema and refraction anomalies. **Full prescribing information is available upon request. Edition: 4.0**

References: 1. Downie M et al. Initiation and Intensification Strategies in Type 2 Diabetes Management: A Comparison of Basal Plus and Premix Regimens. *Diabetes Ther* 2016; 7: 641-57. 2. Malek R et al. Similar glucose control with basal-bolus regimen of insulin detemir plus insulin aspart and thrice-daily biphasic insulin aspart 30 in insulin-naïve patients with type 2 diabetes: Results of a 50-week randomized clinical trial of stepwise insulin intensification. *Diabetes Metab* 2015; 41(3): 223-30. 3. Haddad et al. Safety and Effectiveness of Switching from a Basal only To Biphasic Insulin Aspart 30 Insulin Regimen. *Diabetes Ther* 2013; 4(2): 309-19. 4. Ministry of Health, drug subsidies and schemes, Available at: <https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/drug-subsidies-schemes> [Date accessed: Aug 2022]

For healthcare professionals only

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SG23NM3000002



NovoMix® 30
(biphasic insulin aspart)



Family Practice Skills Course (FPSC#110) (1 Day)

The Evolution of Pneumococcal Vaccines: Past Findings, Present Work and Future Strategies

Sat, 24 June 2023: 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: Infectious Respiratory Disease: Pneumococcal Pneumonia
- Unit 2: Pneumococcal Vaccine Efficacy and Real World Evidence
- Unit 3: Higher Valency Pneumococcal Vaccine

WORKSHOPS

Case Studies

SPEAKERS

Dr Tan Seow Yen (Unit 1)
Consultant, Infectious Diseases,
Changi General Hospital

Dr Zheng Shu Wei (Unit 2 and 3)
Consultant, Infectious Disease,
Sengkang General Hospital

■ **SEMINAR** (2 Core FM CME points)
DAY 1 • Sat, 24 June (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)
DAY 1 • Sat, 24 June (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please [register by 19 June 2023](#) to avoid disappointment.

■ **DISTANCE LEARNING MODULE**
(3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
• Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **Pfizer Pte Ltd. Singapore**, organised by **College of Family Physicians Singapore**.



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

ACKNOWLEDGEMENTS

FAMILY PRACTICE SKILLS COURSE #107

Achieving Muscle and Metabolic Health

The College of Family Physicians Singapore would like to thank the Expert Panel for their contributions to the Family Practice Skills Course #107 on "Achieving Muscle and Metabolic Health", held on 11 March 2023.

Expert Panel:

A/Prof Lim Wee Shiong
Dr Chan Soo Ling
Ms Sheetal Somaiya

Chairperson:

Dr Poon Beng Hong
A/Prof Goh Lee Gan

FAMILY PRACTICE SKILLS COURSE #108

Geriatric Care 2023

The College of Family Physicians Singapore would like to thank the Expert Panel for their contributions to the Family Practice Skills Course #108 on "Geriatric Care 2023", held on 25-26 March 2023.

Expert Panel:

Dr Zenn Chua
Mr Darren Chan
Dr Ng Beng Yeong
Dr Daphne Yang
Dr Li Weishan
Dr Yen Hwee Ling

Chairperson:

Dr Felicia Clara Tan

FAMILY PRACTICE SKILLS COURSE #109

Mental Health 2023

The College of Family Physicians Singapore would like to thank the Expert Panel for their contributions to the Family Practice Skills Course #109 on "Mental Health 2023", held on 1-2 April 2023.

Expert Panel:

Dr Kwek Thiam Soo
Dr Tina Tan
Dr Ong Kian Chung
Dr Alvin Lum
Dr Rajeev Ramachandran
Dr Wong Tien Hua

Chairperson:

Dr Andrew Wong
Dr Felicia Clara Tan

CME WEBINAR

IMPACT (Improving Management of Patients with Cardiovascular Diseases and Type 2 Diabetes)

The College of Family Physicians Singapore would like to thank the Expert Panel for their contributions to the CME webinar on "IMPACT", held on 6 May 2023.

Expert Panel:

Dr Edwin Chng
Dr Natalie Koh
Dr Stanley Liew

Chairperson:

Dr Edwin Chng

REGISTRATION

The Evolution of Pneumococcal Vaccines: Past Findings, Present Work and Future Strategies

Please tick (✓) the appropriate boxes

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Workshop 1 (Sat)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Distance Learning (MCQs Assessment)	<input type="checkbox"/> \$86.40 FREE	<input type="checkbox"/> \$86.40
TOTAL		

All prices stated are inclusive of 8% GST. 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).

FREE REGISTRATION for College Members!



Online Registration Available

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

<http://www.cognitofrms.com/CFPS/FPSC110>

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
Successful applicants will be confirmed by email.

College of Family Physicians Singapore
Registration Number : S71SS0039J
Registration Period : 7 Aug 2021 to 6 Aug 2023



Family Practice Skills Course (FPSC#111) (2-Day)

Persons with Intellectual Disabilities 2

Sat, 8 July 2023: 2.00pm - 5.30pm
Sun, 9 July 2023: 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: Intellectual Disability and Autism Spectrum Disorder: Definitions and Differences
- Unit 2: Dementia, Mental Health Disorder or Intellectual Disability: How do we tell?
- Unit 3: Communication Limitations: How do we overcome these barriers?
- Unit 4: Forms, forms and forms! How does Mental Capacity come into the picture?
- Unit 5: Future Care Planning in a nutshell
- Unit 6: Supporting a patient with ID in a GP clinic: A practical approach

WORKSHOPS

Day 1 & 2: Case studies

SPEAKERS

- | | |
|------------------------|------------------------------|
| Dr Giles Tan | Mr Tan Shen Kiat |
| Dr Chen Shiling | Ms Esther Tan |
| Joy Teo / Deborah Quek | Dr Seow Yu Jin |
| Chris Wong | Prema Govindan / Chloe Huang |

- **SEMINARS** (2 Core FM CME points)
DAY 1 • Sat, 8 July (2.00pm - 4.00pm)
DAY 2 • Sun, 9 July (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)
DAY 1 • Sat, 8 July (4.30pm - 5.30pm)
DAY 2 • Sun, 9 July (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 5 July 2022 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 Family Practice Skills Course is sponsored by **Ministry of Health, Singapore** and organised by **College of Family Physicians Singapore**.



MINISTRY OF HEALTH
SINGAPORE



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

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

REGISTRATION

Persons with Intellectual Disabilities 2

Please tick (✓) the appropriate boxes

FREE REGISTRATION for College Members!

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Workshop 1 (Sat)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Seminar 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Workshop 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Distance Learning (MCQs Assessment)	<input type="checkbox"/> \$85.60 FREE	<input type="checkbox"/> \$86.40
	TOTAL	

All prices stated are inclusive of 8% GST. 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/FPSC111>

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**
Successful applicants will be confirmed by email.

College of Family Physicians Singapore
Registration Number : S71SS0039J
Registration Period : 7 Aug 2021 to 6 Aug 2023