



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

THE College Mirror

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The College Mirror congratulates Dr Wong Tien Hua on his new role as President of College of Family Physicians Singapore. Dr Wong (right) takes over from outgoing President Adj A/Prof Tan Tze Lee (left), who has served the College ably and tirelessly for the past six years.

President's Forum

Reflecting on the Past - Embracing the Future

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

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Dear Members of the College of Family Physicians,

I am deeply honoured and humbled to address you in this column as the newly elected President of our College of Family Physicians. It is with great enthusiasm and a sense of purpose that I step into this role, because it is personally meaningful for me to return to serve my life's calling in Family Medicine.

As we embark on this new journey together, I want to take a moment to reflect on the achievements of the past and look ahead to the exciting developments in primary care that lie before us.

First and foremost, I would like to extend my heartfelt gratitude to our outgoing president, Adj A/Prof Tan Tze Lee, for his exemplary leadership, unwavering dedication, and tireless commitment over the past three terms. He has seen the College through the challenging times of the COVID pandemic, and under his watch, our College has strengthened our connections with healthcare colleagues and partners, and upheld our mission of providing the highest standards of training and professionalism for Family Medicine.

As we stand at the threshold of a new term, I am filled with a sense of anticipation and excitement for what lies ahead. Our College has always been a beacon of excellence in our beloved Singapore, fostering a community of passionate and dedicated family physicians who embody the values of compassion, service, and scientific excellence, echoing our motto "Cum Scientia Caritas".

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References: 1. Singapore Ryzodeg® Prescribing Information 2. Haahr H et al. A Review of Insulin Degludec/Insulin Aspart: Pharmacokinetic and Pharmacodynamic Properties and Their Implications in Clinical Use. Clin Pharmacokinet. 2017; 56(4):339-54. 3. IQVIA MIDAS® data, January 2020. 4. Heise T, et al. Comparison of the pharmacokinetic and pharmacodynamic profiles of insulin degludec and insulin glargine. Expert Opin Drug Metab Toxicol. 2015;11(1):193-201. 5. Heise T, et al. Ultra-long-acting insulin degludec has a flat and stable glucose-lowering effect in type 2 diabetes. Diabetes Obes Metab. 2012; 14: 944-50. 6. Heller T, et al. Diversity in diabetes: the role of insulin aspart. Diabetes Metab Res Rev. 2012; 28: 50-61. 7. Heise T et al. Insulin degludec: four times lower pharmacodynamic variability than insulin glargine under steady-state conditions in type 1 diabetes. Diabetes Obes Metab. 2012;14:859-864. 8. Heise T, et al. Insulin degludec: Lower day-to-day and within-day variability in pharmacodynamic response compared with insulin glargine 300 U/mL in type 1 diabetes. Diabetes Obes Metab. 2017; 19(7): 1032-39. 9. Marso SP, et al. Efficacy and Safety of Degludec versus Glargine in Type 2 Diabetes. N Engl J Med. 2017; 377(8): 723-32.



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FAMILY PRACTICE SKILLS COURSE

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

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #110 on "The Evolution of Pneumococcal Vaccines: Past Findings, Present Work, and Future Strategies", held on 24 June 2023.

Expert Panel:
Dr Tan Seow Yen
Dr Zheng Shu Wei

Chairpersons:
Dr Lim Li Chi Rachel

Persons with Intellectual Disabilities 2

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #111 on "Persons with Intellectual Disabilities 2", held on 8-9 July 2023.

Expert Panel:
Dr Giles Tan
Dr Chen Shiling
Dr Joy Teo
Mr Chris Wong
Mr Tan Shen Kiat
Ms Esther Tan
Dr Seow Yu Jin
SG Enable

Chairperson:
Dr Chen Shiling

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Editor's Words

by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

In this issue, we take a look at innovations and challenges in life and at work including the COVID-19 pandemic, illnesses affecting ourselves and loved ones, and Healthier SG and how some of us cope with them.

A/Prof Dan Yock Young shares with us what helped him to overcome the stress he faced while helping to drive the Ministry of Health's COVID-19 pandemic response. He identifies factors that chipped at their resilience and drained their adrenaline such as the prolonged nature of the pandemic with no end in sight, imposed limitations on their social interactions, and the uncertainty of the evolving situation. Fortunately, Yock Young received much support and encouragement from his wife and grown-up children. His family even shifted their dinner time to 9pm so that they could have dinner together and they would patiently listen to his emotional venting while they stood lovingly with him.

Dr Lois Hong whimpered when IV contrast burned going down a phlebotic vein. Reflecting on her experience as a patient, Lois shares her realisation of how important it is to feel safe and how much a reassuring word from a healthcare worker means in times of pain and uncertainty.

Early one morning, Dr Barry Tan was awakened by his two-year-old daughter's scream as she suffered from a seizure. Things took a turn for the worse when he realised that his daughter had lost her vision post-status epilepticus. As her illness was rare, not knowing his daughter's prognosis constantly harped on Barry's mind as he tried his best to keep her entertained in the ward and took her out for walks, describing to her the surroundings that she was not able to see.

Dr Tan Kee Tung emphatically states that a good healthcare system should provide healthcare services in a timely, precise, and cost-effective manner. Let us add "humane" to that list of qualities as we strive towards a good healthcare system for Singapore.

We are excited upon reading Dr Eugene Chua's sharing of many positive aspects of Healthier SG and how our polyclinics are shaping up to this innovation. Dr YZ, a family physician, hopes that more support and resources will be effectively channelled to help GPs, especially those in solo or smaller practices with limited resources and manpower. In the implementation of healthcare innovations, it is important for management to realise that frontline healthcare staff have to cope with their ongoing clinical workload while simultaneously learning and adapting to changes and managing teething issues. Healthcare workers cannot afford to slack with regards to the quality of their clinical service as patients' trust in them cannot be discounted. Management needs to factor in sufficient well-trained, understanding, and kind backend support personnel to walk alongside frontline healthcare workers so as to facilitate a smooth transition during healthcare innovation. This ensures minimal risk to the lives and well-being of our patients, as well as that of healthcare workers.

On a broader scale, Dr Lois Hong reminds us that inequality may affect access to healthcare, be it in Singapore or anywhere else in the world. Given the privileged position we are in as doctors, let us volunteer some of our time and energy to increase and improve access for the less privileged, be it through Crisis Relief Alliance, Healthserve, Club Rainbow, SMA Charty Fund, St Andrew's Migrant Workers Medical Centre, or other charitable organisations.

Last but definitely not least, we welcome our new President of the College of Family Physicians Singapore, Dr Wong Tien Hua. We congratulate him on assuming this role and responsibility, and look forward to working with him in taking the College to new heights. At the same time, we thank outgoing President, Adj A/Prof Tan Tze Lee, for his indefatigable leadership over the past six years. He has steered the College through numerous events, not least the COVID-19 pandemic, and will continue to be an invaluable member of the 29th Council.

(continued from Cover Page: President's Forum)

Over the coming years, we will build upon this legacy and strive to reach even greater heights.

My vision for our College centres on three key pillars:

I. Education and Training

The College Constitution is very clear in specifying our mission:

"To assist in providing post-graduate study courses for family physicians, and to encourage and assist practising family physicians in participating in such training."

As the representative of all Family Physicians, the College will continue to fulfil our Mission of nurturing a culture of lifelong learning and professional development, as we equip ourselves with the requisite knowledge and skills needed to navigate the ever-changing healthcare landscape.

In addition to our current training programmes for GDFM, MMED, MCFP, and FCFP, we have many more areas where our expertise in training will be needed.

The current FPSC modules serve our general membership well, offering relevant and topical CME updates via an increasingly packed lineup of content. The College was

also called upon to provide a series of training seminars to prepare our Family Physicians for the rollout of the Healthier SG programme, which launched in July 2023. I am very proud that the College was able to rise up to this challenge as we delivered a series of well-attended Tuesday evening webinars on schedule. It is imperative that we continue this series in order to support HSG training requirements, which is an ongoing process to prepare more primary care doctors for HSG with more care protocols being rolled out for management of chronic diseases.

Looking ahead, we also need to prepare for compulsory ethics CME and develop materials and training scenarios that are tailored for Primary Care practice.

2. Advocacy

We will continue to advocate for the needs of our patients, the importance of patient-centred holistic care, and the vital role that Family Medicine plays in Singapore's healthcare system.

We have been working with policymakers to strengthen primary care. The Healthier SG initiative will present a remarkable opportunity to advocate for better training, increased funding, and regional healthcare support for primary care practices.

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Advocating for Family Medicine also means public outreach and awareness. It is crucial for the general population to be educated about the value of having a good family doctor and an effective and trustworthy primary care system. They must know that well-trained Family Physicians can provide care not only for acute illnesses, but also be able to handle complex chronic conditions for the ageing populations, and realise that there are substantial cost savings through early intervention.

3. Collaboration

Through strengthened collaborations with regulators, fellow professional bodies, and healthcare organisations, we will amplify our collective voice and work towards solutions that benefit our patients and society as a whole. We will also continue to work closely with the medical schools to promote Family Medicine values, encourage the study of the humanities and the Art of Medicine, and encourage medical students to embark on a career in Family Medicine.

Collaboration also occurs at a personal and collegiate level as our members spend their personal time and energy in volunteering to teach in our college programmes. The College will look at how we can better support our members and teachers with resources and materials to enable them to serve. Our teachers will benefit from easy access to resources that provide the latest evidence-based practice and treatment algorithms. The College will explore how we can provide these services under our corporate account.

Membership retention is one area that the College needs to work on in order for us to provide a good value proposition for our members. More engagement and interaction opportunities will build a closer community through camaraderie, and to do that we intend to find a venue to cater to larger events and meetings – watch this space.

I invite you to join me on this journey. Your active involvement, insights, and dedication will be invaluable as we shape the future of Family Medicine. Together, we can continue to elevate our profession, advance Family Medicine, and ensure that our patients receive the best possible care.

Let us honour the past by building a bright and promising future for Family Medicine. Thank you for entrusting me with this responsibility, and I am excited to serve as your President.

■ CM

Commencement Ceremony Speech

Council Members of the College, Fellow Colleagues and Friends, Ladies and Gentlemen.

Good afternoon.

I am happy to be here today, at the Commencement Ceremony of the College of Family Physicians Singapore, to celebrate the start of the College's academic year.

My heartiest congratulations to all of you for your dedication and commitment towards the pursuit of knowledge and expertise as you embark on your academic courses in the Graduate Diploma in Family Medicine, Master of Medicine in Family Medicine, and the Fellowship Programme (FCFPS).

This can be challenging and demanding as most of you will continue to be holding full-time jobs and making sacrifices of your valuable time. I am certain, though, that this comprehensive, structured, and rigorous programme that you are embarking on will benefit you greatly. It will not only enhance your knowledge but also complement your own sphere of clinical experience and practice.

2023 is an exciting year for Singapore. In July, we witnessed Singapore's new preventive care strategy, Healthier SG, being formally rolled out after many months of preparation and hard work by the various stakeholders. The launch of Healthier SG is a recognition that family doctors play an important role in our healthcare system.

Family medicine is a unique field of medicine. Unlike other specialties that are limited to a particular organ, family physicians are qualified to treat most ailments and provide comprehensive healthcare for people of all ages. Patients are treated keeping in mind not only the health status of the individual, but also the social factors around them, while



AI/Prof Alan Ng, Master of the Academy of Medicine, Singapore

emphasising on all aspects of healthcare including disease prevention and health promotion.

Family physicians are the first point of contact for patients; and they are trained to provide all-encompassing care – from young to the elderly, from preventive to chronic care. As doctors, you are at the heart of our Healthier SG movement. Your personal touch with your patients will matter much more now than before. This is the opportunity for Family Medicine to rise.

CHAPTER OF FAMILY MEDICINE PHYSICIANS

The Academy of Medicine, Singapore also recognises the important role of family physicians in our healthcare system. In 2014, the resolution to form the Chapter of Family Medicine Physicians under the Academy was passed at the Annual General Meeting. The Chapter aims to: (a) promote and advance Family Medicine as a specialty in Singapore; (b) foster interdisciplinary medical education in Family Medicine; and (c) promote research and innovation in Family Medicine.

The formation of the Chapter was timely to assist with the growing needs of the greying population in Singapore. Singapore is one of the countries with the world's lowest fertility rates; yet at the same time, we are also have the longest life expectancies. In 2010, about 1 in 10 Singaporeans were aged 65 and above. A decade later, in 2020, it has risen to about 1 in 6. By 2030, there will be almost 1 in 4 Singaporeans over 65.

Since its formation, the Chapter of Family Medicine Physicians has been actively involved in providing professional opinions to the Ministry of Health and the Singapore Medical Council (SMC), as well as Independent Medical Expert reports to the SMC. The Chapter has also organised many activities to stay relevant to its members.

In March last year, the Chapter organised an online symposium to tackle the issue of duty of care, which was very well-attended. At this Medicolegal Webinar entitled 'Duty of Care in the Primary Care Setting', the panel of experts presented a case and highlighted principles we can adhere to as astute clinicians.

At last year's annual tea reception session, the Chapter invited a panel of speakers from both the private as well as public sectors to express their views on Healthier SG and addressing the good, the bad and the ugly of this milestone initiative by MOH. The session sought to highlight possible potholes and to align intent as the nation works towards healthier living.

The Chapter of Family Medicine Physicians will continue to advance Family Medicine by helping to shape policies and elevate standards, and by participating and organising

activities to this end. The Chapter will continue to look at ways on how they can contribute to the Healthier SG conversation by exploring evidence-based outcomes that clinicians, especially Family Physicians, can contribute to in the care of their patients.

At this juncture, I would like to extend the invitation to join the Chapter of Family Medicine Physicians upon your completion of your advanced family medicine training programme conducted by CFPS, and exit with the Fellowship of the College, FCFPS. We look forward to welcoming you and being a part of us in helping to shape and influence important healthcare policies.

RELATIONSHIP BETWEEN AMS AND CFPS

Formed in 1957, the Academy of Medicine, Singapore is a professional institution of medical and dental specialists devoted to advancing the art and science of medicine in Singapore through postgraduate specialist training; maintenance of high standards of competency and ethical integrity through continuous professional development as well as dissemination of information and knowledge to the public on matters related to health.

Over the years, the College and the Academy have enjoyed a strong and close relationship. Together with the Singapore Medical Association, these three professional bodies often come together to discuss issues on professionalism and ethics, upholding professional standards, and advocating for the patients and the profession. We also actively engage the Ministry and regulatory bodies on a regular basis.

HEALTHCARE: A RAPIDLY CHANGING INDUSTRY

The global healthcare system is rapidly changing. Advances in technology, changing consumer expectations, and limitations in resources are driving a global shift in the healthcare landscape. Researchers, clinicians, and scientists are always searching for better ways to heal and help people. I hope family medicine will also plug into this engine of change and find new ways to deliver better care to the patients in the community.

Finally, I hope that your journey of learning never ends. I am certain that you will use the knowledge and skills that you will gain to make a positive impact in the lives of others.

With that, I wish you all the very best in your future endeavours.

Thank you.

■ CM

Reflections from My Trip to Alishan

by Dr Ng Liling

Earlier this year in April, I made plans to do a Sakura viewing trip with my sister. We decided to go to Alishan, Taiwan to get away from the crowds in Japan. It was our first time going to Alishan. We took a coach from Taichung to Alishan Nature Reserve. The journey took us about three hours. It was a winding road up to our destination – definitely not for those with a weak stomach!



Map of Alishan trail

An interesting tidbit is that Alishan was originally settled by the Tsou Taiwanese aborigines. Ethnic Han Chinese settlers later moved into the mountains in the late 18th century, resulting in many armed clashes between the settlers and aborigines. Sakura trees were not native to Alishan but were brought in by the Japanese based in Alishan. They missed their home country so much that they imported Yoshino cherry blossom saplings and planted them in Alishan. The pink and white cherry blossoms brought much colour to the background of green and brown in Alishan.



Cherry blossom in Alishan, Taiwan

What amazed me was the number of huge cypresses, yellow cedar, and spruce trees that were native to Alishan. One of the largest trees was 2,000 years old and measured 13.1 m at its trunk circumference. Awe emanated from this majestic tree with the surrounding mists adding a sense of mystery.



Alishan Sacred Tree

As we walked along the trail, we came across a peculiar sight, which was a tree made up of three parts. This “3-generation tree” or 三代木 was actually three generations of trees that had grown on top of another. Although the first and second generations of trees are dead, they serve as a strong and solid base for the third generation to grow and flourish.

We were only able to cover a short section of the trail in the two hours that we were there. We ended our trip by taking a ride on the famous Alishan Railway Train. If you ever visit Taiwan, I would highly recommend taking a trip to Alishan!



Dr Ng Liling and the 3-generation tree in Alishan, Taiwan

■ CM

The Design of a Good Healthcare System

by Dr Tan Kee Tung, Family Physician, Editorial Team Member (Team B)

With Singapore approaching its “super-aged” status come 2026, it is a good time to reflect on what makes a good healthcare system.

Broadly speaking, the Singapore healthcare system is divided into the public and private healthcare sectors. It is made up of primary health, acute hospitals, community hospitals, and nursing homes. The public primary care is provided mainly by the polyclinics while the private primary care is provided by Family Physicians and GPs in solo or group practice.

A good healthcare system should provide healthcare services in a timely, precise, and cost-effective manner.

Timeliness

A person will require different healthcare services at different stages of his or her life. Such services should be provided promptly, e.g., in an acute illness or in an appropriate frequency; for reasons such as chronic medical reviews; and at specific times, e.g., for childhood vaccinations, postpartum care, paediatrics development assessment, and geriatrics care. Preventive care such as vaccinations, smoking cessation, and cancer screening should be provided at the appropriate time to ensure its effectiveness. The waiting time for such services should also be kept medically and socially reasonable.

Precision

Medical diagnoses should be made in a precise manner through proper clinical evaluation and appropriate investigations.

Medical informatics should be designed for clinical consultation with minimal disruptions, as well as effective and secure sharing of medical information between the different healthcare institutions who oversee care of the patient. The design of medical informatics should also incorporate audit and research functions that are part of a good healthcare system.

Medical Informatics should allow the medical consultation to flow seamlessly with pre- and post-consult tasks, e.g., Mini-Mental State Examination (MMSE), falls screening, Diabetes lifestyle counselling, Written Asthma Action Plan (WAP), and Chronic Obstructive Pulmonary Disease (COPD) action plan.

Cost-Effective

A good healthcare system is patient-focused with patient's cost effectiveness prioritised. It should also be cost-effective for healthcare providers, the state/insurance providers, and the pharmaceutical and medical devices industries.

■ CM

Interview with A/Prof Dan Yock Young When the Going Gets Tough

Interviewed by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

CM: Hi Yock Young, please give us some background about your work.

YY: Hi all. I am a gastroenterologist/hepatologist at National University Hospital where I also do translational research on liver diseases. Since 2020, I have been seconded to the Ministry of Health as Deputy Director General overseeing health services and care model transformation.

CM: What was the most stressful thing that happened in your life over the last five years?

YY: There is no doubt that the COVID-19 pandemic massively disrupted our lives, our way of living, and the

normal social order in the two years it ravaged the world. I had the privilege of seeing and helping to drive the pandemic response from the ministry's national perspective, support the healthcare providers' struggles on the ground, and mitigate the impact to our patients and society at large. Having to rationalise all three perspectives was probably one of the most stressful experiences of my life.

CM: Can you share with us a bit more of what happened?

YY: All of us lived through the COVID pandemic. As a pathogen, that short RNA fragment can cause tragic complications and outcomes for those who are vulnerable. Yet, of far larger impact was the huge disruption on the human psyche, relationships, society, and even human civilisation at large.

To ensure our healthcare systems remained open and accessible, we imposed strict restrictions and mobilised deep contingency reserves. However, this came with huge

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sacrifices and inconveniences to healthcare staff and society. The challenge of needing to plan, communicate, explain, convince, execute, listen, tweak, and adjust in a situation of uncertain information gap was quite staggering.

CM: Why was it stressful for you and what were you worried about?

YY: There is no doubt in our minds that the key priority of our strategy was to save lives. Starting from the dormitory ops where we deployed medical teams into the dormitories, to the delta and omicron waves when our ED and hospitals came under siege, we had to dig deep and rally the healthcare fraternity to step up way beyond our normal duties and responsibilities. In the early days, we instated regular nasal swab surveillance for healthcare workers, mandated N95 masks as part of PPE, and organised additional and ad hoc deployment to reinforce the ranks, including getting staff to work overtime and through weekends. Our healthcare team rose to the challenge and carried society on their backs. Yet we were under no illusion that that was the solution. The prolonged efforts, coupled with imposed social limitations such as team segregation and disallowing of social activities, took a physical and mental toll on our healthcare colleagues. There is only so much adrenaline stores and mental resilience can do before exhaustion and frustration sets in. And the fact that there was no sign of an end in sight and the uncertainty of the evolving situation made it doubly challenging. The constant fear that plagued me throughout the various stages of the pandemic, was, "What if we were wrong in our assessment and strategy?"

CM: What help did you receive from family and colleagues at that time?

YY: At the work level, it was trust, comradeship, duty, and common purpose that got all of us through. Even though there were disagreements in opinions and assessment of what would be the best way forward, the goal of wanting to triumph over one common enemy was how we built respect for each other and made many friends. Amidst the shouting and frustration was more encouragement, deep appreciation, and untold admiration for each other's efforts. A big thank you to everyone and particularly my hospital colleagues who stepped in to pick up my clinical load to allow me to focus on the task at hand.

At the family level, suffice to say that family, like everyone else's, in "Transformer speak", was my Allspark that kept me going.

CM: What did you do to help you cope with the stress and worries?

YY: There wasn't a lot of time to sit down and mope but working together as a team made all the difference. I don't think I ever took a single day of working from home. Turning up at work with my team to focus, share, discuss, and seek

solutions together made all the difference. We worked off each other for strength and support.

CM: How did your family cope?

YY: I am sure every family fought through their stories, and I am sure there were many who took on great sacrifices. For me, I am so grateful and fortunate that my wife can run the family and home by herself, and my grown-up kiddos were not only independent, they also supported and encouraged me in the toughest of times.

For one, the family shifted their dinner time to 9pm so that we could still have dinner together. They had to stop me and my dog from snacking because, subconsciously, that happens when I am stressed and both my dog and I put on quite a bit of weight. Lastly, they would patiently listen to my emotional venting and agree that I was right even though they had no idea what I was talking about.

CM: What are three things that helped you pull through?

YY: Personally, I learnt 3 "B"s from the fantastic people I had the privilege of working with. Don't BLINK, don't BIT*H, and don't BLAME.

CM: Did this challenging experience change your perspectives of work, society, and life?

YY: The most depressing thing about COVID is that it can bring out the worst part in many of us. Practically, it broke the tenets of humanity – connection between people, communication, and social interaction. At its ugliest, it bred distrust, self-centredness, polarisation, and extreme emotion over rationality.

It certainly did reinforce my philosophical belief that wherever life leads us, the sole single factor that matters is PEOPLE. In whatever we do, however we push towards our aims, whatever goals we achieve and mountains we conquer, at the end of the day, the one thing that gives

The most depressing thing about COVID is that it can bring out the worst part in many of us. At its ugliest, it bred distrust, self-centredness, polarisation, and extreme emotion over rationality.

meaning and purpose is the people around us. People who we were inspired by or privileged to inspire; people who touched our lives or we were able to help along the way; people whose fears we were able to assuage, help achieve their purpose, realise their aspirations; and vice versa. Be it colleagues, friends, or family, what warms the heart and our journey and makes it all worthwhile are the meaningful bonds with people who cross our paths and interlink with our lives.

CM: What are you looking forward to doing together with your family, colleagues, and friends in the next three years?

YY: LEAN more on each other. CHERISH. Show GRATITUDE – for everything between all of you and me.

CM: Thanks so much Yock Young for your candid sharing and wishing you all the best!



COVID-19 Joint Task Force-Assurance at MOM on weekends

CM

What I Have Learnt Being a Patient

by Dr Hong Yinghui Lois, Family Physician, Editorial Team Member (Team B)

Dr C, the anaesthetist, smiled gently at me. "We could do a spinal block or GA," adding apologetically, "I don't have a lot of options here..."

"Spinal", I said automatically, recalling the thousands of times I had reminded patients that regional anaesthesia carries a far smaller risk of stroke and other cardiovascular incidents compared to general anaesthesia.

"Alright," said Dr C, then we both looked at the vital signs monitor. It read 80/50 mmHg. His smile faded.

"Not spinal," he said decisively.

I was in a wheelchair in a pre-op room. Ten days prior, I'd had a non-localising fever, followed by gastrointestinal symptoms. When the back and hip pain started on Day 6, I'd reluctantly limped into a private clinic to get a full blood count and dengue test. Staring at the negative NSI and total white count of $29 \times 10^9/L$, my husband Raj talked to a physician colleague who soberly advised me to go to the hospital for a workup while I wept quietly into a blanket.

Raj and I live in Timor-Leste, which ranks 141 out of 191 countries in the United Nations' Human Development Index (Singapore, by contrast, is consistently among the top 12). As leaders of a local health nonprofit, we knew well the limitations and risks of the system I was about to enter. We were in the middle of the COVID-19 pandemic and the next flight to Singapore was two weeks away.

By the time I curled up on the Emergency Department bed, I'd developed right iliac fossa pain and a positive Rovsing's sign. I had pre-renal acute kidney injury with creatinine levels of more than 300 $\mu\text{mol/L}$ (I found this out by accident a few days later while speaking to a colleague who'd seen my file).

I underwent an open laparotomy and subsequently got air-evacuated to Singapore for non-resolving symptoms (it turned out that I had psoas infection, probably parasitic, masquerading as retrocaecal appendicitis). I regained mobility after weeks of physiotherapy and regained normal renal function (likely due to timely initial intervention from the Timorese hospital physicians).

When I reached Singapore and sank into what felt like a cloud-soft bed in the isolation ward, a PPE-clad nurse came and looked briskly over my arms for an IV cannula site. Surprisingly, I felt an overwhelming sense of relief. I felt safe.

Reflecting on this and on other experiences of being a patient (personal or vicarious), I am surprised by how important it is to feel safe and how unsettling it is to feel unsafe. Being a patient often means you don't have something you thought you could always count on – normal kidney function; the ability to walk, to work, to hold down food.

It's odd how my carefully cultivated objectivity and poise vanished when I was the one in the patient gown. I had always been indifferent to needles. At one point I whimpered when the IV contrast burned going down a phlebotic vein, and apologised to the radiographer (hadn't I, countless times, internally tsk-tsked patients for making a fuss about nothing and slowing down procedures?). The radiographer calmly checked patency, produced a little ice pack from out of nowhere, and applied it to my wrist, saying kindly, "You're doing well."

(continued next page)

(continued from Page 11: What I Have Learnt Being a Patient)

“Oh, am I? Thank you”, I said, ridiculously relieved, tears streaming down my nose.

I also realised the importance of the patient’s private space. During a painful interventional radiologic procedure, I realised that in addition to the radiologist and nurse, there was an unidentified healthcare worker next to me. Though he was only looking at the monitor and could not have seen past the green sheet, I felt myself tense. Should I be the demanding female doctor patient and tell him to identify himself and go away? Once again, I was surprised at my own lack of blasé.

Being a patient taught me to appreciate the Singaporean’s access to good healthcare (the day I was air-evacuated, a 40-year-old Timorese colleague died of an acute myocardial infarction). We continue to work in Timor-Leste, leading a team of Timorese health professionals who are dedicated to advancing quality in government-provided primary care.

Lastly, being a patient has shown me how illness affects even individuals buffered by a superior healthcare system. I had known for years that health is “not merely the absence of disease” (World Health Organisation), but I have come to realise also that disease is not merely the absence of function or physical ease. Being a patient sometimes feels like pain; the loss of certainty in others, and worst of all, loss of certainty in yourself.

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Dr Lois Hong and her husband Dr Natarajan Rajaraman in a health centre in Timor Leste

CM

How Family Medicine Prepared Me for a Career in Global Health

by Dr Hong Yinghui Lois, Family Physician, Editorial Team Member (Team B)

This is the fourth year I’ve resided in the Global South doing “health systems strengthening” work.

Most days, instead of seeing patients, I train healthcare professionals to train others. I’ve traded in the stethoscope for a Zoom-compatible headset, alcohol dependence questions for funding pitches, and sheets of laboratory results for Monitoring & Evaluation frameworks. I pore over strategy papers on TB elimination instead of Clinical Practice Guidelines. I sign off on cash requests instead of prescriptions. My emergency calls are about floods, civil unrest, or staff calamity rather than status epilepticus or acute myocardial infarction. It often feels like a different reality.

And yet, if I am a global health physician today, it was my time in Singapore’s public health sector, particularly in the Family Medicine Residency, that has made me so.

Being a polyclinic doctor in Singapore taught me to work efficiently within constraints. I saw GPs often working solo within complex health systems, mobilising resources and networks to obtain the best care for their patients. It was a family physician, negotiating the service demands of a busy community hospital, who first taught me about the “Iron Triangle”. “Cheap, fast, and good,” he said cheerfully. “Pick two.” His words come back to me whenever I look at the looming needs around me and require a reminder about working realistically in a resource-constrained setting.

It doesn’t take long for the GP (or the global health worker) to realise how inequity affects access to healthcare. In Singapore, watching my patients with mental illness,

It is fitting, then, that Family Medicine’s last gift to me (through residency) was the experience of being consciously ignorant.

language barriers or a “blue or green card” navigate the health system, I realise how much of one’s success at being a patient is determined before one is born. The parallels to global health are obvious – indeed, we should consider clinicians serving transient migrant workers and other global populations within Singapore (such as HealthServe) to be doing global health locally. In Timor-Leste, four hours’ flight from Singapore and worlds apart in health outcomes and quality indicators, the difference is starker. Children here regularly die of diseases (such as rheumatic heart disease) that have been eradicated in Singapore.

Family Medicine sharpened my curiosity about people (as well as their grandparents, their children, their siblings, their jobs, their hobbies, and their life stories). In the polyclinic room, I witnessed how my patients’ work, families, and even marriage dramas shaped their experience of living with asthma, gout, or psoriasis. Likewise, global health workers are concerned with not just the biomedical aspect of disease, but even more with the social determinants of health. Only one of the 17 Sustainable Development Goals directly concerns health and disease. The rest are about “social issues” – gender equality, poverty, education. Call it person-centred, holistic, or comprehensive care, but Family Medicine has this in common with global health: you deal with the person in their community, rather than the patient in the healthcare facility.

We learnt to tolerate uncertainty, to ask for help, and to master unfamiliar systems through immersion.

Family Medicine obliges you to learn about cultures and languages outside of your own. It matters if your patient thinks that lovastatin is heavy, it matters that in some contexts, food is topped up repeatedly through the meal rather than portioned out at the start, and it certainly matters if your diabetic patient is observing Ramadan. In global health, your social behavioural change programme lives or dies by whether you have considered the appropriateness and cultural acceptability of the change proposed, whether it’s smoking cessation, family planning, or feeding egg yolks to babies. When I ask Timorese colleagues what they value in an international volunteer, cultural humility ranks as high as technical competence and domain knowledge. It seems that people really do need to know how much you care before they care how much you know.

It is fitting, then, that Family Medicine’s last gift to me (through residency) was the experience of being consciously ignorant. Residency postings last six weeks to three months, so just when you think you have “figured it out”, it’s time to move on to a new team, a new department, a new hospital. New diagnostic and treatment algorithms, new computer systems, new nurses with whom to build a good working relationship. We learnt to tolerate uncertainty, to ask for help, and to master unfamiliar systems through immersion. These days, I tell physicians starting to volunteer with us that the ability to sit still, watch, and listen in a new context is the most valuable skill of all.

I never expected Singaporean Family Medicine to prepare me for a career in global health. Looking back, I’m thankful for the foundational lessons that my primary care patients and teachers gave me: realism, culture-curiosity, and the humility of newness.

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CM

The Beginning of Healthier SG

Interviewed by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

Two interviews with Dr Eugene Chua (EC), a family physician practising at a polyclinic and Dr YZ, a family physician in private practice.

CM: Please give us some background about your practice.

EC: Hello, I am Eugene Chua. I am a Family Physician practising at Hougang Polyclinic. I have been with the clinic for nearly a decade. In addition to my clinical role, I also serve as Assistant Director at the Primary Care Academy (PCA) and support my colleagues in the NHGP Family Medicine Development (FMD) Department.

YZ: Hi, I am a family physician practising in a stand-alone family clinic in the heartlands.

CM: What is Healthier SG (HSG) to you?

EC: I believe that Healthier SG is a pivotal step towards realigning our healthcare focus to proactive intervention and community-based long-term care. As the literature suggests, a primary care-centric healthcare model proves to be both economically efficient and sustainable. This model places a heightened emphasis on cultivating enduring provider-patient relationships and prioritising health maintenance and disease prevention through continuous and comprehensive care. Through my interactions with fellow GPs, I've gathered a shared sentiment resonating with these principles. During the initial discussions surrounding Healthier SG's launch, my colleagues and I recognised certain gaps in our approach to preventive care, such as guidance on weight management and smoking cessation. Collectively, we voiced these concerns and collaborated closely with our allied health counterparts, including physiotherapists, dietitians, and pharmacists, as well as our nurses. This collaborative effort led to the distillation of valuable insights, which were subsequently integrated into the development of the NHG HSG Primer for General Practice, developed by PCA since the beginning of the year.

YZ: I think through HSG, other than strengthening preventive health, we are trying to involve private GPs in sharing the load with polyclinics and help manage more patients with chronic medical conditions.

CM: What did your clinic/the polyclinic need to do to prepare for Healthier SG and how has the preparation been?

EC: Our polyclinics undertook a thorough preparation process to ensure a seamless integration of Healthier SG initiatives. The clinical leadership, supported by our operations and IT colleagues, invested considerable effort in strategically incorporating the new Healthier SG requirements into our existing workflows and Electronic

Medical Records (EMR), a commitment that we deeply value and appreciate. Recognising the importance of comprehensive training, the Family Medicine Development (FMD) Department crafted an eLearning module on the key clinical aspects of Healthier SG, packaged into easily digestible video segments, thereby enabling clinicians to efficiently refresh their knowledge and stay updated on the evolving workflows. This approach has proven to be immensely beneficial, fostering a quick yet comprehensive understanding of the new requirements by our clinicians.

YZ: Transiting to include HSG was not easy. I find that there were many new things to learn and do in a short span of time, especially in the Clinic Management System (CMS) with regards to registration, data entry, and claiming.

CM: Was preparing your clinic/the polyclinic for Healthier SG stressful and what caused the stress?

EC: The process of preparing the polyclinic for Healthier SG did introduce a certain degree of stress, as is often the case with transformative changes. During the formulation of the training curriculum, our initial challenge revolved around consolidating vital information and presenting it in a manner that would resonate with our clinicians, facilitating effective comprehension and retention of key concepts. Additionally, we grappled with devising strategies to empower our GP partners in cultivating a harmonious, team-based practice that would encompass their clinic assistants. The pivotal role of a team-based approach was a critical element in the training, and we were cognisant

... the Family Medicine Development (FMD) Department crafted an eLearning module on the key clinical aspects of Healthier SG, packaged into easily digestible video segments, ... This approach has proven to be immensely beneficial, fostering a quick yet comprehensive understanding of the new requirements ...

that it was a concept that GPs were not necessarily familiar with. The task of creating a curriculum from scratch, coupled with the urgency of meeting deadlines, certainly presented its own set of stressors. The PCA and FMD teams worked diligently to develop various asynchronous eLearning modules within a relatively short timeframe, ensuring that our colleagues had ample time to review them before the official implementation. Furthermore, the PCA team designed the NHG HSG Primer for General Practice Workshops – a two-part programme that centred on fostering team-based practices and the pragmatic application of domain knowledge requisite for Healthier SG. Amidst these challenges, we were blessed to have a remarkable team of allied health and nursing experts who generously contributed their insights. Additionally, our team of seasoned educators lent their expertise, ensuring that the training maintained a high degree of pedagogical excellence. These collaborations not only helped to alleviate stress but also significantly contributed to the overall success of our endeavours.

YZ: It was tiring. We had many briefings in the short period just before the start of HSG. We had to stay back after hours to configure the Clinic Management System (CMS) after working long clinic hours.

CM: What are the teething issues GPs/polyclinic doctors face with the arrival of Healthier SG?

EC: One significant challenge I continue to grapple with is the formulation of comprehensive health plans for my patients. Navigating the additional steps within the EMR system while ensuring that critical aspects are not overlooked has proven to be quite demanding. This task becomes even more testing when I need to address these points while discussing the primary presenting concerns the patients have. Furthermore, allocating sufficient time for these discussions during patient consultations has been challenging and requires careful planning. Finding the right balance between addressing immediate health issues and discussing the preventive measures under Healthier SG is an ongoing learning process. Thankfully, I am blessed to be part of a supportive team where my colleagues have been invaluable in assisting me with these challenges. Our nursing colleagues, in particular, have played a substantial role in coordinating the various preventive measures that need to be incorporated into these health plans.

One significant challenge I continue to grapple with is the formulation of comprehensive health plans for my patients.

This task becomes even more testing when I need to address these points while discussing the primary presenting concerns the patients have. Furthermore, allocating sufficient time for these discussions during patient consultations has been challenging and requires careful planning.

YZ: I found that there was too much information to digest and remember, of which some were quite confusing to me. Claiming can be frustrating when something is done wrongly, as correcting might not be straightforward. Also, it was not easy to explain to some patients during this startup period why there is a time lag between the start of enrolment into HSG and the rollout of the whitelisted drug list at a later date.

CM: What help were you hoping to receive from MOH for the implementation of Healthier SG in your clinic/the polyclinic and was help forthcoming?

EC: Given the additional steps involved in the onboarding process and the comprehensive health plan discussions, I was hopeful for an allocation of extra time beyond our standard consultation duration with patients. This would enable us to thoroughly address all aspects of the health plans and engage in meaningful discussions about preventive measures without feeling rushed. We anticipated that there would be a need for additional manpower to support the administrative aspects of the onboarding process. This includes tasks such as identifying eligible patients, helping patients familiarise themselves with the digital apps, and addressing patient queries regarding Healthier SG. Having a dedicated team to assist with these administrative tasks would streamline the process and allow us to focus more on the clinical aspects of patient care. Having additional support staff to discuss aspects of the health plan that are less intense from a clinical standpoint would help alleviate the time pressure from clinicians and ensure that patients receive a comprehensive spectrum of guidance and recommendations.

(continued on Page 18)



FAMILY MEDICINE COMMENCEMENT CEREMONY & AGM

29 July 2023
Academia Auditorium



(continued from Page 15: The Beginning of Healthier SG)

This includes conversations encompassing general lifestyle modifications for patients without past medical history and the coordination of vaccinations, which are essential but do not require clinical input, as well as helping patients navigate community resources.

YZ: I think that having one single Clinic Management System (CMS) for the whole of Singapore, including hospitals and clinics, and giving clinics a longer runway for transiting to include HSG would be helpful. One concern with a short runway to going live during this startup period is that the backend support team might be overwhelmed and support for us at the frontline might be delayed.

CM: How will the financing scheme of Healthier SG affect your clinic's income?

YZ: Unfortunately, I am currently seeing a drop in income with lots of extra paperwork when my private patients choose the HSG option.

CM: How has your patient management been affected by Healthier SG?

EC: Reflecting on the changes in my patient management since Healthier SG's implementation, I feel that Healthier SG has provided a valuable platform to initiate discussions with patients on making lifestyle changes. When patients ask what they have to do to enrol on Healthier SG, it presents an opportune moment for me to explore their lifestyles, engage in conversations to create positive change, and establish attainable goals, which may not have been the principal reason why the patient visited.

CM: Please describe five things that will help polyclinic doctors and private GPs in the continuing implementation of Healthier SG in their practices.

EC: There is certainly room for improvement to strengthen the ongoing execution of Healthier SG initiatives within both Polyclinics and private GP clinics. Thank you for allowing me to share some from my wish list:

1. Structured Health Plan Development: Having a streamlined process for the creation of health plans would be immensely beneficial. This could involve the integration of pre-designed templates directly into the Clinical Management Record (CMR) system. Such templates could guide practitioners through the process, ensuring that all essential components are incorporated consistently and addressed appropriately.

2. Accessible Patient Profile Calculator: A readily available "calculator" designed to offer tailored recommendations for various patient profiles would be invaluable. This tool could swiftly provide clinicians with the requisite parameters for each patient category, easing the process of personalising health plans.

3. Printable Educational Materials: Having easily printable educational materials would aid clinicians in effectively conveying information to patients. These materials could be distributed to patients, enhancing their

ability to recall the discussions and adhere to the proposed health plans. It would be ideal if these materials are located in an easily accessible online cloud storage, with allowance for minor changes for customisation to fit individual patients' needs.

4. Increased Support Staff: Augmenting the availability of supporting staff would prove advantageous and is extremely essential, especially during the initial onboarding phase. This additional manpower could efficiently address patients' queries and provide support during health plan discussions, optimising patient experience. It would also help bolster the confidence of clinicians to engage patients in Healthier SG discussions and deepen conversations to establish attainable goals. Moving forward, the roles of these staff could continually evolve through appropriate and timely training with paraclinical and facilitative skills built in to support patient care.

5. Enhanced GP Engagement Platforms: Establishing comprehensive platforms for GP engagement would facilitate valuable feedback and shared experiences. Regular gatherings would provide an avenue for practitioners to voice challenges they encounter and also to exchange insights. This collaborative approach would foster a supportive community and a more refined implementation process. It could also serve a quality assurance function that would enable all of us to collectively deliver the best care to our patients.

YZ: I wish for there to be a dedicated and competent call centre team whom we can get through to help us, so that we can register, enter data, and make claims correctly before the end of each clinic session. We also need to correct patients' misconceptions – some of them think all consultations are free after they join HSG. Some think that the pricing for chronic illness visits at HSG clinics are same as at polyclinics.

CM: Does Healthier SG encourage or deter solo or small group GP practice?

YZ: It might be more difficult for solo and small group practice to start or survive as the workload is growing, accompanied by little financial incentive.

CM: In your opinion, how has Healthier SG affected the Primary Care landscape in Singapore?

EC: I did have concerns initially that Healthier SG might inadvertently foster divisions within the Primary Care community. However, my observations have proven otherwise. Witnessing the resolute and magnanimous support extended by various primary care entities such as polyclinic groups, the College of Family Medicine, and various Primary Care Networks (PCNs), I am both heartened and confident that our professional fraternity will emerge stronger and more cohesive. This collaborative spirit has the potential to unite us as we collectively navigate the challenges presented by Healthier SG.

CM: What words of advice would you share with GPs who have yet to sign up with Healthier SG?

EC: Well, to our fellow GPs who are still contemplating signing up with Healthier SG, I would strongly encourage you to take the plunge and initiate the process. While it is true that the initial barriers may appear substantial, it's crucial to recognise that you're not embarking on this journey alone. The healthcare landscape is undergoing transformation, and aligning with Healthier SG can be a proactive step toward shaping the future of healthcare delivery. As we move forward collectively, there is a wealth of support available from various quarters, including allied health professionals, fellow GPs, and healthcare organisations. Engaging with this collaborative network can significantly ease the journey and amplify the positive impact you can make on patient health and well-being. In conclusion, sign up now and become a vital participant in this transformative healthcare movement! Your contribution is integral to the success of Healthier SG, and I believe you will find an extensive network of support waiting to assist you every step of the way.

YZ: I think in due time every GP might have to join Healthier SG.

CM: Thank you very much for sharing with us your initial experiences with Healthier SG. Let us press on together.

... sign up now and become a vital participant in this transformative healthcare movement! Your contribution is integral to the success of Healthier SG, and I believe you will find an extensive network of support waiting to assist you ...

■ CM



Dr Eugene Chua with the NHG Healthier SG (HSG) Primer training team

Introducing The 29th Council

The 29th Council was recently formed following the Annual General Meeting on 29 July 2023. Here's a peek into their lives!

PRESIDENT



Dr Wong Tien Hua

Family Physician practising in Sengkang. Interested in patient communication, medical ethics, and the doctor-patient relationship. Personal philosophy – Create more, Consume less, Make things simpler.

HONORARY TREASURER



A/Prof Low Lian Leng

Senior Consultant in SGH Family Medicine and Medical Director of Outram Community Hospital. Leads the Centre for Population Health Research and Implementation in SingHealth. My hack for reducing burnout – working with passionate colleagues and clearing my mind during my 10km runs :)

VICE PRESIDENT



Dr S Suraj Kumar

Consultant Family Physician in private practice for more than 30 years and is also a current member of SMC. Has MMed(FM) and Fellowship in the College. Loves teaching and is the current Programme Director of the MMed(FM) College programme. Fanatic of the music of the 60s & 70s, especially The Beatles. Fan of all sports especially Liverpool FC. Getting on in years but still young at heart – just made it into the Merdeka Generation.

HONORARY EDITOR



Dr Chiang Shu Hui Grace

Consultant Family Physician at Alexandra Hospital. Passionate about research and advocating lifelong learning in family medicine. Loves reading, writing, and traveling.

CENSOR-IN-CHIEF



Dr Seah Ee-Jin Darren

Dr Darren Seah is a Family Physician Senior Consultant at the National Healthcare Group Polyclinics (NHGP). Dr Seah has clinical interests in endocrinology and metabolic conditions. He serves as Programme Director of the NHG Family Medicine Residency Programme and has led the programme since July 2013.

HONORARY ASSISTANT SECRETARY



Dr Chua Lee Lea Im Elaine

Family physician/director at Bedok Medical Centre. Still a believer of holistic and progressive perspectives, especially with regards to opportunities in primary care. Mother of two, rests whenever I can.

HONORARY SECRETARY



Dr Wee Wei Chieh Nelson

Family Physician in private practice at Silver Cross Holland Village. Actively involved in teaching family medicine and strong advocate of diversity in the family medicine community. Avid collector of South East Asian antiquities and hopes to hold an exhibition before his 50th birthday.

HONORARY ASSISTANT TREASURER



Adj A/Prof David Tan Hsien Yung

Director of Clinical Services in NUP and Assistant Dean (Education), NUS Yong Loo Lin School of Medicine. A Family Physician at heart, he is married to his childhood sweetheart and has two daughters who take up most of his time. An advocate of continuous education, he believes that the best is yet to be!

COUNCIL MEMBERS



Dr Fok Wai Yee Rose

Physician in multi-settings: National Cancer Centre Singapore providing family medicine services and Outram Polyclinic co-developing community cancer survivorship and palliative care programmes. Advocate for lifelong learning and professional development of the family physician. Loves to write inspiring stories in the College Mirror. Keen to help develop Ethics teaching in Family Medicine.



Dr Shen Fengli Sharon

Family Physician with EH Medical Clinics. The breadth and scope of working in heartland practices allows her to interact with people from various walks of life, keeping her excited and fulfilled. She also believes in having a passion for life and keeps busy, going on exciting adventures with her family and friends, exploring Singapore and the world!



CI A/Prof Paul Goh Soo Chye

Director, Polyclinics Development and Senior Consultant in SingHealth Polyclinics. He is an active clinician with a keen interest in Medical Education, as well as in Medical Law, Clinical and Research Ethics. He has a passion for classical music and enjoys playing the piano.



Dr Tan Kian Wee Kenneth

Family Physician in private practice at Punggol East. Keen to support the delivery of quality patient care in the community and attract students to Family Medicine. Enjoys Muay Thai and social dancing in his free time.



Dr Hu Pei Lin

Consultant Family Physician and Clinic Director of SingHealth Polyclinics – Marine Parade. Has interests in ageing well and living well in the community. Currently wondering if that next camera upgrade is worth it.



Adj A/Prof Tan Tze Lee

Family Physician in private practice in Choa Chu Kang. A GP at heart, he is a strong supporter of family physicians working in the community. Loves cooking for family and friends, and having long walks with his husky.



Dr Meykkumar S/O Meyappan

PD for GDFM, Deputy Director at Pasir Ris Polyclinic, Consultant SingHealth Polyclinics. Loves to teach and hopes to inspire the next generation of Family Physicians. Runs before work. Runs after two kids after work.



CI Asst Prof Xu Bang Yu

Family Physician in Sengkang Community Hospital. Involved in FM teaching: both CFPS and Residency. Loves Gundam and Japan.

Interview with Dr Barry Tan When a Loved One Is Sick

Interviewed by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

CM: Hi Dr Barry, thank you for sharing with us at the College Mirror. Please give us some background about your work.

BT: I was an emergency medicine resident, but I left the programme in 2015 due to personal reasons. Since 2016, I have been a full-time locum general practitioner. Over the past seven years, I have worked in polyclinics, general practitioner clinics, COVID swab-isolation facilities, and COVID vaccination centres. I joined IMH Medical Care Services full-time in June 2023.

CM: Were you ever worried about a loved one who was sick?

BT: Yes, my daughter was recently ill. As a parent, I always worry when my daughter falls ill. It pains me to see my daughter feeling horrible. In addition, to be frank, as a locum doctor, another worry is the drop in income if I were to take time off to care for my child in the event of my wife, parents, or parents-in-law being unable to help due to work commitments.

CM: Can you share with us a bit more about what happened regarding your daughter?

BT: My daughter was about two years old at that time. She

had a fever that I thought was viral in aetiology. She was still active the night before the fateful incident. At about 4.45 in the morning, my wife and I were awoken by a very loud scream from our daughter, and we found her having a seizure. As a medical practitioner who has rotated through Children's Emergency, I knew it wasn't a simple febrile seizure. We rushed her to the Children's Emergency and she was in status epilepticus. Her seizures finally aborted with intravenous medications, and she was admitted to the high-dependency unit. The night before she was scheduled to be transferred to the general ward, she had another series of seizures overnight, which I witnessed myself as I stayed over in the ward. She was transferred to the intensive care unit the next evening after a repeat MRI scan of her brain. As we could not stay over with her in the intensive care unit, we went home and returned the next morning. To our horror, my wife and I discovered that she did not look at us when we spoke to her, nor did she look at the handphone screen when we set up a video call with her grandparents. I did a confrontational test, and it confirmed my suspicion that she was blind, as she did not blink. Subsequent review by the specialists and a battery of investigations concluded that she had cortical blindness.

CM: What were you most worried about when your daughter was sick?

BT: My top worry was what would happen if she did not recover from her blindness and how it would affect her growth and future.



Dr Barry Tan and his lovely, happy family

“It was more of the fear of the unknown and I was hoping that the healthcare team could give me the answers.”

CM: What help did you hope to receive from the doctors and nurses at that time?

BT: I was hoping that I had the answer from the medical team on what her prognosis was, and more importantly if she would recover from her neurological deficits. It was more of the fear of the unknown and I was hoping that the healthcare team could give me the answers.

CM: What were the challenges you faced when your daughter was hospitalised?

BT: There were two main ones. Trying to keep my daughter entertained and occupied in the ward was one of the most challenging tasks. Apart from not being able to leave the hospital, she wasn't able to walk as she could not see. My wife and I regularly brought her out of the ward, talking to her about her surroundings by describing what was around her and the colours of the objects. While in the ward, we played her favourite videos on YouTube Kids and she sat on our laps or in her cot while listening to the songs. My second concern was that my wife might be too tired. I was worried about my wife as she was accompanying our daughter while I was at work. I was worried she wasn't getting the rest that she needed.

CM: How did your family cope?

BT: We were fortunate to have physical and emotional support from family, relatives, and friends. My parents and my in-laws visited my daughter regularly. Relatives and friends sent their blessings to us. Some even went all the way to the temple to obtain amulets for my daughter, while some visited us and delivered food to us.

“We were fortunate to have physical and emotional support from family, relatives, and friends.”

CM: Please describe three things that helped you and your family to pull through.

BT: Support, faith, and hope.

CM: Did this experience change your perspectives of a healthcare staff's role and is there any advice you would like to give fellow healthcare staff?

BT: One of the biggest takeaways was that I learnt that healthcare staff have a very important and influential role in making the stay in hospital as painless as possible. A smile and a simple word of concern from the staff can have a tremendous impact in alleviating the pain and worry of a patient and his/her family member.

“I learnt that healthcare staff have a very important and influential role in making the stay in hospital as painless as possible. A smile and a simple word of concern from the staff can have a tremendous impact in alleviating the pain and worry of a patient and his/her family member.”

CM: How is your daughter recovering and adjusting back to nursery?

BT: She has recovered her sight fully, and she is doing well in nursery!

CM: We are glad to hear that. Can you share with us what you are looking forward to doing together with your family in the next three years?

BT: I am looking forward to moving my family into our new place, which will hopefully be ready by the end of 2023. We hope to be able to dedicate time to bring our daughter to explore Singapore and other countries, and creating many beautiful memories together as a family!

CM: Thank you for taking the time to be vulnerable and sharing your journey with us. Here's wishing your family all the best in the years ahead!

■ CM

What GP Clinics Should Know About The Code of Practice For Clinic Management System Data Portability

by Dr Chiang Shu Hui Grace, Honorary Editor, College of Family Physicians Singapore

In April 2023, the Code of Practice for Clinical Management System (CMS) Data Portability (“Code”) Version 1.0 was issued by the Ministry of Health (MOH) Infocomm, Technology and Data Group. The Code aims to ensure data portability for fidelity of patient records are maintained and patient care and safety upheld when GP clinics switch from one CMS to another.

For a CMS to be considered as a HSG-compatible CMS, CMS Vendors are required to self-declare adherence to the Code, one of the criteria under the CMS Tiering Framework for Primary Care.

This article aims to educate GP clinics on the following:

A. Why Was the Code of Practice Developed?

The Code is intended to¹:

1. Set out the practices that CMS Vendors shall comply with in the provision of support or services to ensure data portability;
2. Promote a client-centric approach to the provision of data migration services to ensure data portability; and
3. Advocate best practices for data portability across the CMS industry.

B. To What Extent Does The Code Enable GP's Right to Exercise Data Portability?

The spirit of the Code is for the requesting GP clinic to facilitate the discussions regarding data portability between the Outgoing CMS Vendor and Incoming CMS Vendor, so that an arrangement may be agreed upon by the three parties.

At present, while the Code is not legally binding, as per the Committee of Supply 2023: Empowering Healthy Lives,² the Health Information Bill is expected to be tabled in the 2nd half of 2023. The bill will facilitate integrated and seamless care with safe and secure data sharing by ensuring proper collection, use and sharing of patient information across different healthcare providers and care settings.

Additionally, the new data portability obligations under the proposed new Part VIB of the Personal Data Protection Act (PDPA) will provide individuals with increased autonomy and control over their personal data. It will also serve to support the services of other organisations that have an ongoing relationship with the individual, by facilitating better use of personal data. This obligation will ensure that

should an individual request, organisations are required to transfer the individual's personal data in its possession or under its control to another organization.

C. How Does the Code Recommend that Data Portability Be Operationalised?

The GP Clinic, their Incoming and Outgoing CMS Vendors should be involved in the data migration process. It is recommended that all parties are to be involved in the development of the data migration plan and should arrive at a mutual understanding and agreement on the data migration plan before its execution.

“The Code aims to ensure data portability for fidelity of patient records are maintained and patient care and safety upheld when GP clinics switch from one CMS to another.”

Table 1: Overview of responsibilities of parties involved in data migration¹

Parties involved	Responsibilities
Incoming CMS Vendor	<ul style="list-style-type: none"> Propose, discuss and seek Client's* agreement on a plan for data migration (“Data Migration Plan”); Work with the Outgoing CMS Vendor to execute the approved Data Migration Plan; Ensure that migrated data is accessible via the CMS; and Support the Client in data validation.
Outgoing CMS Vendor	<ul style="list-style-type: none"> Discuss, support and agree with the Client and Incoming CMS Vendor on the Data Migration Plan; Support the Incoming CMS Vendor in executing the approved Data Migration Plan; and Support the Client and/or Incoming CMS Vendor in data (export) clarification.
Client (GP Clinic)	<ul style="list-style-type: none"> Review and approve the Data Migration Plan; Instruct the Outgoing CMS Vendor to support the Incoming CMS Vendor. This includes making arrangements for financial compensation, if applicable; Involve the relevant parties in the planning and execution of the data migration, if needed; Work with the Incoming CMS Vendor to validate dataset post-data migration; and Provide confirmation to the Incoming CMS Vendor and the Outgoing CMS Vendor through the agreed mode of communication stating that the data migration is complete.

*Client = GP Clinic

Table 2: Key steps in the data migration and the corresponding role of each party¹

	1. Request for Data Migration	2. Development of Data Migration Plan	3. Execution of Data Migration	4. Follow-up Post-Data Migration
Incoming CMS Vendor	C	R, A	R, A	R
Outgoing CMS Vendor	C, I	C	R	R
Client (GP Clinic)	R, A	C	I	R, A

Responsible (R) = Assigned to complete the task or deliverable
 Accountable (A) = Has final decision-making authority and accountability for completion. Party also has ultimate control over the project and its resources.
 Consulted (C) = A stakeholder or subject matter expert who is consulted before a decision or action. Not directly involved in carrying out the task.
 Informed (I) = Party must be informed before/after a decision or action.

“...the Health Information Bill is expected to be tabled in the 2nd half of 2023. The bill will facilitate integrated and seamless care with safe and secure data sharing by ensuring proper collection, use and sharing of patient information across different healthcare providers and care settings.”

The Code details the roles and responsibilities of each party involved; and the steps required for data portability to be achieved.¹

D. What Are Some Possible Scenarios of Non-Compliance By CMS Vendors?

Table 3 shows a few scenarios in each step of the data migration process where CMS Vendors might be found to be non-compliant to the Code:

“...the new data portability obligations under the proposed new Part VIB of the Personal Data Protection Act (PDPA) will provide individuals with increased autonomy and control over their personal data.”

E. What Should GP Clinics Do If Their CMS Vendors Do Not Comply With The Code?

Should any of the above scenarios (Table 3) arise, the GP clinic should first liaise with the outgoing and incoming CMS vendor to rectify the issues. However, if no amicable resolution is reached, the GP clinic may feedback to his/her AIC account manager [https://form.gov.sg/63dde1b5d51570011ad5df3] to report the vendors' non-adherence to the Code.

Reporting GP clinics are encouraged to include screen captures and relevant information of the breach in the code to ease the reporting process.

For example: Outgoing CMS Vendor A refuses GP Clinic B's request for data migration. This is despite both GP Clinic B and Incoming CMS Vendor C attempts to reach out to Outgoing CMS Vendor A multiple times through various means over a period of time e.g. email, phone etc.

GP Clinic B should then feedback to AIC with the following details:

1. Details of involved parties:
 - a. Party who is non-adherent to the Code: Outgoing CMS Vendor A.
 - b. Parties seeking to file a complaint: GP Clinic B, Incoming CMS Vendor C.
2. Details of non-adherence:
 - a. Refusal to facilitate data migration.
3. Describe events leading up to non-adherence:
 - a. Both parties have sought to contact Outgoing CMS Vendor A over a period of time (include time period) via email, phone etc.
 - b. Outgoing CMS Vendor A has responded by e.g. ignoring emails/phone calls, directly refused to facilitate data migration etc.
 - c. Include screenshots of correspondence if available.

(continued next page)

(continued from Page 25: CMS Code of Practice)

Table 3: Possible scenarios

Key Step	Scenario	
	Outgoing CMS Vendor	Incoming CMS Vendor
Request for data migration	<ul style="list-style-type: none"> Ignoring/refusing requests for data migration 	
Development of data migration plan	<ul style="list-style-type: none"> Not availing itself for clarifications and discussions on the technical feasibility and details (such as data format and quality) in respect of the data migration with the Incoming CMS Vendor and the Incoming CMS Vendor's personnel Uncooperative in developing the data migration plan which may include items such as expected data output and its format, number of exported datasets required, the data migration schedule, and any other technical matters Not providing assistance in relation to technical matters 	<ul style="list-style-type: none"> Not availing itself for discussion with the client*/ Outgoing CMS Vendor when developing the data migration plan and schedule Not informing the client of the related functional impacts, which may arise from differences in datasets or data code standards between the existing and new CMSes, that cannot be migrated into the new CMS Not explaining to the client the support required from the client to achieve pre-agreed outcomes
Execution of data migration plan	<ul style="list-style-type: none"> Not completing the data migration within the timeframe agreed upon in the data migration schedule Not fulfilling the responsibilities set out in Table 1 Not working with the parties involved in Data migration to address and rectify issues in a timely manner Not taking reasonable steps to protect Patient Records from misuse or loss, and from unauthorised access, modification, or disclosure 	
	<ul style="list-style-type: none"> Not providing the client or Incoming CMS Vendor with a written guide (for example, a data dictionary), when requested, to assist the Incoming CMS Vendor with data migration. The written guide shall include information which would assist the client or Incoming CMS Vendor in the interpretation of the exported data 	<ul style="list-style-type: none"> Not keeping the client updated on the progress of the data migration and escalate issues or challenges to the client in a timely manner
Follow-up post-data migration	<ul style="list-style-type: none"> Not exporting the agreed upon data items Not providing the client/Incoming CMS Vendor the exported data in a format that is acceptable Terminating CMS access prematurely i.e prior to the completion of data migration and any post-data migration activities 	

*Client = GP Clinic

Do note that issues such as financial disputes and IT issues such as repeated downtime etc are not considered non-adherence to the Code. GP clinics should seek recourse avenues through other relevant bodies.

Summary:

- The spirit of the Code is for the requesting GP clinic to facilitate the discussions regarding data portability between the Outgoing CMS Vendor and Incoming CMS Vendor, so that an arrangement may be agreed upon by the three parties.
- Operationalising data portability is the responsibility of all three parties involved, i) the client (GP clinic), ii) Outgoing CMS Vendor, and iii) Incoming CMS Vendor. It is recommended that the terms be stipulated and agreed upon.
- CMS Vendors who deny the GP clinic's request for this data portability may be accused of information blocking and are in breach of the Code and the terms set previously to be regarded as a HSG-compatible CMS.
- The GP clinic may feedback to AIC to report the vendors' non-adherence to the Code if a resolution is not reached despite multiple attempts.

References:

- CODE OF PRACTICE CLINIC MANAGEMENT SYSTEM (CMS) DATA PORTABILITY Effective Apr 2023 Version 1.0 Issued by MOH Infocomm, Technology & Data Group Code of Practice for Clinic Management System Data Portability [Internet]. [cited 2023 Jun 21]. Available from: https://www.moh.gov.sg/docs/librariesprovider5/resources-statistics/guidelines/code-of-practice-for-cms-data-portability_v1_final.pdf
- MOH | Committee of Supply 2023 [Internet]. www.moh.gov.sg. [cited 2023 Jun 21]. Available from: <https://www.moh.gov.sg/cos2023>

CM

My CMS Shopping Experience

Part 2

by Dr Lawrence Ng Chee Lian

THE 5 GOLD-TIER SOFTWARES OR CMS VENDORS

Disclaimer: This list is not exhaustive and does not endorse or discredit any particular software or vendor. It also does not guarantee HSG-compatibility – for this, please check with AIC and the respective vendors. Our apologies for any errors.

The five gold-tier softwares reviewed are as follow (Note that these are not in order of merit but in order of the total number of clinics/users in Singapore installed with the software, based on information submitted by the vendors. One vendor uses the word “installations”):

Plato (“Plato”)

No. of users: 2,500 clinics in total. 500 of which are GP clinics.

Founded: 2015

Company size: 10

Fees: \$200/month (billed per annum + GST)

Contact: support@platomedical.com

Comments: Plato is an extremely stable system, and it automates the most amount of work – from automating patient registration via Singpass, to payment automations via Plato

Clinic Assist (“Clinic Assist”)

No. of users: 1,300 clinics (46% of users are GPs)

Founded: 1995

Company size: 46

Fees: Basic \$150-\$250/HSG Package \$300-\$400

Contact: enquiry@eclinic.com.sg

SGiMED (“Hummingbird”)

No. of users: 360 clinics (75% of users are GPs)

Founded: 2014

Company size: 27 (consists of nine in customer support team, 18 in product development)

Fees: \$200/month on annual subscription basis (per annum of \$2,400). \$500 for optional on-site training

Contact: sales@sgimed.com

iHis (GP Connect)

No. of users: 190 clinics (No breakdown of % of users who are GPs)

Founded: 2008

Company size: More than 3,800 staff

Fees:

- New PCN subscriber sign-up:
 - Before 1 July 2023 – \$250/month for 2 years with the first year fees paid upfront
 - From 1 July 2023 – \$350/month for 2 years subject to further review
 - New non-PCN subscriber sign-up:
 - Before 1 July 2023 – \$250/month for 2 years with the first year's subscription paid up front
 - From 1 July 2023 – \$250/month for 2 years subject to further review
- Contact: GPIT@ihis.com.sg

Galen (Galen Health)

No. of users: 150 installations (50% of users are GPs)

Founded: 2017

Company size: 25

Fees:

- \$200/month per location (Per annum of \$2,400)
 - HSG Subscription: the 4th and 5th years are free with a 3-year agreement
 - Setup + on-site training + Onboarding is already included in per annum fees
 - 24/7 support (unique to Galen only)
- Contact: inquiry@galenhealth.io

“Laboratory integration with the CMS may also be a useful feature for you. It helps to reduce the need to manually transcribe the laboratory results, especially if the data can be auto-populated into your CMS (i.e. full integration).”

(continued next page)

(continued from Page 27: My CMS Shopping Experience: Part 2)

SIMILARITIES AMONG ALL 5 GOLD-TIER SOFTWARES

(Information is taken from a table containing a compilation/ comparison of software done by CFPS published in the College Mirror in May 2023 and an info-chart from AIC dated as of 28 Mar 2023.)

- All 5 are based in Singapore.
- All 5 have "CHAS bundle".
- All 5 have CDLENS + NIR + CMIS.
- All 5 are "NEHR-Integrated".
- All 5 are targeted to be HSG-compatible by/in May 2023.
- Technical support: Yes. But there is a huge variation in the type of support (via telephone or WhatsApp or email, etc). There are also variations in the availability of after-hours (some stop at 6pm) support or support on public holiday and weekends. Check the table or check with the respective vendors to make sure the hours and the type of support suit your practice.
- On-site or online training: Yes. There is variation in that some provide free online training only with on-site training payable on a per-hour basis (\$50/hour). Training is especially important when the clinic is "onboarding".
- Data migration: Unclear according to the table.
- Level of cybersecurity: Yes, all provide 2FA security.

- Are claims for HSG clinical indicators automated: Yes
- Are national schedule vaccinations claims automated (Child NCIS and adults NAIS): Yes
- Are claims for SFL (Screen-For-Life) automated: Yes
- Are infectious diseases notification automated: Yes
- Are there any other automated submissions and claims: Yes. See table for details.
- Integration with laboratories: Yes. See table for details and variations; not all labs are integrated for some software (only Clinic Assist has full integrations with labs). Check that the labs your clinic frequently uses are integrated with the particular software. N.B.: Pathlab is integrated with only Clinic Assist and no other CMS at the time of writing. Innoquest Lab is fully integrated with all CMSes.
- Any customisations allowed: Yes. See table for variations. This is one of the biggest differentiations among the software. Please check with the respective vendors.
- Appointment booking & sending of reminders: Yes
- Tele-consultation functionality: Yes for 4 vendors but not for GP Connect (iHis).
- Any other Unique or Additional services: Yes. See table. Again, this is one of the biggest differentiators of the various software. Please check with the respective vendors and ask for a demonstration.

Vendor Product and Contact Info (as of 10 March 2023) In alphabetical order	CHAS bundle	Clinical Bundle	NEHR-Integrated	Target date to be HSG-compatible	Innoquest	Reste	Parkway	Eurofins	PathLab
Clinic Assist (GP Version) enquiry@eclinic.com.sg	✓	CDLENS + NIR + CMIS	✓	May 2023	Full				
Galen Health inquiry@galenhealth.io					Full	WIP	Full	WIP	
GPConnect GPIT@ihis.com.sg					Full	WIP	Full	WIP	
HummingBird E Clinic (SGIMED) sales@sgimed.com					Full			WIP	
Plato support@platomedical.com					Full			WIP	
UNO hello@unotech.io					CDLENS + NIR	WIP	Full	WIP	

• Full integration means that lab results from lab are sent to the CMS and auto-populated into relevant data fields in the CMS (e.g. Hba1c data field)
 • PDF integration means that lab results from lab are sent as PDF document to CMS, but these results from the laboratory are not auto-populated into the data fields in the CMS
 Note: The labs stated above are also integrated with NEHR for COVID data contribution currently. Pls check with individual labs to contribute your clinic's day to day results to NEHR.
 WIP = Work-in-Progress

Laboratory integration with the CMS may also be a useful feature for you. It helps to reduce the need to manually transcribe the laboratory results, especially if the data can be auto-populated into your CMS (i.e. full integration). The table above shows the extent of lab integration of these CMSes, based on consolidated feedback from GPs and verified with the lab providers and CMS vendors. For more information, you may approach the respective CMS vendors as there may be different packages and prices to enable integration.

■ CM



Professionalism, Ethics and Law (PEL) — Challenges in Primary Care

Sat, 14 Oct 2023: 2.00pm - 4.00pm

PROGRAMME

Introduction : Continued Professional Development in Professionalism, Ethics and Law

Panel Discussion: PEL – Challenges in Primary Care

Case-based Discussion: Medical Confidentiality & Disclosure

PANELLISTS

Dr T Thirumorthy	A/Prof Goh Lee Gan
Dr Wong Tien Hua	Dr Swah Teck Sin
Mr Lek Siang Pheng	Dr Paul Goh
Dr Eng Soo Kiang	Dr Suraj Kumar

FACILITATORS

Dr Suraj Kumar
 Dr James Cheong
 Dr Rose Fok

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

- WEBINAR (2 Core FM CME points)
 - Sat, 14 Oct (2.00pm - 4.00pm)

*Registration is on first-come-first-served basis. Please register by 11 Oct 2023 to avoid disappointment.

This Family Practice Skills Course is organised by College of Family Physicians Singapore.



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

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



REGISTRATION

Professionalism, Ethics and Law (PEL) – Challenges in Primary Care

Please tick (✓) the appropriate boxes

FREE REGISTRATION for College Members!

	College Member	Non-Member
Webinar (Sat)	FREE	\$32.40
	TOTAL	

All prices stated are inclusive of 8% GST with effect from 1 January 2023.
 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.cognitofirms.com/CFPS/ethicscme>

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 2023 to 6 Aug 2029

Sneak Preview of FPSC113 BASIC OBESITY MANAGEMENT COURSE 7-8 OCT 2023

Introduction

Associate Prof Goh Lee Gan (GLG) recently spoke to Dr Tham Kwang Wei (TKW) and Dr Benjamin Lam (BL), the organisers of the forthcoming BOMA (Basic Obesity Management Accreditation) Course, to give readers a sneak preview of the course.

GLG: Hi Kwang Wei and Ben, the BOMA Course has gone through two rounds and we will be having the third round on 7-8 October 2023. I would like to put several questions to both of you.

Qn1 - Kwang Wei and Ben, from your perspective, what have we achieved so far in imparting a deeper understanding and practice in obesity management among our primary care doctors, specialists, nursing, and allied health staff?

TKW: To be honest, Prof, we haven't measured the exact impact of our educational programmes. We do know that obesity is not adequately addressed in healthcare education in general and there is definitely a need for this.

With overweight and obesity affecting nearly 60% of our adult population, and 13% of our children and adolescents having obesity, the ensuing related medical and psychological sequelae are commonly encountered in all our practices. This has raised the awareness and the urgency for each of us, regardless of our healthcare roles, to equip ourselves with the knowledge and skills to manage overweight and obesity. Like all aspects of medicine, education on obesity is an ongoing process.

The successes of the last two BOMA courses in 2021 and 2022 have reflected the keen interest among primary care doctors in obesity and its management. The positive feedback and evaluation by participants reflecting increase in understanding and usefulness of the course topics in their practices is a testament to this. Various healthcare groups and societies have also been organising obesity professional education events and courses, and we have witnessed an overall uptake in participation.

Through these obesity professional education, we aim to impart the science of evidence-based knowledge in obesity and its management as obesity or weight-related issues have

traditionally been viewed as the result of one's inadequate lifestyle or related to one's lack of willpower.

BL: With the implementation of Healthier SG, primary care physicians will most likely need to manage overweight and obesity more often. We do hope that these educational events will come in useful in their daily practices and benefit their patients and families.

Qn2 - What are the challenges to a greater adoption of the principles and practice of obesity management Singapore?

BL: Evidence indicates that less than half of those with obesity receive weight loss guidance from their physicians. Primary care providers often attribute this to perceived motivation gaps, alongside challenges like limited obesity care understanding, discomfort in discussing a sensitive subject, and time/resource constraints.

Conversely, research among individuals with obesity highlights an expectation for family physicians to lead weight management discussions, with merely 3% finding such dialogue offensive—a result gleaned from an online survey involving 14,502 participants across 11 nations.

This study also illuminates that nearly half of respondents express motivation for weight loss, with 80% having previously made significant efforts. These insights offer assurance to primary care practitioners, revealing that a substantial majority of the population with obesity is open to weight management assistance.

Therefore, the role of primary care physicians in addressing Singapore's overweight and obesity issues is crucial. We will share on how to initiate a collaborative conversation, as well as a useful and practical framework on how to counsel someone with obesity during this course.

Our common aim is to empower primary care physicians, especially in the context of Singapore's "Healthier SG" initiative.

TKW: Unfortunately, weight bias and stigma can thwart the uptake of treatment by people with obesity and the way healthcare professionals interact with people with obesity. As implicit as it may be, the sequelae of weight bias and stigma is actually serious and a hindrance to obesity management and prevention. Without a change in mindset and approach, it is challenging to make headways in obesity management.

During the upcoming BOMA course, we will also talk about weight bias and stigma and its impact, and how to address these.

Qn3 - Can you both share your experience in the use of anti-obesity medications (AOMs) for weight reduction?

TKW: AOMs play an essential role in obesity management. Most of my patients are faced with obesity-related complications, some being very severe. The urgency to have them lose weight to treat these complications is quite high. Most have already tried to lose weight on their own and are either unable to achieve clinically significant weight loss or regain the weight they have lost due to the physiologic adaptation to weight loss in humans. As a chronic disease, the aetiology of obesity needs to be tackled and AOMs can be used to do so. Hence, AOMs are often needed in our practices to best benefit our patients' health.

BL: There have been exciting developments especially of late with AOMs. We know that each medication carries with it benefits as well as side effects and contraindications. Judicious use in appropriately selected patients should be the approach.

During the BOMA course, we will cover the approach to the use of anti-obesity medications, which include the indications, contraindications, and side effects, and share on how to select the appropriate patients needing AOMs and monitor their progress.

Qn4 - What are your take-home messages for our readers?

BL & TKW: Obesity is definitely becoming a serious medical problem worldwide and in our practices. Beyond "eating less and moving more", obesity is a rather complex disease. Understanding the issues and equipping ourselves to deal with these challenges would be the needful way to go.

We have given careful consideration into the planning of each run of BOMA

Day 1 - Laying The Foundation (Saturday, 7 October)

Duration	Timings	Topic	Speakers
10 mins	2:00 - 2:10pm	Opening by SASO & CFPS Representatives	Prof Goh Lee Gan (CFPS) Tham Kwang Wei (SASO)
30 mins	2:10 - 2:40pm	Understanding Obesity: How and Why?	Lee Yingshan (SASO, TTSH)
		Understanding Obesity as a disease, the etiology and causative factors of obesity including weight stigma	
15 mins	2:40 - 2:55pm	Starting the Conversation on Obesity	Benjamin Lam (SASO, CFPS, KTPH)
		• Presentation and Case overview by speaker: video demo • Motivational Interviewing	
25 mins	2:55 - 3:20pm	Approach to the Patient with Obesity	Benjamin Lam (SASO, CFPS, KTPH)
		• History, assessment and overall approach to management	
10 mins	3:20 - 3:30pm	BREAK	
25 mins	3:30 - 3:55pm	Dietary Interventions for Weight Loss	Izabela Kerner (SNDA)
25 mins	3:55 - 4:20pm	Moving it for the Weight Loss	Ivy Lim (Sports Med, CGH)
25 mins	4:20 - 4:45pm	Intensifying Treatment: Bariatric Surgical Interventions	Shanker Pasupathy (SASO)
30 mins	4:45 - 5:15pm	Approach to Childhood and Adolescent Obesity	Elaine Chew (KKH, SASO)
15 mins	5:15 - 5:30pm	Combined Q & A	All
	5:30pm	CLOSE	

Day 2 - Getting Into Action (Sunday, 8 October)

Duration	Timing	Topic	Speaker
10 mins	2:00 - 2:10pm	Opening and Recap	Benjamin Lam (SASO, CFPS, KTPH)
20 mins	2:10 - 2:30pm	Weight Gain in Women at Mid-Life: A Practical Approach	Emily Ho (SASO, SGH)
15 mins	2:30 - 2:45pm	The Patient Experience in Obesity Management	Sharing of lived experience*
20 mins	2:45 - 3:05pm	Role of Weight Bias and Stigma in Obesity Care	Tham Kwang Wei (SASO, WH)
10 mins	3:05 - 3:15pm	Q & A	
10 mins	3:15 - 3:25pm	BREAK	
40 mins	3:25 - 4:05pm	Pharmacotherapy and Novel Therapeutics in Obesity Management	Speaker: Tham Kwang Wei (SASO)
55 mins	4:05 - 5:00pm	Case Discussion: 3 cases (~18 mins per case)	Moderator: Tham Kwang Wei CFPS: Leong Choon Kit, Donna Tan, Suraj Kumar SASO: Lee Phong Ching, Tan Kok Kuan, Adrian Toh
		1) The patient who eats very little: VLCD + AOM + PA (Tan Kok Kuan, dietitian)	
		2) The emotional/stress eater: MI, CBT + AOM (Adrian Toh, Lee PC)	
5 mins	5:00 - 5:05pm	Closing	Prof Goh (CFPS) & Tham Kwang Wei (SASO)

TOTAL 210 mins (3.5 SCOPE points) + 180 mins (3 SCOPE points) = 6.5 hours (total possible 6.5 SCOPE points).
Online Quiz: 30 MCQs after Completion of 2 Sessions (available on 8 Oct 2023)

course with Day 1 having topics consistent throughout the years, while for Day 2 we incorporate new topics each year with case discussions especially for those who wish to re-accredit. The ongoing interest and participation of doctors has given us the impetus to have an annual run of the BOMA course. We appreciate feedback from participants for other useful topics/aspects of obesity for our future runs as well.

GLG: Thank you Kwang Wei and Ben for the sneak preview. We invite our readers to attend the BOMA 3 skills course. Once again, the dates are: Saturday and Sunday, 7-8 October 2023. I look forward to seeing all of you. Thank you.

Child and Adolescent Preventive Mental Health Care

Sat, 16 Sept 2023: 2.00pm - 5.30pm
Sun, 17 Sept 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: Screening for learning/developmental behavioural disorders
- Unit 2: HEADSS Screening Adolescents for Mental Health Problems in Community
- Unit 3: Eating Disorders
- Unit 4: Managing oppositional behaviours
- Unit 5: Depression in Adolescents
- Unit 6: Inclusive healthcare for disability across lifespan – epidemiology & services

WORKSHOPS

Day 1 & 2: Case studies/Panel Discussion

SPEAKERS

- | | |
|------------------------|-------------------|
| Dr Lian Wee Bin | Dr Annabelle Chow |
| Dr Courtney Davis | Dr Adrian Loh |
| Dr Rajeev Ramachandran | Dr Lim Hong Huay |

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

- **SEMINARS** (2 Core FM CME points)
DAY 1 • Sat, 16 Sept (2.00pm - 4.00pm)
DAY 2 • Sun, 17 Sept (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)
DAY 1 • Sat, 16 Sept (4.30pm - 5.30pm)
DAY 2 • Sun, 17 Sept (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 13 Sept 2023 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**.



REGISTRATION

Child and Adolescent Preventive Mental Health Care

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"/> \$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 **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/FPSC112>

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 2023 to 6 Aug 2029