



THE College Mirror

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Family Doctors Leading the Way to Better Health

by Adj Asst Prof Tan Tze Lee, President, 26th Council, College of Family Physicians Singapore

On 19th May, the College celebrated World Family Doctor Day with the fraternity of family doctors throughout the world, and used this opportunity to highlight the many contributions family doctors have made to the health of our country.

In 1963, the World Health Organisation first mooted the idea of training family doctors in every country in the world. In 1973, a WHO working group again defined the general medical practitioner (GP) as being a key player in the healthcare of a population.

Whilst medicine as a whole has, over the years, become more specialised, the family physician has remained true to the discipline of generalist medicine. We take care of those in our charge holistically, and our commitment

“We take care of those in our charge holistically, and our commitment to the community is very often absolute.”

to the community is very often absolute. We are in that special place, where we can better understand the biomedical and psychosocial needs of our patients, as our relationship with them often spans decades and across generations.

In Singapore, our very own GPs set up the Singapore College of General Practitioners in 1971 (the predecessor today's College of Family Medicine, Singapore), and also started the first GP

training programme in Singapore. The first batch of 7 diplomate members of the College qualified in 1972, and ever since then, the College has been a very strong advocate for postgraduate family medicine training in Singapore. Over the years,

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Our training programmes have been very successful, and to date, we have over a thousand compatriots qualified with the Graduate Diploma in Family Medicine, 557 with the Master of Medicine (Family Medicine), 305 with Collegiate Member of the College of Family Physicians Singapore, and 166 with the Fellow of the College of Family Physicians, Singapore.

It has been proven time and time again that a healthcare system that has primary care as its core, with care delivered by family doctors, achieves the best health outcomes at the lowest cost, and with greatest patient satisfaction.

As family doctors, our lives can be very hard and demanding. We are like the Sherlock Holmes of the consultation room, teasing out the truth about the real cause of illness, and these may often involve social, psychological and environmental ills as well.

For many of us, especially those in primary care, be it in public or private practice, we have patients in every age

group, complaining of every imaginable symptom and discomfort, with the expectation that we have the answer for them. In this modern 21st century, many people seek out their own medical information for themselves. They do a quick study, and teach themselves all sorts of things, including how to read and understand research reports!

They come for consultations very well-informed, often armed with thick dossiers of the latest literature on their condition. Very often they have seen many doctors already; they question, challenge, and sometimes have already made up their own mind. It can often be very challenging for us, but has every potential of enriching the doctor-patient relationship.

Our advantage is that we have every opportunity to get to know our patients well over long periods of time. This long-term relationship is key to the doctor patient interaction we have in family medicine.

Patients want care that is accessible and at a level they can afford. They want care that is "holistic", which is a good word, but what does it really mean? Care that treats the whole person - a person with unique experiences, including aspects of his family and social life? People often lament that they have so many appointments to the hospital to see various specialists. Is that what they want? Some of our patients will need specialist treatment in hospitals. We are in the best position to co-ordinate this.

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Reflections from Family Medicine Review Course (FMRC 2018)

Dr Wong Peng Yong Andrew, MCFP(S)

The Family Medicine Review Course 2018 was held at the Health Promotion Board on the afternoon of 19 May 2018, in conjunction with World Family Doctor's Day. This is the third consecutive year of its running and our Fellowship Class of 2017-2019 is privileged to organise the event with the support of the College of Family Physicians, Singapore (CFPS) and the Chapter of Family Medicine, Academy of Medicine Singapore (AMS).

Time flies as I recount the many blessings our class had received from conception (coincidentally 9 months back) to execution of this event. Though

it seemed daunting initially for a small committee to put together a large event like this, our hearts swelled with excitement and satisfaction when we eventually overcome every major hurdle together as one (e.g. planning the theme and programme, confirming speakers, securing the venue, canvassing for sponsorships, arranging the catering and stage management). We knew that we were continuing the legacy of growth and empowerment for our family medicine fraternity.

The labour was worth it as we witnessed the fruition of our efforts. Despite the rainy weather, we were

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Our health system is undergoing a massive transformation now, with a tremendous effort to bring more focus to the community.

Minister of Health, Mr Gan Kim Yong spoke in his Committee of Supply speech in 2016 of the "3 beyonds":

1. Beyond healthcare to health
2. Beyond hospitals to community
3. Beyond quality to value

These are lofty goals, with the ultimate goal of a true integration of our healthcare services across sectors.

Beyond Healthcare to Health

How can primary care and family physicians help achieve this?

We can indeed, and family doctors will be called more and more to lead the way to make this a reality.

Our world class healthcare institutions, staffed with highly skilled professionals providing first class healthcare, are equipped with cutting edge treatments which are the latest

in technology. All these come at a price, and when you think about it, are really treating people who have conditions that are entirely preventable or if detected at a much earlier stage, could have avoided the need for such expensive treatment.

Health and the prevention of disease is indeed the way forward. How wonderful it would be if our silver tsunami consisted of healthy fit elderly, able to live independently and continue to contribute meaningfully to society!

The hospital bed crunch would become a thing of the past as the frequent fliers would be much reduced, as with in-patient care. As the old adage goes, prevention is better than cure!

Once these primary care elements are in place, we will be able to witness as reality the transfer of more and more of the care to be based in the community, grounded in team-based services in the community.

I call on all of us in family medicine in Singapore to work more closely to bring this vision to fruition, to be united in one common goal, of making family medicine the foundation on which our health system is built.

In the words of Helen Keller:

“Alone we can do so little, Together we can do so much.”

CM

very encouraged by the warm presence of earnest learners (from trainees to veterans), distinguished speakers from various clinical disciplines, respected mentors in our Family Medicine fraternity and meticulous logistical support from the College Secretariat. Equally heart-warming was the sight of our Fellowship class promptly assimilating the different roles in this event (from emcees, ushers, stage managers to IT support), each exemplifying leadership which the College yearns to hone in every generation of Family Physicians (FP).

The afternoon began with a series of pharmaceutical company-sponsored talks on the

management of heart failure in the community, with perspectives both from a specialist and an FP. Following that, FMRC 2018 officially kicked off when our College president, Adj Asst Prof Tan Tze Lee and AMS chapter chairman A/ Prof Lee Kheng Hock gave their welcome addresses. We were then brought through 2 exciting common plenary sessions: Addressing the practice of defensive medicine and updates on the management of transaminitis and non-alcoholic fatty liver disease (NAFLD).

That wasn't all. After tea, our intellects were stimulated again by 2 concurrent talks.

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Editor's Words

by Dr Irwin Clement A. Chung Wei Hoong, MCFP(S), Editor (Team B)

They say that weather can affect one's mood. After a short welcome relief of unseasonably lower temperatures, plenty of shade and the occasional inundation, the weatherman predicted a warmer and drier spell as we enter the month of June. Needless to say, I am not a summer person, and the main grouse I have with living in the tropics is just that – the tropical heat. What is more depressing is the fact that the deadline for writing this note is coming dreadfully close, and I am dry as a bone as far as inspiration is concerned.

I can just see the whole editorial and publication team glaring at me with unforgiving eyes, as I singlehandedly hold up everyone's timeline and all they can do is wistfully watch their key performance indicator wither away into the red. Ah! That dreaded "KPI"... Now I have an idea, hot and dry weather notwithstanding.

At a recent management retreat (or as my boss aptly corrects – "advance"), the facilitator encouraged us to throw out that "bad word". KPI connotes at best a measurement, and at worst an operational target. In strategic talk, it becomes a "burden" and really narrows our ability to think big, be wild and aim high. That resonated. How often are we as both organisations and individuals

so consumed by the effort to "hit our KPIs" that we lose track of the higher purpose those KPIs are trying to reflect? And more often than not, KPIs are proxy measures that in themselves only aim to reflect somewhat the loftier corporate goals that they serve, and are neither means nor ends in themselves. The result of which is that we lose sight of the big picture and mindlessly chase meaningless data.

It's like the national consumption with education. We know that Singapore has a laudable education system with opportunity aplenty for most children who go through mainstream schooling. We know that exams exist as penultimate checkpoints for measuring a learner's acquisition, retention and application (hopefully not just regurgitation) of knowledge. But notwithstanding this enlightened perspective, we still subconsciously extrapolate performance in an exam to the charting of one's course in life and a defining judgement of a child's future (bright as the summer sun or bleak like a wintry storm, to borrow some meteorological metaphor). We must compare our child's achievements (or lack thereof) with that of our neighbour's kid, and what easier way than with school grades (or schools, for that matter)?



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UPDATE IN ASTHMA MANAGEMENT

One of the Ministry's "Beyonds" mentioned in this year's budget release is "Beyond Quality to Value". No doubt, it pertains largely to the need to not just do better or give more but to add more value. This could range from questions on cost of care to appropriateness of intervention. More is not necessarily better, and better not necessarily mean spending or doing more. Of what value is a particular clinical decision to an individual patient? Analogously, of what value is a particular system of care to the country?

We have primary care once again at the crossroads of reckoning. In this sea of international change that is compelling many economies to balance their books. Closer to home (in these blistering tropics), evolving demographics, disease patterns and socio-economic re-alignments are also driving the need to rethink how we care for our population. As far as caring for the masses is concerned, we are reminded time and again that a strong general practice in its various forms form the bedrock to good population health outcomes. And outcome is not just a number game.

What is health care that delivers good value? Hopefully the articles in this issue will present perspectives for our consideration. As we advance into the next era of healthcare, perhaps we should learn to sweat less over KPIs but strive to get ahead of the curve in discerning what matters more in delivering on good healthcare outcomes. Else as much as KPI diminishes the value of what it should actually indicate, it also becomes no more than a performance (which we affectionately term colloquially as 'wayang').

Oh, great! No need for the rain already. I have an editorial to submit.

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(continued from Cover Page: Family Doctors - Leading the Way to Better Health)

The gynaecology and dental track saw us gaining knowledge on the management of menopause and common oral conditions in primary care. Likewise, the paediatrics and palliative care track empowered listeners with skills to manage screen time in kids and palliative challenges in the community. The variety of topics covered truly reflected the broad-based training required of a FP these days across practice settings.

As the event drew to a close, we were particularly grateful for all the help and support from

the College, AMS, Sponsors, Secretariat, seniors, supervisors and course-mates, without which we would not have enjoyed this sweet taste of success. As the organising chairman, my take-home message is: Do leverage on the talents of others as you never know how much more you can learn from them. It is through sharing our talents and experiences that the practice of Family Medicine can help to advance the healthcare of our nation.

I look forward to the next FMRC in 2019!



Dr Charmaine Kwan, MMed(FM)

My batch mates and me had the privilege of organising the Family Medicine Review Course this year.

One of our first tasks was to decide on the focus and topics for this year's session. We chose topics that we felt were relevant in the current landscape of Family Medicine in Singapore. In addition, we also took a look at topics that had been covered by various FM events recently to avoid duplication. Having members working in various locations was really helpful, as we were each able to bring different perspectives to the table - this helped us to better consider what was relevant to Family Physicians in practicing in different clinical settings.

We also had the task of deciding on the location for the FMRC this year, as well as searching for various sponsors for the event. This was new to many of us, and the mentorship from our tutors as well as advice from the previous senior batch was helpful in guiding our process.

Leading up to the actual day of the event, there was much coordination needed to be done - with the administrative team assisting us, the printing company for the event booklets, the various speakers, the caterers, the sponsors, as well as engaging the help of the rest of our batch mates in the running of the actual event.

As the members of our team had varying skill sets, we were able to work well together, with each one of us contributing in different ways. In this regard, I also felt the importance of a group leader - we were fortunate to be under the leadership of Andrew, who always had a bird's eye view of the entire situation, and worked tirelessly to ensure that all the "parts" of the team were running smoothly.

While the process was an uphill task for all of us, I believe that we were able to come away with a great learning experience, especially with regards to what goes into the planning and behind-the-scenes work of such an event.

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Dr Wong Wei Teen, MCFP(S)

I applaud my colleagues who had spent much time and effort to put this event together - by engaging relevant stakeholders, approaching prominent experts in their field, mustering the logistics together, and synthesizing an array of topics relevant to family medicine and primary care, especially so in areas we are not so 'familiar' with and where we would do well to acquire knowledge and management skills, to better care for our patients.

As the emcee of the session, I had to privilege to contribute a small part for our fellowship batch, and provide some lighter notes to a teaching session post-lunch on a rainy afternoon. This would not have

been possible without the committed efforts of the organising committee and the constant support of our administrative helps from College.

As the theme of this year's World Family Doctors Day 2018 states: Family doctors - leading the way to better health. May we continue to learn well, and grow well to be finer persons and physicians for our patients and our community!

Dr See Qin Yong, MCFP(S)

When I was tasked as to lead the plenary sessions for FMRC 2018, I was apprehensive and concerned if I would be up to task. Thankfully, with the guidance of our supervisors and my fellowship course mates, and especially the administrative staff from the College, the event ran smoothly. Through the process, I learnt a lot about organising events and bonded closer with my class through teamwork.

Being an emcee, coordinating and working with the speakers were indeed a good learning process. As the trainings of the specialists and family Physicians vary, I learnt to work together with the speakers to personalise the knowledge for our FP colleagues.

Finally, as a FP, I have also learnt much about Woman's Health, Dentistry, Paediatrics and Palliative Medicine. I look forward to integrating and assimilating this new knowledge to my practice.

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Caring for the Active Elderly

Singapore's population demographic is undergoing a major transformation, with the number of senior citizens aged 65 years or older projected to double from 430,000 in 2014 to 900,000 in 2030. Meanwhile, evidence suggests that more people from the baby boomer generation are taking up exercise routines to stay healthy. A People's Association spokesperson told TODAY newspaper in 2016 that the number of seniors participating in fitness classes at community centres across the country has increased a hundredfold from 150 in 2011 to around 15,000 in November 2015.

This upward trend is not just seen in the elderly. The 2014 Sports Index Survey conducted by Sport Singapore showed that 38% of respondents engaged in sporting activities at least three times a week, compared with just 16% in 2001. This twofold increase in regular sports participation is expected to gain momentum as the government continues to promote an active lifestyle as part of its strategy in the war against diabetes and other chronic diseases.

However, in tandem with this increase in exercise participation, the number of sports and exercise-related injuries in the older age groups also appears to be increasing. Tan Tock Seng Hospital's physiotherapy department reported in 2016 that the number of older people referred for treatment has doubled since 2011, with the most common injuries being joint-related issues (especially at the knees), muscle strains and injuries resulting from overuse.

Injuries such as these can often be managed effectively at the primary care level by physicians with the essential sports medicine skills, which would free up capacity in the sports medicine specialist clinics to manage more complex cases. Even in current practice, musculoskeletal conditions form a significant proportion of cases seen by the general practitioner. According to Adj. Associate Professor Benedict Tan, Chief of Sports Medicine at Changi General Hospital, who is also an Asian Games Gold medallist and Olympian in the sport of sailing, "Sports injuries see better outcomes when given prompt attention, and that is why primary care doctors need to be better equipped to manage these injuries."

In addition, apart from advocating prompt care for musculoskeletal injuries, the international sports medicine community has, for more than a decade,

been developing programmes to promote exercise prescription as an alternative or adjunct to drug prescription for the prevention and treatment of chronic disease and falls. The skills inherent in sports medicine practice are highly relevant as our system for care delivery makes a strategic shift from "healthcare" to "health" to better address the challenges posed by a fast ageing society.

Demand outstrips capacity of sports medicine services

Sports medicine care is currently accessible at specialist clinics in a few public hospitals and private clinics run by fewer than 30 registered sports medicine specialists. This small pool of specialists serves the general public, the military, the police, artistic and athletic populations, and also provides medical support for major sporting events. The mismatch is likely to increase exponentially in the next 10 to 20 years as demand by the general public in particular continues to rise. It therefore behoves us to increase the complementary pool of primary care practitioners with relevant sports medicine skills and knowledge to help meet demand.

New certification in sports medicine

To fulfil this objective, the Lee Kong Chian School of Medicine (LKCMedicine), Nanyang Technological University, in partnership with Changi General Hospital's Department of Sports Medicine, launched Asia's first Graduate Diploma in Sports Medicine (GDSM) programme for doctors, including general practitioners and family physicians.

The SMC-accredited one-year programme, which will have its inaugural intake in July 2018, aims to equip physicians with knowledge and skills to manage musculoskeletal injuries. Participants will also be trained to prescribe exercise as a tool for chronic disease prevention and management.

Making sports medicine accessible to all

Bringing sports medicine into the heartlands and making services easily accessible to the general public is an essential component to achieve the government's vision of delivering health to all Singaporeans and galvanise its effort against the onslaught of chronic disease. With better and timelier care, there can be optimism that more Singaporeans will lead increasingly active and engaged lives even as they live longer.

The Light at the End of the Tunnel

by Dr Low Sher Guan Luke, FCFP(S), Hon. Treasurer, Chief Editor

Ask any medical students “What do you most look forward to?” and the most common reply will be “the light at the end of the tunnel”. Most of us know what that means, which is finishing the final year exams and finally becoming a long-awaited doctor. That was what the medical students in the class of 2018 experienced on 1st June 2018... they finally saw the light! And CFPS was invited to be part of their graduation celebration.



Prior to attending the graduation dinner, I was furiously trying to recollect my own graduation dinner 13 years ago but nothing came to mind. It was then that I realized we did not even have a graduation dinner at all! There was only an announcement and collection of results, and then a graduation

ceremony in NUS. As the lift doors in Marriot Hotel Tangs Plaza opened at the level of the graduation dinner, I was overwhelmed by the grand scale of the celebration... lots of gold, glitter, happy faces of students and family members formally dressed in black, white and gold. It felt like a dinner party celebration. People were posing at photo booths or having cocktail drinks. As I entered the ballroom, the students were rehearsing for their singing and dancing performances. It was a grand sight to behold!

Throughout the dinner party, the students put up entertainment items and performances that really spiced up the event and exuded joy and happiness, infecting every dinner participant to join in their celebration. It was then that I realized that quite a number of the students



Dr Luke Low presenting the CFPS award in Family Medicine to Miss Lim Mei Xing

are talented in their own ways, be it singing, dancing, acting or playing musical instruments. They even made a hilarious video on how to survive their housemanship! I could sense the deep level of friendship and comradeship that they have built up over the years of studying and playing hard together, and going through thick and thin.

There were also various awards given out to deserving students, and CFPS proudly gave our award to the highest scoring student in the family medicine module to Miss Lim Mei Xing during the event as well. Congratulations to all the award winners! You have done well and deserved the recognition.

All celebrations must come to an end, and so did the dinner. But it is only the beginning of their long career in our esteemed profession, to be a good and caring physician to every patient they encounter. As Hippocrates put it so aptly, “Wherever the art of medicine is loved, there is also a love of humanity”. All the best to the Duke-NUS medical school class of 2018 students, and we look forward to seeing you join our ranks really soon!

■ CM



*(far left):
Graduating
class dancing
their way to
the stage*

*(left):
Dean Thomas
M. Coffman
giving his
heart felt
congratulations
to the
graduating
class of 2018*

Report on Fee Benchmarks Advisory Committee

by Dr Lim Hui Ling, MCFP(S), Honorary Assistant Secretary, 26th Council, College of Family Physicians Singapore

The Ministry of Health appointed a Fee Benchmarks Advisory Committee in January 2018 to recommend appropriate guidelines on fees for medical procedures and services. This was done with the triple aim of helping doctors set appropriate and reasonable fees, patients and employers make better decisions on medical care options and insurance companies improve policy design and claim assessments as well as determine provider panels.

The committee is being chaired by Dr Lim Yean Teng, a senior cardiologist in private practice, who had also served for 24 years in the public sector, inclusive of being Chairman of Medical Board at the National University Hospital. It comprises members from diverse backgrounds and practice, including doctors from both the private and public sectors, as well as representatives from private hospitals, the insurance industry and patient advocates (please see side bar).

CFPS welcomes the initiative by MOH to set up the Fee Benchmarks Advisory Committee and we are supporting it with representation on the Committee. Since the SMA Guidelines on Fees was withdrawn in 2007 in lieu of fair competition provisions, many of our colleagues in private practice have had difficulty deciding appropriate fees to charge, especially for less

common procedures and services. It has also been difficult to advise our patients about their options when we need to refer them on for secondary care.

The benchmarks are not meant to be restrictive and doctors can charge outside of these guidelines as long as they can justify them with good reason, giving due consideration to practice settings, complexity of cases, individual patient requirements and other variables. They are certainly not meant to unreasonably suppress fees. In fact, for Family Practice, MOH is more concerned that unsustainably low fees may make it difficult for GPs to provide the high quality primary healthcare needed by our population.

This fee benchmarking exercise will be a massive undertaking as we will be presented with very detailed data to analyse for each procedure, and will be taking into account many view points in setting the fees. The committee will publish its recommendations in phases starting with fee benchmarks for common surgical procedures in the second half of 2018. Benchmarks for consultation fees and other procedures more relevant to primary care will only be available later as data is not so easily available. CFPS will soon need to engage our members in practice with a survey on fees and we hope you will respond enthusiastically.

FEE BENCHMARKS ADVISORY COMMITTEE MEMBERS

CHAIRMAN

Dr Lim Yean Teng

Dr Lim Yean Teng is currently a Senior Consultant Cardiologist in private practice. He had previously served in the public sector for 24 years, including as Chairman of the Medical Board and the Head of Cardiac Department at the National University Hospital. Dr Lim has also served on various national committees, including as Chairman of the National Committee for Cardiac Care, and Chairman for the Specialists' Training Committee for Cardiology at the Ministry of Health (MOH).

MEMBERS

Dr Ang Chong Lye

Dr Ang Chong Lye is a Senior Consultant Ophthalmologist at the Singapore National Eye Centre. He was formerly the Chief Executive Officer of the Singapore General Hospital and Deputy Group Chief Executive Officer of Singapore Health Services (Clinical Services & Informatics). Prior to that, Dr Ang was the former Medical Director of Singapore National Eye Centre.

Mr Benedict Cheong

Mr Benedict Cheong is the Chief Executive of Temasek Foundation International. Prior to this, he was the Chief Executive Officer of the National Council of Social Service. Mr Cheong is currently also serving as Chairman of the Medifund Advisory Council.

Dr Ho Kok Sun

A Council Member of the Academy of Medicine Singapore (AMS), Dr Ho Kok Sun represents the AMS on the Fee Benchmarks Advisory Committee. He is a Consultant Colorectal Surgeon, currently in private practice and formerly at the Singapore General Hospital. Dr Ho is also the immediate past President of the College of Surgeons Singapore.

Mr Karthikeyan Krishnamurthy

Mr Karthikeyan Krishnamurthy is the Vice President of National Trade Union Congress (NTUC) Central Committee. He is also the Vice President of the Consumer Association of Singapore (CASE) Central Committee. He had previously served as a Nominated Member of Parliament.

Dr Lam Kian Ming

Dr Lam Kian Ming is the Chief Executive Officer of Mount Alvernia Hospital. Prior to this, he was the Chief Executive Officer of Thomson Medical Group (Singapore) and Group Director at the Health Sciences Authority.

Dr Lim Hui Ling

Currently the Honorary Assistant Secretary for the College of Family Physicians Singapore (CFPS), Dr Lim Hui Ling represents the CFPS on the Fee Benchmarks Advisory Committee. Dr Lim is a Senior Family Physician in private practice.

Ms Ngiam Siew Ying

Ms Ngiam Siew Ying is the Deputy Secretary (Policy) at the Ministry of Health.

Dr Phua Kai Hong

Dr Phua Kai Hong is Faculty Member of Lee Kuan Yew School of Public Policy. A health economist, Dr Phua has served on various boards of healthcare organisations and national health policy and advisory committees. His advice is frequently sought by governments and international organisations.

Dr Tan Boon Yeow

Dr Tan Boon Yeow is currently the Chief Executive Officer of St Luke's Hospital. He is also the Vice Chairman of the Chapter of Family Medicine, Academy of Medicine and an Adjunct Associate Professor at the Yong Loo Lin School of Medicine, National University of Singapore (NUS) and Duke-NUS Medical School.

Dr Toh Choon Lai

Currently a Council Member of the Singapore Medical Association (SMA), Dr Toh Choon Lai represents the SMA on the Fee Benchmarks Advisory Committee. Dr Toh was formerly the first Vice President of the SMA and the editor of the last edition of the SMA Guidelines on Fees. Dr Toh is a senior Orthopaedic Surgeon in private practice. He was previously the Deputy Head of the Department of Orthopaedic Surgery at Tan Tock Seng Hospital.

Mr Richard Wyber

Currently the Chairperson of the Health Insurance Task Force Working Group of the Life Insurance Association Singapore (LIA), Mr Richard Wyber represents the LIA on the Fee Benchmarks Advisory Committee. Mr Wyber is the Head of Healthcare & Vitality Marketing of AIA Singapore.

Mr Zainul Abidin Rasheed

Mr Zainul Abidin Rasheed is a Non-Resident Ambassador for Kuwait and the Foreign Minister's Special Envoy for the Middle East. Mr Zainul was formerly the Senior Minister of State (Foreign Affairs), Mayor of the North East Community Development Council, and a Member of Parliament. He has also served on various boards and committees of both private and non-profit organisations.

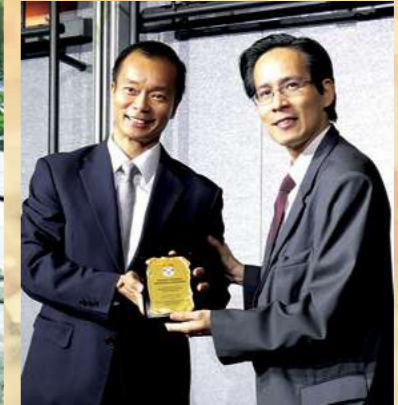
FEE BENCHMARKS ADVISORY COMMITTEE MEMBERS
(https://www.moh.gov.sg/content/moh_web/home/pressRoom/pressRoomItemRelease/2018/moh-appoints.html)

19 MAY 2016 FAMILY MEDICINE REVIEW COURSE WORLD FAMILY DOCTOR DAY DINNER



WORLD FAMILY DOCTOR DAY DINNER PARKROYAL ON PICKERING SINGAPORE

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The Ownership Cycle

by Dr Soh Jian Yi, Consultant, Division of Allergy, Immunology and Rheumatology; Department of Paediatrics, National University Hospital

“What do you own?”

When I ask this question, the universal result is a puzzled expression, followed by the inevitable reply: “Do you mean my car / house / other material possession?”

I have asked this question countless times to people of various professional and educational standing and the reply is very much the same. Some wonder whether I am looking for something else other than the instinctive, obvious reply of a material possession. They are right.

In life, half the battle is won by knowing the right questions to ask.

“What do you own?”

All of us own material possessions. The point of the question, however, is to steer one towards insight of the intangible things in life that he owns - Time, Energy, Mood.

To do something carries with it a cost: time, energy, and sometimes money. All actions carry consequences – good and bad ones. Doing nothing has consequences too. Even if we do not expend energy, time still passes; missed deadlines and wasted opportunities carry their own costs. There is no such thing as a choice without consequence. This is the reality we live in. This is the real world we can choose to live in or ignore to our detriment.

If we pause and look at ourselves and at the people around us carefully, we find that we all too often go through life oblivious to this simple truth. We deny the reality of our limited time, energy and mood. We deny the reality that our senses convey to us.

When we pretend that our angry words, dismissive attitudes, passive acceptance of events as “fate” and wasted energy all do not have consequences – we fail, or under-achieve.

Yet there are some people who live in the reality that time and energy of everyone, including themselves, is limited. They know that to “Own” their reality, they have to pay attention to all feedback, prepare accordingly, pick the optimal personal choice and thus obtain the most desirable balance of short-term and long-term benefits for themselves and their loved ones. They know that inaction carries consequences too. These people move purposefully through life, facing challenges gamely and using them to improve and become stronger. They build alliances with

equally determined and purposeful people, making the lives of those around them richer, happier and more fulfilling. How do they consistently make the right choice out of the many options they have? They take Ownership of themselves.

They take Ownership of 5 critical Aspects of their reality, and go through a self-perpetuating, always-improving, always-grounded Cycle of Ownership.

Role refers to the roles each of us have in life. We are members of a family, students at various stages in life, workers, perhaps bosses or leaders and friends to others too. Our degree of success in each Role depends heavily on our degree of Ownership of that role. The successful businessman who ignores his Role as spouse to his wife and father to his kids, spending little time bonding with them, can expect marital and family problems.

Awareness refers to three areas: awareness of our goals, situational awareness and self-awareness. Superb awareness in all 3 areas means that you are alert, pragmatic and able to complement your strengths and weaknesses with that of your allies and make full use of your environment. Conversely, without the necessary proficiency in all 3 of these areas, we may set unrealistic goals, get caught unawares by our weaknesses, or fail to notice the warning signs that tell us we are going the wrong way.

Choices refers to the choices we consider and make. Charging into a single choice without considering the rest is rash. The best choice is often not the easiest one to take.

Consequences refers to the cost, benefit and harm of each choice. When we take Ownership of our choices and the consequences, we accept the cost and are better at coming to terms with unexpected outcomes. There is no point blaming others. We also make amends to others we have inadvertently harmed.

Future refers to our ability to stay focused on the long-term; the future each of us will have to face. It helps us set appropriate goals, rather than reaching retirement age bankrupt and friendless. It also helps us remember not to close too many doors because we cannot foresee whose help we may need in the future.

All these Aspects determine our success in everything. To ignore a single Aspect is to invite disaster. The 5 Aspects also drive the Ownership Cycle – the Cycle that affects our natural reactions when an event occurs.

The Cycle comprises 3 steps (see Figures 1-3). Each Cycle is generally self-perpetuating, and driven by our attitude (shown in the first box of Figures 2 and 3).

The Ownership Cycle comprises Observing everything that our senses and environment tell us; then Reacting appropriately to the knowledge imparted by our observations in an appropriate, effective manner; finally Learning from the right allies and resources to make ourselves better and stronger than before. We can make mistakes like everyone else, but eventually learn to make far fewer mistakes and keep on improving.

The all-too-common, tragic No-Ownership Cycle comprises Observing what we choose to observe with our filters on; then Reacting to inadequate or biased information, often in an excessive, defensive or hostile fashion; Learning to build walls and running away from opportunities and potential

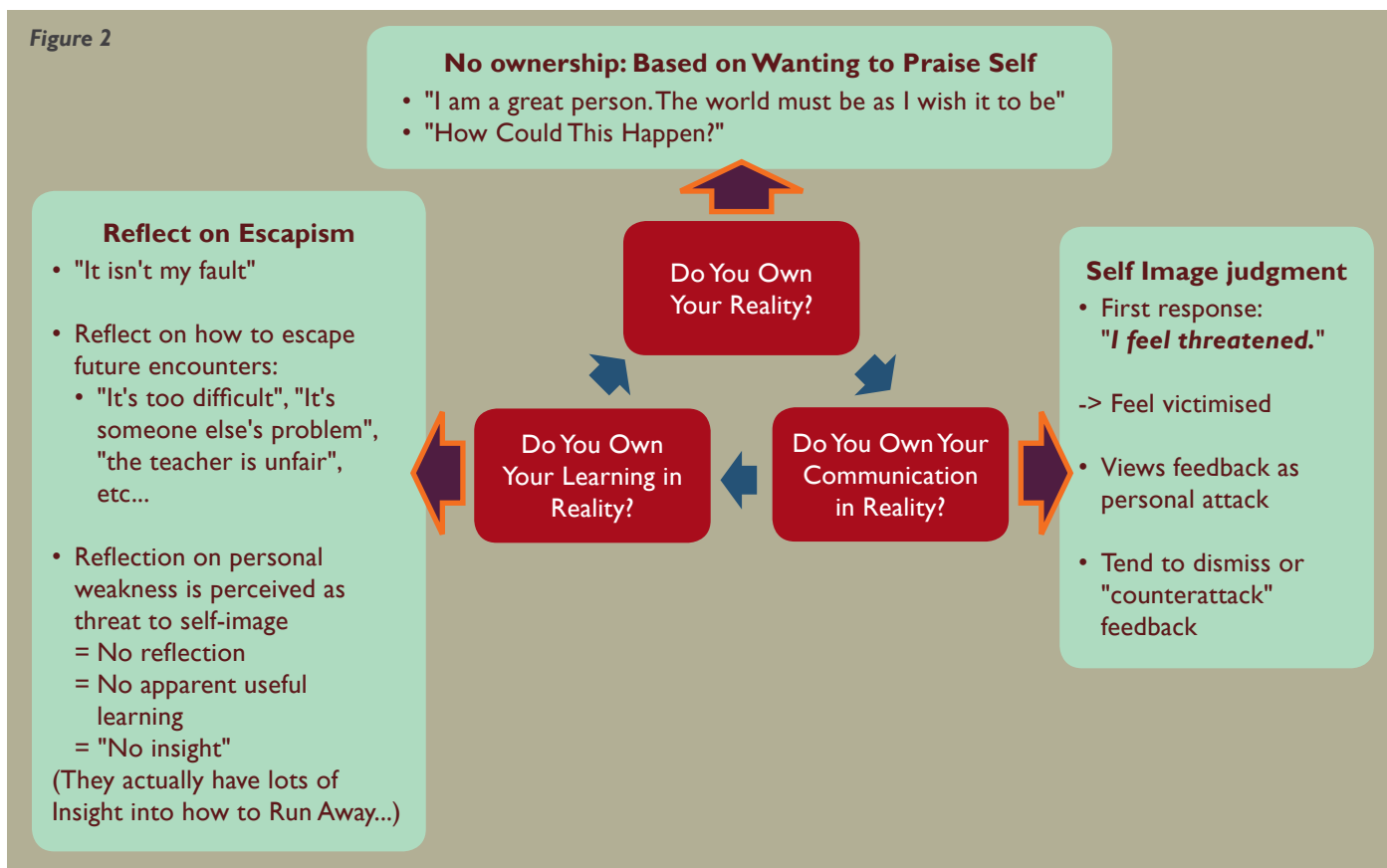
allies for the sake of living in our Comfort Zone.

How does this affect doctors and patients? Consider the following examples:

The patient who refuses his Awareness: Keeping silent about his concerns with the medicine the doctor prescribes, going home and then not taking the medicine. A common example is the patient who refuses to use topical steroids for eczema, but says nothing about his concerns during the consultation, then not using the topical steroid when it is required. The outcome is poor; the eczema worsens.

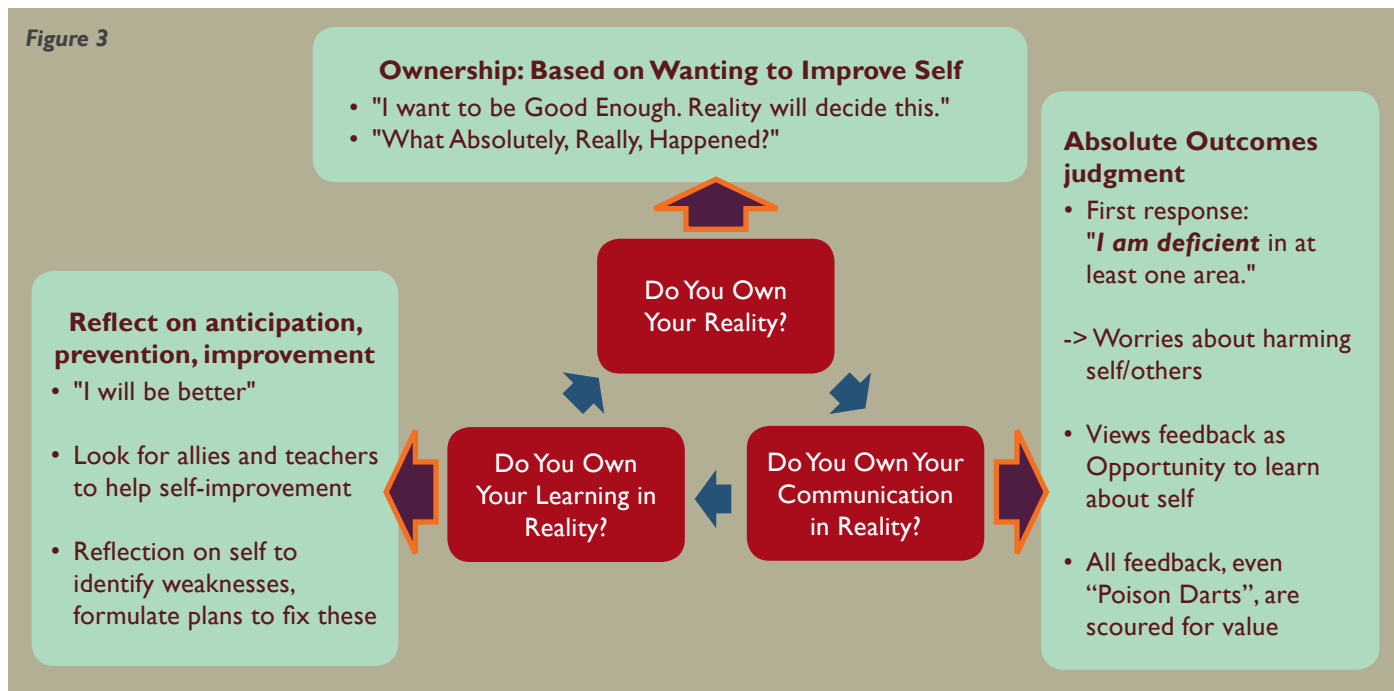
The doctor who refuses his Awareness: He is the medical expert, not the patient. He sends the patient home without any explanation of Red Flags, what to expect and what the treatment entails. Some patients are discouraged by unexpected events because there was no proper explanation.

The Ownership Cycle



(continued on the next page)

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The patient may go to see another doctor, suffer a poorer outcome or even complain against the original doctor.

The doctor who enters the wrong Cycle when making a diagnosis: He can unnecessarily miss diagnoses because he filters out important information as a result of his biases. Common mistakes include "target fixation" due to availability bias and practising defensive medicine by "ruling out everything unlikely" instead of trying to "make a diagnosis".

The doctor who refuses to read up and upgrade himself, keeping up with what patients search for on the Internet and advances in treatment. He runs the risk of seeming foolish or outdated if a patient comes to the clinic with knowledge of the advances or trends in medical care.

In summary, the Ownership Cycle is a system of living and learning which keeps us grounded in reality, implores us to assess our choices wisely and reminds us to learn from the consequences of our actions.

Dr Soh Jian Yi (jian_yi_soh@nuhs.edu.sg) is a paediatrician and the author of "The Ownership Cycle".

The Ownership Cycle is available from Books Kinokuniya and Selectbooks Asia locally; and various online retailers such as Amazon, Barnes and Noble, Book Depository, and at least a half-dozen others.

■ CM

 <p>College of Family Physicians Singapore</p>	<p>FAMILY MEDICINE COMMENCEMENT CEREMONY 2018</p> <p>✻</p> <p>COLLEGE 47TH AGM</p> <hr style="width: 20%; margin: auto;"/> <p>28 July 2018 (Saturday) 2.00pm</p> <p>Singapore Chinese Cultural Centre Auditorium (Level 9) 1 Straits Boulevard Singapore 018906</p>	<p>Family Medicine Commencement Ceremony 2018 2.00 - 3.30pm ♦ Auditorium (Level 9)</p> <p>☺</p> <p>Tea Reception 3.30 - 4.00pm ♦ Foyer</p> <p>☺</p> <p>College 47th AGM 4.00 - 6.00pm ♦ Auditorium (Level 9)</p>
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Ethics and Regulation: A glimpse at what Singapore Medical Council (SMC) members do

by Dr Lim Khong Jin Michael, Editorial Board Member

Some of us still remember the days when SMC had phone-in elections and we could absolve ourselves from the process by keying in 00. SMC voting these days is done online and we have to choose someone even if we do not know any of the candidates or want to register a protest vote. Most of us vote for doctors whom we think will speak up for the fraternity and perhaps undertake to improve on the SMC. We then become disappointed because we do not hear much from the ones that we have voted in.

The primary reason why you may hear little of what the SMC members do is because many of the things we discuss and do are confidential. And prior to any judgment or decision, information cannot be prematurely released lest it be misinterpreted.

SMC members meet about once a month with either the committee they serve in or with the entire council. At one of the council meetings recently, we had a lively discussion on the necessity for a press release of the findings of the Disciplinary Tribunals, which we voted to do away with to avoid unnecessary media glare which can be rather unforgiving at times, but we decided to retain the uploading of these cases to the SMC website for the sake of openness and to afford an opportunity of learning for the medical fraternity.

Other than the regular meetings, Council Members will receive emails to provide information or request for decisions on average a few times a week. Inputs may be requested from the Ministry of Health, the SMC president or our secretariat.

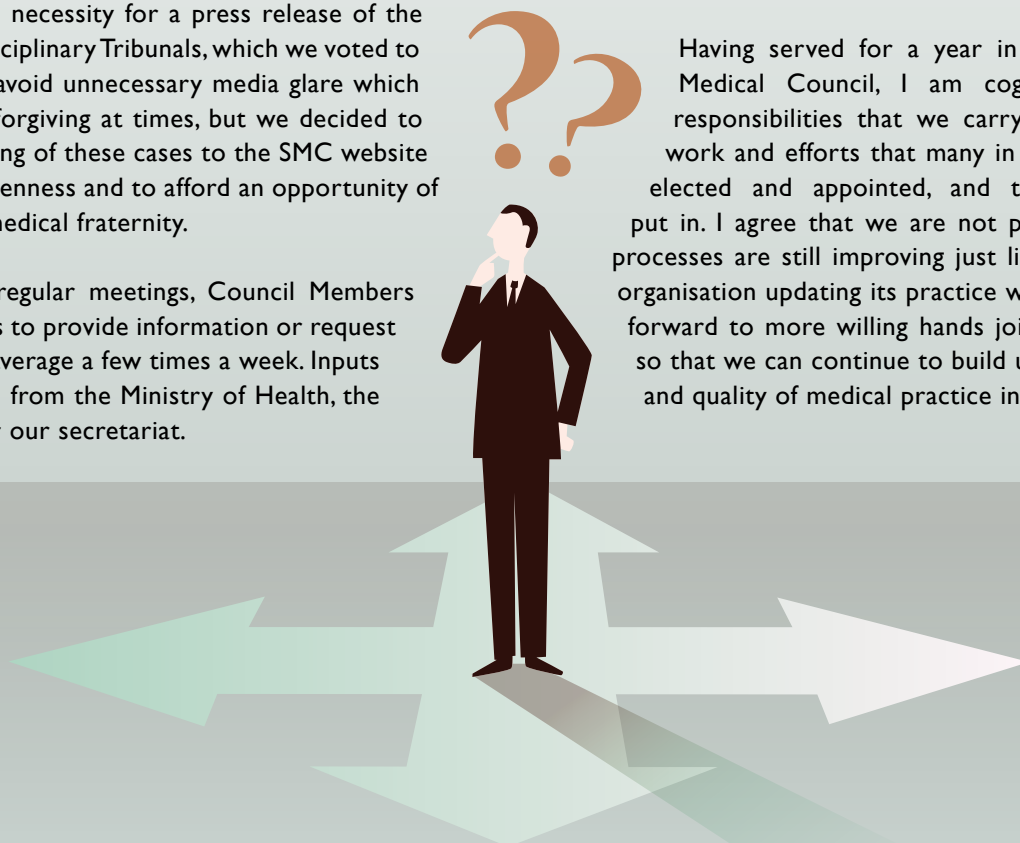
“... we are not perfect and our processes are still improving just like every other organisation updating its practice with time. I look forward to more willing hands joining our ranks so that we can continue to build up the standard and quality of medical practice in Singapore.”

Needless to say, the SMC plays a key role in the investigation and disciplinary process of doctors. It is easy to be negative about the SMC because of this role that we have to fulfil. The truth is that Council Members do not relish in this role. We do understand that the public is now more inclined to raise complaints against what they feel is inappropriate behaviour or action, and the SMC investigation process is painful and worrying even for a doctor who believes that he has not done anything wrong. The investigation and disciplinary process may involve the Complaints Committee, the Disciplinary Tribunal and at times the High Court.

SMC council members are aware that the majority of doctors in Singapore practise ethically and compassionately. However, we are also regularly faced with certain challenges to the ethical standards of our profession. For our profession to grow and be respected in our society, self-regulation via the SMC plays an important role.

Having served for a year in the Singapore Medical Council, I am cognisant of the responsibilities that we carry and the hard work and efforts that many in the SMC, both elected and appointed, and the secretariat, put in. I agree that we are not perfect and our processes are still improving just like every other organisation updating its practice with time. I look forward to more willing hands joining our ranks so that we can continue to build up the standard and quality of medical practice in Singapore.

■ CM



Interview with Prof Pang Weng Sun: Seven years at Lee Kong Chian School of Medicine

Interviewed by Dr Lim Khong Jin Michael, Editorial Board Member

College Mirror (CM):

Hi, Weng Sun, can you please describe to us your role at Lee Kong Chian School of Medicine (LKCSOM)?

Prof Pang Weng Sun (PWS):

I play two roles at LKCSOM. I am the Vice Dean, Clinical Affairs and I help the school to engage healthcare partners in education and research. I work with the respective Education Directors and Chairmen, Medical Boards for appointments of clinicians. NHG is our main healthcare partner, but we also engage clinicians from SingHealth, NUHS and some from the voluntary welfare and private sectors. Partnerships with healthcare institutions are key. We send our students to hospitals, clinics and other healthcare facilities for training. These include GP clinics, hospices, nursing homes, home care. Our students will not only learn medicine but imbibe values from the people they meet in their postings. We need healthcare institutions to have good role models for our students. What they learn in theory, they should see in practice – then it becomes a part of them. Apart from this, I am also the Co-Lead for a course on Professionalism, Ethics, Law, Leadership and patient Safety (PELLS) together the A/Prof Chin Jing Jih – this is taught over 5 years.

CM:

Can you tell us about your key team members at LKCSOM?

PWS:

We have a strong senior management team with a very dedicated Dean. The Vice Deans and Assistant Deans are a mix of clinicians and scientists from Imperial College London and the local medical fraternity. Dean (Prof James Best) continues to play a major role in steering the research directions of the school. Prof Naomi Low Beer (Vice Dean, Education) and Prof Michael Ferenczi (Vice Dean, Faculty Affairs and Asst Dean, Years 1 and 2) have led the development of the medical education curriculum together with the local team of Asst Deans (A/Profs Tham Kum Ying, Wong Teck Yee, Nigel Tan and Chin Jing Jih), and the various Leads have carved out a fresh new curriculum for LKCSOM using Team Base Learning (TBL) as the main mode of teaching. This is supported by an excellent academic and IT team with TBL facilitators, teachers and clinical practice facilitators. A/Prof Tanya Tierney and her team of



Prof Pang Weng Sun

House tutors provide nurturing support for the students through the years. Running a medical school is complex and we have fine-tuned and built up the machinery over the years.

CM:

How are family physicians and GPs involved at LKCSOM?

PWS:

Year 4 Assistant Dean is a Family Physician (A/Prof Wong Teck Yee). NHGP and their team are actively involved in planning our

teaching curriculum in the school. Family physicians help in teaching clinical examination and communication skills. SingHealth Polyclinics and National University Polyclinics are also involved in taking our students and so are GPs and family physicians in community hospitals and hospices.

Prof Helen Smith is Director, Centre for Primary Healthcare Research and Innovation, and working with the teams on primary care research.

CM:

Can you share with us some memorable experiences you had at LKCSOM?

PWS:

Receiving the first class of 54 students in 2013 was the most memorable.

A lot of work was put into getting the school structure and curriculum ready, putting our interview processes in place, and engaging the students. As we started in the NTU premises then, we were shuttling to and fro quite often. They were great students who also knew they had great responsibilities as the pioneer class. We appreciated their active engagement and it was really great to see them graduate this year. They will start PGYI on 2 May 2018. We had a dinner with them last week, and it warmed my heart to have seen them maturing over the 5 years and completing the course.

The classes have grown gradually since, from 54 to 78, 90, 108, 120 and this year we will be taking in 138 (they are all in multiples of 6 as each team has 6 students). On a more personal note, I have also learnt much myself in the past 7 years (I was appointed in 2010, before the first class started in 2013). It is great to see the school emerging – not only the classes of students, but also the buildings, facilities, education and research work. It's great to see each new

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cohort of bright and energetic students. I believe we are on the right track, and look forward to seeing well-trained doctors contributing to the nation and society.

CM:

What do you look out for when you interview students for LKCSOM?

PWS:

Those who come for interviews have already done well in their academics, so we don't need to focus on how bright they are, but rather on their personalities, their ability to connect with people and their understanding of healthcare – whether they will become the kind of doctors we want caring for us when we are sick. We also look at their critical thinking and ethical judgement.

CM:

How will you advise a student who is considering reading Medicine and becoming a doctor?

PWS:

You must be ready for the rigours of academic pursuit – there is indeed a lot to study in medicine. You must also have a heart for people – patient-centeredness – for that is the reason why we are doctors: we are here for people, not for ourselves. You must be ready for teamwork and learn to think broadly in systems, for modern healthcare is not just a doctor-patient relationship but a complex system of delivering care to a larger community.

CM:

How are medical students these days different from thirty years ago?

PWS:

The amount of information has exploded since our medical school days and we can no longer teach them just as we were taught years ago. Basic sciences, understanding of diseases, new modalities in investigations and treatment has developed, and this generation has more to cope with. But they are also better equipped – they are more IT savvy, more articulate in discussions and better at multi-tasking than we were. I also marvel at how talented many of them are.

CM:

What are your advice for the first batch of doctors passing out from LKCSOM?

PWS:

Stay focused, continue to learn and discover in your first year in PG YI. Keep a broad and open mind; don't jump into a specialty unless you are really sure. Put what you have learnt in school in practice, and refine and build up your skills. Work on the doctor-patient, healthcare team-patient relationships – that is your foundation for good care. Then explore areas of interest and see what you are most passionate about and can be most effective in. For the few who are already clear on what they want to make of their life ahead, go on and give it your best shot. Just keep an open mind, and keep learning. But don't forget to set aside time for yourselves, your personal development and growth, and your family relationships.

CM:

How can our Singapore medical system improve?

PWS:

We have a good medical system but it tends to be overloaded. We lack efficiency because we are not so well coordinated. Current funding systems tend to make us think in buckets rather than across systems – so each department and institution worries about their bottom line and does what is meaningful to them rather than to the system as a whole. No one likes to see a graph with their department 'under-performing' so we put in effort to improve our own graph. I am not sure that is always in

the best interests of patients nor to the overall healthcare costs. We need to see ourselves as a bigger team and not just as individual departments. Currently proposals at block or bundled funding may help but it is trust and teamwork that will eventually see things through.

In the old days I seem to recall cross covering more and less concerned about our own KPIs. When one department is short, other departments (even in other hospitals) would cross cover. I recall as a medical officer in a hospital being sent to polyclinic to help out during flu outbreaks when outpatient load was high. As a registrar I was sent to the old Changi Hospital medical department to help out when they were short. We were also more open about sending staff to other hospitals to help develop other departments. Good that we still see some of this today as new hospitals come up.

CM:

Thank you, Weng Sun, for sharing with us your experience, insights and wise counsel!

■ CM