



THE College Mirror

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A Publication of College of Family Physicians Singapore

Family Medicine Convocation 2018

A/Prof Benjamin Ong, Director of Medical Services, Ministry of Health, was the Guest-of-Honour for the Family Medicine Convocation Ceremony & Dinner on 17 November 2018. A/Prof Ong addressed guests and graduands with the following speech.



A/Prof Benjamin Ong

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5TH FAMILY MEDICINE
EXTRAVAGANZA

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Dr Tan Tze Lee, President,
College of Family
Physician Singapore,
Distinguished Guests,
Ladies and Gentlemen,
Good evening.

Introduction

It is my privilege to join you tonight for this year's Family Medicine Convocation Ceremony and Dinner. Let me first congratulate this year's graduates for successfully completing your postgraduate studies and attaining your qualifications. This achievement better equips you for your career ahead, as you strengthen your ability to serve patients.

Primary Care: The Foundation of Our Healthcare System

We are all well aware of the increasing chronic disease burden as well as our

ageing population in Singapore. The number of residents with diabetes, for example, is projected to increase from 450,000 today to 670,000 in 2030. Patients with diabetes or other complex conditions and their complications usually end up

“Being the first point of contact for most patients in the community, family physicians are in the well positioned to provide holistic care over the continuum of an individual’s life cycle.”

obtaining care from multiple specialists. This results from our existing healthcare model that is largely centred on episodic care in acute hospitals. Such care is not holistic or patient-centred and is unsustainable in the long term. As we continue with the strategic shifts

of our three “Beyonds”, primary and community care will grow further in importance.

Being the first point of contact for most patients in the community, family physicians are in the well positioned to provide holistic care

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EVENT PHOTOS:
FAMILY MEDICINE
CONVOCATION 2018

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A WALK ON THE
WILD SIDE

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over the continuum of an individual's life cycle. They are uniquely placed to understand their patients' health needs in the community, direct them to other care resources where appropriate, and guide them in navigating the healthcare system.

As the shift beyond hospital to the community gains traction, the family physician will be increasingly called upon to manage more complex patients. Family physicians will need to be upskilled in systems thinking, as well as leadership and organisational abilities to lead team-based care and inter-professional collaboration.

While most family physicians will continue to practise in GP clinics and polyclinics, a growing number will work in other community settings, such as community hospitals, hospices, home care and in cross-setting practice. One example is community-based family physicians coordinating transitional care for hospitalised patients and improving handovers when these care transitions occur.

Expanding Family Physician Development

As various roles in primary and community care already require the above higher-level knowledge and skills, a basic medical degree alone has become inadequate. While doctors taking on these roles often undergo further training, there are others practising in the community without formal postgraduate training in Family Medicine or accreditation as family physicians. To enable more doctors to effectively take on the above roles, we must leverage Family Medicine training and family physician accreditation to ensure more doctors undergo structured postgraduate training, and to distinguish those who have done so.

There are currently two routes for doctors to be trained and accredited as family physicians – the Family Medicine (FM) Residency Programme, and the Graduate Diploma in Family Medicine, or GDFM. Those who graduate from GDFM may go on to pursue the Masters of Medicine in Family Medicine (MMed(FM)) College Programme. Both routes are important in contributing to our national pool of family physicians.

I am especially encouraged to see the significant increase in GDFM enrolment in line with our increased focus on primary care in recent years, with the number of GDFM



candidates more than doubled from about 110 in 2014 to almost 250 this year. As our undergraduate medical school intake increases, we would need to expand the training pipeline under Family Medicine Residency, to train quality candidates of each cohort to MMed(FM) and Fellowship levels, and further grow the proportion of family physicians in the GP clinic, polyclinic, and community hospital settings.

Enhancing Family Medicine Training

Recognising the importance of Family Medicine training in upskilling our doctors for the future, MOH appointed the Workgroup for Family Medicine Residency Review to examine how the Family Medicine Residency programme could be enhanced. The Workgroup has since made its recommendations, which include outlining the expected attributes and competencies of family physicians, and the postings and assessments required for training. We are working closely with the sponsoring institutions to implement these recommendations.

In parallel, a GDFM Review and Enhancement Committee was appointed by the College of Family Physicians Singapore to enhance its programme in key areas of national priority, in discussion with MOH. The GDFM was reviewed with respect to its training objectives, programme structure, course content, and assessments, with specific enhancements made in the areas of chronic disease management, mental health, and geriatrics. I would like to acknowledge the efforts of the College in implementing its enhanced GDFM programme earlier this year.

The College has also rolled out the Certificate in Community Hospital Practice programme in the same period. This is designed to train family physicians to provide care in community hospitals, with the training covering rehabilitation care, subacute care, and care integration for complex co-morbidities. Five of our colleagues enrolled as the inaugural batch this year. I encourage more doctors practising in community hospitals, as well as those interested in doing so, to undergo this training.

Riding on these efforts, we need to further broaden and deepen the competencies of doctors to anchor care in primary and community care. This may include raising the bar for the accreditation of family physicians in future. This

“Indeed, the future is calling for Family Medicine, and family physicians to play increasingly key roles in enabling the needed shifts required for us to strengthen and future proof the healthcare system.”

higher bar would reflect the anticipated future state where family physicians need to be trained at a higher level, given their expanded breadth and depth of practice, including increasing involvement in cross-setting practice. We are studying this in consultation with the Family Medicine fraternity.

Conclusion

In closing, I would like to reiterate my appreciation to the College for its support and close partnership with the Ministry in enhancing and promoting Family Medicine practice. Indeed, the future is calling for Family Medicine, and family physicians to play increasingly key roles in enabling the needed shifts required for us to strengthen and future proof the healthcare system. This should better enable our citizens to shift towards better health. My heartiest congratulations to our graduates and I wish all of you a fulfilling and exciting career ahead as our next generation of family physicians.

cows to eat some roses.

To conclude, a reminder to all the GPs here to say to people when they ask you what do you do for a living, you say I am a doctor, then if they ask you what sort of a doctor, you reply with confidence as in this billboard displayed in the Perth airport in Australia, “I am a GP (NOT JUST a GP) and your specialist in life’.

Thank you for your attention.

CM



Sreenivasan Oration 2018: “Fulfilment in family practice; how family doctors can change the world”

Professor Michael Kidd, Professor & Chair, Department of Family & Community Medicine, University of Toronto, delivered the Sreenivasan Oration at the Family Medicine Convocation Ceremony & Dinner on 17 November 2018.

Dear colleagues, guests and friends. My thanks to the President, Council, members and staff of the College of Family Physicians Singapore for the honour of being invited to deliver the 2018 Sreenivasan Oration, named in honour of a great Singaporean family physician, Dr BR Sreenivasan.

I have titled this oration, “Fulfilment in family practice; how family doctors can change the world”. The words, “fulfilment in family practice” come from the very first Sreenivasan Oration, delivered almost exactly 40 years ago, on 19 November 1978, by another distinguished family doctor and leader of this college, Dr Wong Heck Sing. Dr Wong described how Dr Sreenivasan found fulfilment in his

work as a family physician, and how he used his skills and knowledge and compassion to change the world. I am going to focus on how you and I can follow his example.

I did not know Dr Sreenivasan but I wish I had known him. He was a remarkable man. Among his many achievements, as you all know, he was a family physician who became the

(continued on the next page)

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Editorial

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

November and December... it's that time of the year that people look at with mixed feelings. For most, it is a time to unwind for the year and bring their families out on a vacation. For some others who are not taking a break or a holiday, it can be especially dreaded because they need to cover colleagues who are otherwise away and the added stress can be daunting. So I often see December as a month of mixed feelings. The fact that it rains most days and we arrive to work with wet shoes and socks also does not help.

But the months of November and December is a period of celebration for College and for many of our trainees who passed their exams and celebrated during convocation (and most likely with a holiday thereafter as well)! This year, we saw another bumper crop harvest with many happy faces as they walked up on stage to receive their certificates. All their efforts and hard work have finally paid off! This year's convocation is also especially joyous for my side because both Bangyu and Ling Ling passed their fellowship, with Bangyu earning the distinguished Koh Eng Kheng gold medal as well! Well done!

This issue brings you the celebration photos of the convocation in case you missed out on that. Our guest of honor was Professor Benjamin Ong who is our current Director of Medical Services in Ministry of Health. He spoke of the importance of family medicine in our national healthcare vision and thrusts, and we have published his speech in this issue. FM as a specialty is something that we have always looked forward to, and we are fortunate to have Vincent revisit this topic with much fervor! Indeed we have exciting times coming up for family medicine. With the emphasis on

"Beyond hospital to community", well trained family physicians in primary care and community hospitals have a pivotal role to play in ensuring that patients returning from hospital back to their homes have a smooth transition and continues to be well cared for at home. The community resources and capabilities are being levelled up as well, with new initiatives such as community nursing and community network for seniors coming up. All these come into play for our seniors who are at risk of health complications, or who are just lonely, socially isolated and having no one to turn to. Once these capabilities are built up and care coordination is done well, we will be able to see that transformation in our nation's healthcare landscape that is much needed at the right time, to better manage the silver tsunami that is coming up.

Lastly, CM is happy to introduce our newest member, Dr Julia Yuen into our editorial team. Dr Julia is 1 of the up-and-coming family physician in Tampines polyclinic, and speaking to her reminds me of my own aspirations in my younger days! Indeed, the future of family medicine relies on grooming our future generations so that they too, can continue the race that our forefathers have started. If you wish to get to know her more, do read the articles that she has written. We made sure that she got a chance to express herself in writing in this issue!

So have a good holiday, and do not forget to pack this issue of CM into your travel bags so that we can be of reading pleasure when you are on the plane or coach! Bon voyage!

■ CM

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Behind the byline...

Meet the team behind this exciting issue!

Dr Luke Low

Luke an avid Star Wars fan at heart! Look at his office and you won't fail to spot the various figures and stickers that lines his cubicle! If you ever need any help from him, just proclaim to be a Star wars fan yourself and you are more likely to get him to help more! His favourite phrase is "Do or do not. There is no try"!



Dr Julia Yuen

Julia is an avid animal lover who loves critters big and small. She owns an adorable holland lop by the name of Cookie. She showers Cookie with lots of love, head rubs and occasionally a treat or two!



Patricia Cheok

When not out swimming, cycling or running, Patricia is likely in the kitchen experimenting with baking recipes. She also dabbles in design, yoga and hiking. Her other main interests include *disturbing* playing with community cats.



higher bar would reflect the anticipated future state where family physicians need to be trained at a higher level, given their expanded breadth and depth of practice, including increasing involvement in cross-setting practice. We are studying this in consultation with the Family Medicine fraternity.

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work as a family physician, and how he used his skills and knowledge and compassion to change the world. I am going to focus on how you and I can follow his example.

I did not know Dr Sreenivasan but I wish I had known him. He was a remarkable man. Among his many achievements, as you all know, he was a family physician who became the

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inaugural Vice-Chancellor of the University of Singapore (now one of the great academic institutions of the world), as well as the first President of the then College of General Practitioners, now the College of Family Physicians Singapore. He was also a family physician leader in public health especially through his work on the eradication of tuberculosis among the people of Singapore. He lived an extraordinary life and created an extraordinary legacy.

I have spent most of my life in Australia. The links between the Royal Australian College of General Practitioners and the College of Family Physicians Singapore are long and strong. Indeed we share the same Latin motto that describes our work as family doctors, *cum scientia caritas*, "with scientific knowledge and tender loving care."

Over the past 30 years I have had the opportunity to visit Singapore many times and to work closely with many of the leaders and members of the college.

As family doctors, we are part of a global family. The college brings us together at a national level. And WONCA, the World Organization of Family Doctors, brings us together, at a global level.

If you are a member of College of Family Physicians Singapore, you are a member of WONCA. A small amount of your annual subscription to the college goes towards supporting the work of our global organization.

WONCA brings together over 600,000 family doctors in over 160 countries. And between us, WONCA's 600,000 members deliver over 3 billion consultations each year. That is the scope of our influence. And it is growing.

The College of Family Physicians Singapore has long been a staunch member and high-profile supporter of global family medicine through WONCA.

Our very first WONCA president was an Australian called Monty Kent Hughes, who said at the first meeting of WONCA in 1972 that "The future of our professional discipline will depend on our ability to work together in the service of humanity." And that is what we have been doing ever since.

In preparing for this talk, I was reflecting on how each of us views the state of the world through different lenses, and I came to a realization.

You're all familiar with the use of terms to describe different generations. The War Babies, the Baby Boomers, Generation X, the Millennials or Generation Y, and, today's newborns, Generation Z.

Well I have looked at all these definitions and I don't think any of them apply to me. So, I've made up a new term, which I would like to share with you today. This is my secret confession. I have decided that ...

I am a crossmillennial.

Chances are, so are you.

Like most people in this room I was born in one millennium and I will die in another.

This makes me a crossmillennial.

I am also a true crossmillennial.

Born in the late 1950s, if I live my allocated predicted life span, I will have spent roughly half my existence in one millennium, and half in a different millennium, gently expiring sometime in the 2040s or beyond.

I am also a truly crossmillennial

I am appalled that the dilemmas which faced humanity and our planet and our very existence in the last millennium are even graver in this one. We seem to have forgotten the lessons from the last millennium and be repeating past mistakes. The relentless damage to our natural environment, the fostering of hatred and bitterness between peoples, continuing abuses of human rights, misogyny and racism and bigotry and hatred of those perceived as different, the continuation of wars and other atrocities which impact so terribly on the lives of innocent people.

"... The work of a physician as healer cannot stop at the door of an office, the threshold of an operating room, or the front gate of a hospital ... Professional silence in the face of social injustice is wrong ..."

And given that we know that poverty is the greatest single social determinant of health and wellbeing, why do we allow huge socio-economic divides with children continuing to grow up in families existing below the poverty line?

We have to do better. The American physician and patient safety advocate, Don Berwick, recently described the moral choices for today's physicians, and how we are not always living up to our own expectations of ourselves. His advice is that "The work of a physician as healer cannot stop at the door of an office, the threshold of an operating room, or the front gate of a hospital ... Professional silence in the face of social injustice is wrong ... To try to avoid the political fray through silence is impossible, because silence is now political. Either engage or assist the harm."

I am a truly cross millennial.

But I am also a glass half full kind of person.

And I see hope in family medicine. I see hope in the work you do every day. As family physicians, we are called to heal, not just to heal our patients, but to heal our communities, heal our nations, heal our planet and heal ourselves.

As family physicians, we are also in the business of leading and inspiring. Each of us is a leader in our local community. Through our commitment to quality care and training and the application of research into clinical practice, we ensure the health and well-being of our individual patients, and of our communities. We have a respected voice and the opportunity to be effective advocates about key health issues.

The world is changing, and the family doctors of the world are part of this change.

In 2015, the countries of the world, including Singapore, signed up to the new United Nations Sustainable Development Goals (SDGs), 17 goals which aim to make the world a better place for all people. The SDGs set targets for the next 15 years.

If the SDGs are successful, by 2030 we will have eradicated poverty, we will have zero hunger, no child will go to bed on an empty stomach, we will have health care for all people, we will have universal education, especially for girls who currently often miss out on education in many parts of the world, we will have gender equality and the empowerment of women, we will have a healthy global environment and the nations of the world will work together to support sustainable development and peace and justice for all.

Only one of the SDGs, SDG 3, is specifically about health, but all 17 are dependent on a healthy population, and all 17 have an impact on health and well-being. SDG 3 calls for “ensuring health lives and promoting well-being for all people at all ages”. This is what the WHO calls “universal health coverage”. Health for all people. It is unfortunate that the image chosen by the United Nations for SDG3 includes a very unhealthy cardiograph. But we get the meaning.

In looking at the SDGs, I look at the example of Singapore. How Singapore, through the dedication and influence of



many people like Dr Sreenivasan, has tackled many of these challenges, especially since independence, and can share with the rest of the world ways to address each of the Sustainable Development Goals.

This is the former WHO Director-General, the wonderful Dr Margaret Chan. I was recently at a talk by Dr Chan in China, to a room full of medical practitioners from around the world.

During this talk Dr Chan said, “I have a secret to share with you. I love family medicine.” All the family doctors in the room stood up and clapped. All the other doctors looked disappointed because she didn’t say she loved them. The reason Dr Chan loves family medicine is because she believes that it is only through strong family medicine that the world will be able to deliver universal health coverage, health for all.

Last month, the leaders of the world came together in Astana, the new capital city of Kazakhstan, under the auspices of the WHO and UNICEF for a global meeting on strengthening primary health care. Singapore was there and so was WONCA. This is only the second time in world history that the leaders of the world have come together to discuss primary health care, and how we can deliver health care to every person in every family in every community in every nation of the world. The first was 40 years ago in Alma Ata, the former capital of Kazakhstan, then part of the Soviet Union, when the influential Declaration of Alma Ata was signed, committing all nations to delivering health to all people through strong primary health care. Last month, the leaders of the world signed up to a new declaration, the Astana Declaration, recommitting each nation to strengthening primary health care, community-based health care, and delivering health for all people.

I was invited to take part in the Global Conference in Astana in my new role as Director of the new World Health Organization Collaborating Centre on Family Medicine and Primary Care.

At Astana, the WHO and WONCA released our new publication on “Family Practice in the Eastern Mediterranean Region”, describing how family medicine is being implemented in the countries of North Africa and the Middle East, which includes high, middle and low-income countries, as well as countries in crisis, like Syria, Libya, Iraq,

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Yemen and Afghanistan. The new WHO Director General, Dr Tedros, the former Minister of Health of Ethiopia, and the first person from Africa to lead the WHO, provided a foreword statement to our new book, saying, “*Family practice is the best way to provide integrated health services at the primary health care level. With an emphasis on health promotion and disease prevention, family practice helps keep people out of hospitals, where costs are higher and outcomes are often worse.*” This is high level endorsement for the work that you and I do.

I want to conclude by talking about healing ourselves. One of the major life lessons we need to learn as doctors is how to find balance in our lives. Balance between caring for our patients and caring for ourselves.

The Physician’s Oath – the declaration of Geneva - developed originally by the World Medical Association in the aftermath of the atrocities of the Second World War, has recently been updated. It now includes a statement, ‘*I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard*’. It recognises that being a doctor is stressful, and if we don’t look after ourselves, then we will not have the capacity and resilience to provide continuing high-quality care to our patients and our communities.

This is the focus of my new book, “Every Doctor”, which looks at our health as individual clinicians, the health of our health system and the health of our medical culture.

We all need to ensure that we stay as physically and mentally well as possible. In the words of that great Canadian doctor, Sir William Osler: “A physician who treats him (or her) self has a fool for a patient.”

Every doctor needs their own doctor, someone we can trust for our own medical care and advice. As doctors, we deserve to have access to the same high quality medical care that we provide to each of our own patients. And our families also deserve this standard of care. So please, and this applies to everyone in this room, if you don’t have your own family doctor, please find one and look after your own physical and mental health and wellbeing.

We also need to look after each other. We know that rates of depression and suicide among medical students,

residents and doctors are unacceptable. We know that doctors are especially at risk of mental health problems at times of transition, especially when they move from being a medical student to being a young doctor.

In the words of our family doctor colleague, Mukesh Haikerwal, former chair of the World Medical Association, “*The brutality of medical culture needs to be addressed - the lack of support mechanisms and the sniping, the attitude that anybody with a mental illness is too weak, they’re not fit to be a doctor. The caring profession needs to care for itself.*”

We need to be more vigilant in looking after our younger colleagues, supporting them to deal with the stresses and challenges posed by our profession. And we need to be vigilant in looking after and supporting each other as well. In the words of the Greek philosopher Plato, “*Be kind, for everyone you meet is fighting a harder battle.*”

As family physicians, like Dr Sreenivasan, we can be proud of our professional discipline. Each of us has a set of values and principles that determine how we behave as ethical medical practitioners and as decent human beings. Like Dr Sreenivasan, each of us has the potential to be a role

model for our medical students and our residents and our peers, and to contribute our own lasting legacy through the examples that we set in the way that we live our lives and the way we practise medicine.

Our world needs family medicine more than ever before. Working together, through organisations like the college, and following the example of Dr Sreenivasan we can change the world.

I finish by saying, thank you. On behalf of the 5.6 million people of Singapore, and each individual person who benefited from your care and support over the past year, I say thank you. Thank you for your commitment to being a great family physician. Thank you for your commitment to working together as a college to strengthen family medicine education and research and scholarship and advocacy. And thank you for the important work you do every day providing health care to the people who trust you for their medical care and advice. Thank you all.

■ CM

“... It recognises that being a doctor is stressful, and if we don’t look after ourselves, then we will not have the capacity and resilience to provide continuing high-quality care to our patients and our communities.”



Family Practice Skills Course #77 (1 Day)

Diabetes Mellitus Update

Sat, 26 January 2019: 2.00pm - 5.30pm

Academia Auditorium, Level 1,
20 College Road, Singapore 169856

TOPICS

Unit 1: Oral Glucose Lowering Agents in T2DM
Unit 2: Complications of Diabetes
Unit 3: Diabetes as Cardio-Metabolic Syndrome

WORKSHOP

Case Studies:

- Heart Failure
- Oral Glucose Lowering Agents in T2DM

SPEAKERS

Dr Goh Su-Yen

Head & Senior Consultant, Department of Endocrinology,
SGH

Assoc Prof (Adj) Daniel Chew

Head & Senior Consultant, Endocrine and Diabetes,
TTSH

Dr Khoo Chin Meng

Head & Senior Consultant, Division of Endocrinology, NUH

■ **SEMINAR** (2 Core FM CME points)
Seminar • Unit 1 - 3: Sat, 26 Jan (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)
Sat, 26 Jan (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Seats are limited.
Please register by 14 Jan 2019 to avoid
disappointment.

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

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



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

REGISTRATION

Diabetes Mellitus Update

Please tick (✓) the appropriate boxes

**FREE
REGISTRATION
for College
Members!**

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Workshop 1 (Sat)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQ Assessment)	<input type="checkbox"/> \$85.60 FREE	<input type="checkbox"/> \$85.60
TOTAL		

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

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

Cheque number: _____

Signature: _____

*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).

Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: _____ intake

Mailing Address: (Please indicate: Residential Practice Address)

E-mail: _____

Tel: _____ Fax: _____

**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

Or fax your registration form to: 6222 0204

5th Family Medicine Extravaganza 2018

by Michael Shi Yan, Berwyn Tan Wei Pin, He Chen,
Overall-in-Charge, the 5th Student Organising Committee of Family Medicine Extravaganza 2018

College President Dr Tan Tze Lee represented the College of Family Physicians Singapore at this panel discussion held on 7 May 2018, and this was subsequently broadcasted on national television in the “Perspectives” series by Channel NewsAsia (CNA). The topic of the panel interview was “Patient Empowerment”, and other participants included Geriatrician Dr Wong Sweet Fun, Cardiologist Dr Lim Toon Wei, Mr Raman Singh, CEO of MundiPharma and CNA moderator Ms Karen Lam.



The 5th Family Medicine Extravaganza was held on 24th August 2018 at the Clinical Sciences Building Auditorium of Lee Kong Chian School of Medicine Novena Campus. Medical students from all three medical schools in Singapore (Duke-NUS Medical School, NTU Lee Kong Chian School of Medicine and NUS Yong Loo Lin School of Medicine) worked together to organise this event, with generous support from the Joint Committee of Family Medicine Singapore (JCFMS). Our concerted effort and hard work paid off with a record-breaking impressive turn-up number of 220 medical students and junior doctors and overwhelming positive feedback from participants, speakers, and participating institutions (College of Family Physicians Singapore, Family Medicine Residency Programmes from Singapore Health Services, National Health Group, and National University Health Services).

As Singapore Ministry of Health plans to expand family medicine practice, family physicians often take up additional

roles other than their clinical duties. Given that our family medicine landscape is undergoing major transformation, medical students often find it difficult to keep abreast of the emerging multitude of new roles family physicians play, from education to research and administration.

As such, we decided that the theme for this year would be “A Kaleidoscopic View of Family Medicine”, where we would allow the next generations of doctors to take a glimpse of what family medicine offers beyond clinical work. We invited clinicians to share their experiences in their area of interest, and also share why they decided to go down that path. This will also make family medicine a more attractive career for future doctors.



CFPS President Adj Asst Prof Tan Tze Lee presenting a token of appreciation to Adj Assoc Prof Tan Ngiap Chuan

This year’s programme featured keynote talks from experienced Family Medicine physicians who took on different roles on top of their clinical work. We invited A/P Tan Ngiap Chuan to talk about his research, Dr Goh Lay Hoon about her involvement in medical education, Dr Leong Choon Kit to share about his overseas medical work and Dr Kwong Seh Meng to share about his involvement in local community work. The speakers highlighted the diversity of the roles Family Medicine physicians can play in their career, which was inspiring to all the participants who wish to pursue Family Medicine. The keynote talks were followed by a 45-minute panel discussion, where we invited programme directors and residents representing the three Sponsoring Institutions and the College of Family Physicians Singapore to answer

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A participant asking questions during Panel Discussions



Participants interacting with SingHealth Family Medicine Residency Programme Director Dr. Joanne Quah

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questions raised by the audience regarding the different programs and their various experience in Family Medicine. The event ended off with a sumptuous buffet dinner, which

was also a rare opportunity for the participants to personally interact with the speakers and the representatives from the different Family Medicine programmes at their booths.



Cum Scientia Caritas

by Dr Goh Ziying and Dr Tan Wei Beng
Trainees of 2017 - 2018 MMed(FM) College Programme



A lively dialogue session with Programme Directors and trainees

Family Medicine (FM), the first, foremost and best defence barricade against diseases, has been developing and expanding in an exponential rate. FM strives to develop and deliver good evidence health care services to our patients in the community. Its importance is glimpsed by multiple acknowledgement of its role in many aspects of medicine. As its tradition, the 5th Family Medicine Extravaganza was held under the leadership of the young and energetic generation of future doctors. While FM is expanding upwards and outwards, it is no surprise that during the event that evening, we are also looking inwards into the heart of FM, its Caritas.

Speakers from different walks of community health care were invited to give their valuable insight on the various roles and the potential career development as a Family Physician (FP).

Dr Tan Ngiap Chuan, with a keen interest in research, introduced the concept of 'Generalist Wheel of Knowledge, Understanding and Inquiry'¹ to illustrate the integral role and different facets of clinical research to improve primary healthcare outcome. Dr Goh Lay Hoon, who is passionate about education, reminded us that one of the roles a FP play is to be an educator to the next generation of doctors. Dr Leong Choon Kit, with a heart and calling for overseas medical work, inspired us with his personal life experiences. Dr Kwong Seh Meng, who is actively involved in community health care, shared on his various fulfilling and enriching roles.



Dr Kwong Seh Meng shared his fulfilling experiences in FM.

We were honoured to hear from Dr Elaine Tan, who shared on the current landscape of FM. Today, primary care roles are evolving rapidly. It is now recognised that FPs play a critical role in our nation's healthcare system. FPs will be trained to do more complex work and to anchor care in the community.

The students had an opportunity to ask questions during the lively dialogue session and the scrumptious buffet dinner. The dialogue session was chaired by the Programme Directors from various FM Residency Programmes: Dr Darren Seah of NHG-AHPL Family Medicine Residency Programme, A/Prof Tan Boon Yeow of NUHS Family Medicine Residency Programme, Dr Quah Hui Min Joanne of SingHealth Family Medicine Residency Programme and Dr Suraj Kumar of College of Family Medicine training programme, along with its respective trainees.

Though the speakers' working backgrounds are different, their hearts are aligned with one another. Within the layers of clinical medicine lies its unifying spirit: FM with heart, calling, courage and passion. The core of FM is centred on the heart of the patient care, to combine science with its Caritas. We sincerely hope that the next generation of FPs will take up the calling to advance FM to higher levels, to serve patients from cradles to graves with best medical care possible. Inwards, upwards and onwards.



All images courtesy of Fong En Lei Samuel

FM as a Specialty

by Dr Chan Hian Hui, Vincent, FCFP(S), Council Member, College Mirror Editorial Board

The College and the Chapter of Family Medicine (FM) Physicians at the Academy of Medicine Singapore jointly organised an annual tea reception on 08 September 2018 at the Holiday Inn Singapore Orchard City Centre. The event was to symbolise the strong relationship between the 2 bodies as we discussed the subject of “Advancing Family Medicine as a Specialty.” The event was graced by many heavy weights in our fraternity, including College former presidents Dr Lee Suan Yew, A/Prof Cheong Pak Yean and A/Prof Lee Kheng Hock and FM professors, Prof Doris Young of NUS Yong Loo Lin School of Medicine (YLLSoM) and Prof Helen Smith of NTU Lee Kong Chian (LKC). Dr Sayampanathan, Master of the Academy of Medicine (AMS) also addressed the gathering and contributed to the dialogue.

Many points were raised, and here are some key themes covered:

1 Family Medicine is a unique and distinct specialty

The CFPS constitution defined Family Medicine as a discipline practiced in many clinical settings with expertise in the following six elements of care in the context of the patient, family and society: namely personal care, primary care, preventive care, comprehensive care, continuing care and co-ordinated care.” Prof Doris Young also pointed out that “the complexity of general practice/Family Medicine” may not be fully appreciated by other doctors and policy makers, yet our discipline has its own “unique scholarship.” Prof Helen Smith agreed and stated that “our (Family Medicine) speciality is generalism, the management of all problems in all ages, all genders.”



2 We have in place a rigorous training programme

Dr Ng Lee Beng, in her opening address on behalf of College President and council, had remarked that “the birth of the Chapter was largely due to massive effort from family physicians working under the College banner to ensure rigorous advanced specialty training via the College Fellowship Programme. That earned us the invitation to start the Chapter of Family Medicine Physicians in the Academy

of Medicine. You may say that Chapter is a kind of offshoot of the College.” Today, our College education programmes are well established and respected, from GDFM to MMed College Programme to our Family Medicine Advance Specialty Training programme (Fellowship programme).

3 The power of branding

Dr Lee Suan Yew recalled why in 1993, the decision was made to change our name from the College of General Practitioners Singapore (CGPS) to our current name of the College of Family Physicians Singapore (CFPS). This was so as the public and government had come to regard the word “general practitioners”, as referring to all doctors without formal postgraduate training. The name change was thus to signify to society and government that Family Medicine is a specialty that requires formal training, and that College is committed to providing this training for all colleagues, regardless of which setting they chose to work in and whenever they are ready to start.

On this matter, Dr Lee made a comment that resonated with me. He said that as a General Practitioner working in the community, he is quite happy and comfortable to be called “a GP”. But this is not about himself. The drive to make Family Medicine a specialty is for the fraternity and

our younger doctors. Dr Lee believes that such a move would make Family Medicine more attractive to younger doctors. Prof Doris Young agrees, commenting that the “discipline of Family Medicine (FM) has to be

supported by MOH (Ministry of Health) and be granted a specialist status if it were to attract future medical students to choose FM as a career.”

4 The other specialists and countries have already recognise Family Medicine as a specialty

Dr Sayampanathan, as Master of the Academy of Medicine, stated in his address that AMS recognises Family Medicine as a medical specialty. This is the clearest statement of support from our specialist colleagues. As A/Prof Cheong Pak Yean said “Family Medicine has been

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accepted by the profession and peers as a specialty. The Specialist Accreditation Board (SAB) now need to be engaged to accept well trained Family Physicians as medical specialists. Many countries as mentioned by the panelists have already done so.”

Examples of countries that recognise Family Medicine as a specialty include,

- United States of America, where in 1969, the American Board of Family Medicine was approved as a member board of the American Board of Medical Specialties.¹
- Japan, where Family Medicine was recognised as a medical specialty in 2015, with a new “certified training system” due to start in 2018.²
- Indonesia, whose parliament passed the Medical Education Act No. 20/2013, one of the provisions being to “create a new specialist called ‘primary doctor’ in support of JKN (Jaminan Kesehatan Nasional, their form of universal health coverage).”³

5 Family Medicine as the answer to cost effective health care

A/Prof Cheong said that “Primary and community care can be a solution to harness the escalating health care burden only if there is discipline within the whole healthcare system, it can better play its role if both clinical and financial governance be undertaken in a vertically integrated system of care with person-based instead of service provided funding from public coffers.⁴ Enough financial resources can then be allocated appropriately to primary care to provide care currently delivered in specialist outpatient clinics and stays in hospitals. Recognition of well-trained family physician as specialists to implement this clinical and financial governance compact is important to build capacity and to booster the recognition of competence by patients.”

Prof Young also reiterates that “strengthening GP led primary care is a value proposition indeed and will deliver the ‘3 beyonds’ espoused by MOH.” The “3 beyonds”⁵ are “beyond hospital to community”, “beyond quality to value” and “beyond healthcare to health.” In all 3 areas, Family Medicine is the specialty uniquely positioned to support these goals.

Conclusion

It was a fun and exciting afternoon of fellowship among friends and colleagues within our Family Medicine fraternity. To end off, a quote from A/Prof Lee Kheng Hock that “we should be united to advance our common objective of delivering better care through the practice of Family Medicine at the highest possible level for the sake of our patients and our community.”

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Ramping Up to 2019

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

As we come to the end of 2018, many of us tend to wax lyrical about the holiday season and look forward to taking that year end break and enjoying the seasonal festivities.

Christmas trees, glittering with angels and silver bobbles, frantic shopping trips to get those all-important presents, Mickey popping up on Orchard Road, turkey roasts, all the trappings and feasting of the holiday season herald the approach of Yuletide and the New Year. It brings closer to home the reality that another year has gone by at lightning speed, and we are once again coming to the start of a new year.

As we look back at what 2018 has meant for College, for us in the council serving you our members, and the wider FP fraternity, we are amazed at just what a year it has been. In May we commemorated World Family Doctor Day. It was very well attended, and I must say the camaraderie was electric. We took this opportunity to honour our tutors and supervisors who selflessly dedicate their time and energy to mentor our trainees.

We had our convocation in November. It was a fabulous time as we welcomed our new Collegiate members and Fellows, and celebrated with our successful candidates. We had done very well indeed in 2018, with excellent pass rates for all the programmes, surpassing previous years. That same sense of belonging to the family of our College was palpable, and this is something I hope will continue to grow from strength to strength over the years.

We sent a contingent from College to attend the GPTEC 2018 (General Practice Training and Education Conference) principally to learn more about how GP training is conducted in Australia. There are 9 registered GP training organisations; we were particularly impressed by our hosts GPEx of South Australia, who are advocates and practitioners of programmatic assessment in GP training. The programme allows for very close supervision and more personalized mentoring, and results in very well trained GPs who are at the top of their cohort. We have much to learn from them, and they are willing and enthusiastic teachers.

We also attended the World Organisation of Family Doctors (WONCA) World Conference in Seoul in October, and presented a bid to hold the regional Asia Pacific Region WONCA conference in Singapore in 2021. Although we were unsuccessful, the bid being awarded to Myanmar, we had many opportunities to network and connect with colleagues and FM leadership from across the world. We were able to share experiences, learn from each other and build up networks for future collaboration.

As we are all aware, the Fee Benchmark Committee was set up in January 2018, and College was represented by our Assistant Honorary Secretary, Dr Lim Hui Ling. The

first of the recommendations were released in November which covered over 200 common surgical conditions. Soon, it will be our turn in primary care. In preparation for this, College plans to conduct a survey of our members in private practice, to find out the true costs of providing the care for your patients. If most of us are able to complete the survey accurately, this will give the data in our survey more credence and reliability. It will give a more accurate picture of the costs involved to provide best care, and allow us to present these findings to the benchmark committee when they discuss primary care fees in the future.

“Anecdotally, many of us have been told by our hospital specialist colleagues that our MMed(FM) is so much more demanding, as the depth and width of knowledge is immense. Whereas other subspecialties deal with their own field, our FP candidates are expected to have in-depth knowledge across the whole spectrum.”

Thanks to the Ministry's sustained efforts nationally to promote Family Medicine, we are now seeing more and more of our young doctors choosing FM as a discipline and specialty to pursue, be it the GDFM, the FM residency programmes, the MMed(FM) College programme or the College Fellowship programme. With each successive cohort of FPs graduands, the standards continue to improve. Anecdotally, many of us have been told by our hospital specialist colleagues that our MMed(FM) is so much more demanding, as the depth and width of knowledge is immense. Whereas other subspecialties deal with their own field, our FP candidates are expected to have in-depth knowledge across the whole spectrum. Be it paediatrics, adult medicine, Obstetrics and Gynaecology, geriatrics, mental health, they are expected to be able to manage them at quite a high level. Of course our candidates prepare for them very well indeed! All this preparation is very useful, as it gives them the added skills necessary to work in the various settings that FM serves in our healthcare system.

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As Family Medicine continues to add value to our healthcare landscape, we hope that the efforts of our FM community to better train our FPs will be recognised, and that our discipline will one day be recognised in Singapore for what it really is: a specialty. Many of our ASEAN neighbours already recognise FM as a specialty; Malaysia, Thailand, the Philippines, Myanmar, Indonesia!

We are all participants of this remarkable journey. It is a journey that aims to improve standards of our specialty, such that it is well respected by other specialties. It is a journey to equip every family physician with the necessary skills to manage complex cases in the community. It is a journey to earn professional recognition that family medicine is a medical specialty in its own right.

Minister Gan himself said and I quote: **“we are giving more recognition to these doctors. In 2014, the Chapter of Family Medicine Physicians was formed under the Academy of Medicine Singapore. This recognises Family Physicians with Fellowship as being on par with that of specialists.”**

My Christmas wish....

That MOH would also follow suit.

Merry Christmas and a Happy New Year!

■ CM

Braving New Frontiers in Family Medicine for Research and Regional Health Systems

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

It is the dawn of a new age for family medicine! For many, it may seem like unfamiliar grounds and thus cause for concern. But for some, it means exploring new frontiers and pushing the boundaries for family medicine. Family physicians, being generalists, are well poised to go beyond the traditional role in primary care, to take on the challenge of the silver tsunami and fragmented care in intermediate and long term care (ILTC) sectors and regional health system (RHS) work. In this article, we had the privilege of interviewing Dr Low Lian Leng who is one such person braving this new frontier and doing his part to further our cause. I'm also proud of him because he is my younger brother who had done well and exceeded many people's expectations!

College Mirror (CM):

Hi Lian Leng, thank you so much for accepting our interview. And please accept our heartiest congratulations on your recent appointment as Director, SingHealth Office of Regional Health, SGH Campus, and for receiving the NUS Medicine Young Alumnus of the Year 2018! Can you tell us more about the award that you have been presented with, as well as your new job scope?

Dr Low Lian Leng (LLL):

Hi Luke, I was awarded the NUS Medicine Young Alumnus of the Year 2018 that recognizes a young alumnus who had distinguished themselves in their chosen field or path-less-taken. This is recognition for the Regional Health System work and population health research I have been

doing, in addition to mentoring medical students and younger family physicians for their research and career.

I was appointed as the Director, SingHealth Office of Regional Health, SGH Campus since 1st Jan 2018. In this new role, I work closely with the SGH Campus institutions leadership, and the SingHealth Regional Health System (RHS) HQ, to implement and monitor RHS programs in SGH Campus. I act as the primary liaison for RHS matters between institution leadership and RHS HQ, and harness the strengths of SGH Campus institutions to play our increasingly important regional health role to improve population health. Being a member of the RHS leadership team, I also work closely with domain experts to strategize and plan programs to meet the needs of the community.

In addition to population health, I am also charged with innovation and improvement efforts to ensure the timely and seamless transition of patients between our institutions, intermediate and long term care and community care.

CM:

How have you found the work so far?

LLL:

We are in a phase of rapid growth and expansion, therefore the pace has been breath taking. Many excellent programs have been implemented in partnership with our community partners and grassroots. Community Nursing is one fine example, which has grown from strength to strength in SGH Campus. We started with 25 hospital-based nurses who were totally



Family Medicine CONVOCAATION 2018

17 NOVEMBER 2018
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26TH COUNCIL (2017-2019)
COLLEGE OF FAMILY PHYSICIANS SINGAPORE



Standing (from left)

Dr Low Lian Leng (Honorary Editor), Dr Tan Hsien Yung David, Dr Wong Tien Hua, Dr Seah Ee-Jin Darren, Dr Goh Lay Hoon, Dr Chan Hian Hui Vincent, Dr Low Sher Guan Luke (Honorary Treasurer), Dr Xu Bang Yu, Dr Lim Ang Tee

Seated (from left)

Dr Koong Ying Leng Agnes, Dr Lim Hui Ling (Honorary Assistant Secretary), Dr Paul Goh Soo Chye (Censor-in-Chief), A/Prof Lim Fong Seng, (Vice-President), A/Prof Benjamin Ong (Guest-of-Honour, Director of Medical Services, Ministry of Health), Adj Asst Prof Tan Tze Lee (President), Professor Michael Kidd (Professor & Chair, University of Toronto), A/Prof Lee Kheng Hock, Dr S Surajkumar (Honorary Secretary)

Not in photo

Dr Ng Lee Beng (Honorary Assistant Treasurer)



MMED(FM) GRADUANDS

Standing (back row; from left)

Dr Siau Kai Rong, Dr Hou Minsheng, Dr Rajagopal Ramaswami, Dr Ng Chia Hau, Dr Chiang Swee Kiat Clarence, Dr Woo Jia Hao Alvin

Standing (middle row; from left)

Dr Lim Wei Khoon, Dr Chen Jiawei, Dr Shera Chaterji, Dr Lee Elin, Dr Lee Wei Zhen Candice, Dr Chua Lee Lea Im, Dr Chua Ke Yi Claire, Dr Wong Ann Mei, Dr Leng Sheng Yeng Natasha, Dr Jambay Dorji, Dr Wu Junqi, Dr Tan Wei Beng

Seated (from left)

Dr Goh Ziying, Dr Khoo Mei Chin, Dr Rajni Gupta, Dr Ismail Afzana, Dr Paul Goh Soo Chye (Censor-in-Chief), Adj Asst Prof Tan Tze Lee (President), A/Prof Lim Fong Seng, (Vice-President), Dr Chen Ruiting, Dr Wong Siew Hui, Dr Khor Huiyi Joanne

Graduands 2018



FELLOWSHIP PROGRAMME

FCFP(S) RECIPIENTS

Standing (from left)

Dr Liu Changwei, Dr Ting Sing Shing Jonathan, Dr Ong Chong Yau, Dr Kee Kok Wai, Dr Xu Bangyu, Dr Kang Chun-Yun Gary, Dr Wan Jinhui

Seated (from left)

Dr Gan Sui Ji, Dr Sim Sai Zhen, Dr Kalambaarachchi Neelakshi Dilmini, Dr Paul Goh Soo Chye (Censor-in-Chief), Adj Asst Prof Tan Tze Lee (President), A/Prof Lim Fong Seng, (Vice-President), Dr Teo Boon See, Dr Kwek Sing Cheer, Dr Soh Ling Ling

COLLEGIATE PROGRAMME

MCFP(S) RECIPIENTS

Standing (from left)

Dr Kung Jian Ming, Dr Loo Hsueh Han, Dr Tan Khai Wei, Dr Ding Teck Yong Gabriel, Dr Aw Junjie, Dr On Todd, Dr Yeo Tian Seng Gilbert, Dr Chua Yu Cong Eugene, Dr Sebastian Amith, Dr Chua Ying Xian

Seated (from left)

Dr Kwan Shuyi Charmaine, Dr Zheng Lifeng, Dr Yuen Sok Wei Julia, Dr Paul Goh Soo Chye (Censor-in-Chief), Adj Asst Prof Tan Tze Lee (President), A/Prof Lim Fong Seng, (Vice-President), Dr Chiang Shu Hui Grace, Dr Yong Yan Zhen, Dr Aminath Shiwaza Moosa



GDFM GRADUANDS

Standing (4th row; from left)

Dr Koh Chien Hsiang, Dr Chung Wing Hong, Dr Li Shaoqun, Dr Beow Qi Zhao, Dr Wong Jian Rong Eka, Dr Ong Wu Chuan, Dr Ho Woon Yang, Dr Tan Jun Guan, Dr Cheng Wei Ray, Dr Chua Chong Bing, Dr Sharma Nitin, Dr Lee Kien Wei

Standing (3rd row; from left)

Dr Hong Dehan, Dr Fong Jin Kai Rodney, Dr Loh Hong Yuh, Dr Teh Kim Khiam, Dr Wong Wooi Seng, Dr Vidhya Dharshini Pillay, Dr Chen Sixian, Dr Kang Yirun Gregory Michael, Dr Quek Khai Wen, Dr Davinder Singh Dhaliwal

Standing (2nd row; from left)

Dr Sonal Mehra, Dr Tey Cheng Hwee, Dr Sy Li Lin, Dr Wadu Mesthri Nisansala Dulmini Gamage, Dr Lee Elin, Dr Bajpae Trisha, Dr Wong Lai Min, Dr Wang Qian, Dr Aye Khine Thwin, Dr Zhu Yujin, Dr Chong Oi Fong, Dr Guo Weixiao, Dr Png Lee Gueh Doanna Vivienne, Dr Ng Yu Lam, Dr Julian Varkkey Bin Muhamad Varkkey

Seated (from left)

Dr Santharuby A S Andiappan, Dr Lim Chia Sin, Dr Lee Ying Lynette, Dr Chang Hui Wen Christie, Dr Lim Weixin, Dr Wong Yi Lian, Dr Paul Goh Soo Chye (Censor-in-Chief), Adj Asst Prof Tan Tze Lee (President), A/Prof Lim Fong Seng, (Vice-President), Dr Eriyagama Lekamalage Sachintha Lankamali Lekamge, Dr Swe Swe Thet Paing, Dr Lee Su-Wen Anthea, Dr Toh Ying Hui, Dr Tan Chun Yen

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Family Medicine CONVOCAATION 2018



For more photos of the event, visit <http://cfps.org.sg/galleries/photo-albums/>

new to the community in end February 2018, trained them up to speed with an intensive 2-week training course and engaged our community partners such as Senior Activity Centres, family service centres and Resident Committees centres. We have established 17 community nursing posts in the short span of 5 months. The community nurses provide the spectrum of care, from health promotion and disease prevention to end of life palliative care, working closely with primary care and our SGH institutions.

The SingHealth Delivering on Target Primary Care Network (DOT PCN) is another fine initiative, led by my colleague Dr Emily Ho. The DOT PCN has seen rapid growth, from an initial 70 clinics to 121 clinics in a short span of 6 months or so. The DOT PCN has brought together enthusiastic and self-motivated family doctors committed to improving chronic disease care. With the SingHealth RHS's vision to "Transform Care, Improving Health", we are making giant strides towards more sustainable population health. There remains a lot of work to link up various RHS programs for synergy within and beyond the campus, so that we deliver on more seamless integrated care for the population.

CM:

How can family physicians in primary care and ILTC sectors achieve the integration of care that you have spoken about?

LLL:

I think there have been a lot of effort by fellow family physicians in these sectors to integrate within and beyond the healthcare system. I am aware that NHG polyclinics and SingHealth polyclinics have implemented the teamlet model to improve continuity of care for complex chronic disease patients. Dr Agnes Koong and her team from Marine Parade polyclinic have been actively partnering Montfort Care and the Neighbours team from CGH to better integrate health and social care. At Bright Vision Hospital, the family physicians have partnered with nearby GP clinics to develop an Integrated Primary Care for the Elderly (iPCARE). In SingHealth, the polyclinics and community hospitals are part of our Regional Health System and there are ample opportunities to co-develop new, exciting models of care, from health and frailty screening to providing community palliative care. I am sure there are many more encouraging efforts in the other clusters and among our private family physicians who are forming primary care networks. So, please pardon me on my lack of knowledge about these.

I think the spirit of collaborative teaming will be critical to bring about true integration. We cannot pay lip service to care integration yet remain in our silos and try to do everything in house. The leadership direction will be critical. There are also a lot of untapped potential and resources in our community. We have to envision a better future state

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with our community partners and grassroots and engage them.

Education and Exposure of young family physicians to the different settings and help them see beyond their institutional barriers. I feel a key strength of family medicine training is our rotation to different postings. It allowed us to see the practice, gaps for improvement. We better appreciate the resource constraints in each setting, but also the opportunities for synergy. This must continue. Personally, I think more exposure of our residents to private general practice clinics and ILTC is critical to developing a healthy pipeline of family physician clinicians and leaders who can see opportunities to improve our healthcare system.

CM:

These are really exciting times for family medicine! Have you thought about what you hope to achieve in your term of office?

LLL:

Certainly build on the great work done by my predecessors. I am certainly standing on the shoulders of giants (A/Prof Lee Kheng Hock, Dr Emily Ho in SGH, just to name a few) who embarked on integrated care and population health work years back when there was little emphasis in these areas. So I am thankful for the additional resources and opportunity to develop this work further.

Better integration of Social and Health care. I hope to have all my community care teams delivering person-centred care in a highly integrated network, connected from acute care to ILTC to primary and community care with our community partners and grassroots. People know each other and institutional silos are broken down for trust and relationships. I hope to leverage on key enablers such as IT (remote sensing, tele-health) to improve this connectivity, and health services research (population level data, artificial intelligence) to innovate new models of care.

I also hope to develop a pipeline of population health ready leaders and staff, who are well poised to continue this work. As one of my senior colleagues aptly put it, we are running a relay race. While I may be running the second 100 metres (taking over from my predecessors), I need to pass the baton to the next runner without dropping the baton (patients and our programs in this case).

CM:

With every new frontier comes equally tough challenges! What are some of the challenges that you foresee?

LLL:

Tightening healthcare budgets, having to do more with less will require us to constantly innovate and collaborate in care. Strong partnerships and alliances will have to be forged.

Evolution of roles for many of us. As the needs of the ageing population changes, we have to evolve our established mindsets and practices to keep pace with these rapid changes.

Versatility and relationships will be key strengths to develop.

CM:

It's not only work at work that you do. I know you also contribute your time in the professional body of the College of Family Physicians Singapore. And you have to tend to your wife and three lovely kids as well! How do you juggle heavy work commitments, College work and family?

LLL:

I'm currently a supervisor for the Fellowship 18-20 cohort and also contribute as a research faculty. I am also the Honorary Editor of the College. Certainly it has not been easy juggling multiple commitments and still delivering quality. My wife, Dr Tay Wei Yi's support

has been instrumental, she increases my bandwidth. She is an amazing lady, juggling heavy work commitment as a consultant in SGH family medicine and the 3 kids when she is home. We are a great team together and a lot of my achievements are not possible without her. I hope to contribute to teaching as long as I am still adding value, as a form of paying it forwards and fellowship.

What I have learnt is teamwork. You can do much more with teamwork. So it is about building trust and a team who can help you to complete your tasks and projects. I am still learning the ropes at work, of building a strong team and optimizing all team members' talents.

CM:

What do you feel about the future of family medicine?

LLL:

Family Medicine will be required to step up to the challenges of our healthcare system, therefore we need to evolve constantly and re-invent ourselves. We can learn useful lessons from other health systems facing the silver tsunamis e.g. Japan, Hong Kong. But we need to identify our own gaps and build on existing resources. For example, with advances in artificial intelligence and machine learning, vital signs monitoring may become common place in the near future. The family physician will need to be plugged into

“The College can play a critical role in this transformation by constantly sensing, and developing the continuing education needs of our family doctors. This needs to be coordinated with the other academic bodies such as the universities, sponsoring institutions for residency programs so that we develop a robust continuing education to train a pipeline of future ready family doctors.”

such system where their patients' readings can be made known to them and taken action upon. There may also be a need to step out of clinic walls to form community care teams, working alongside nurses and allied health colleagues to deliver primary, continuing and palliative care.

The College can play a critical role in this transformation by constantly sensing, and developing the continuing education needs of our family doctors. This needs to be coordinated with the other academic bodies such as the universities, sponsoring institutions for residency programs so that we develop a robust continuing education to train a pipeline of future ready family doctors.

Academia will also strengthen family medicine. At the inaugural Asian Pacific Academic Primary Care Group meeting in June 2018 in Hong Kong, Singapore contributed

6 scholars. The scholars have embarked or are embarking on PhD studies, showing Singapore FM's commitment to academia. With strong academics and clinically important research in family medicine, I believe the future of family medicine should be bright.

Finally, Unity is strength. Sometimes, to optimize the system, you require sub-optimization of other parts. We need to unite as a healthcare system and allow the flow of resources from tertiary to community care to happen. There has also been lack of consensus on what is family medicine in Singapore. Within the local family medicine scene, I feel we have to look beyond our practice boundaries and embrace “One Discipline, Many Settings” to flourish. In the end, it is the sum of all these parts that will flourish and define FM, FM that is driven by the health needs of our Singaporeans.

■ CM

Interview with an Advanced Practice Nurse (APN)

Interviewed by Dr Yuen Sok Wei Julia, Editorial Board Member

With the ageing population and increasing number of patients with complex bio-psycho-social needs, a multidisciplinary team approach can help achieve an effective individualized care plan for the patient. Ms Ang Kim Wai, an Advanced Practice Nurse (APN) from Tampines Polyclinic, has been an important member of the multidisciplinary team. She works closely with polyclinic doctors, participates actively during multidisciplinary team meetings and provides care for patients with both acute and chronic conditions.

College Mirror (CM):

Could you tell us a bit more about yourself for a start?

Ms Ang Kim Wai (AKW):

I first started my nursing at KKH after graduating from School of Nursing in 1985. I left KKH after 4 years, and joined a private O&G clinic followed by a stint as an industrial nurse. Life is a continuous learning journey. After more than 10 years in the private sector, I felt stagnant and lacking in knowledge as there was limited continuing professional education provided and new experiences. This is when I decided to join the public sector to broaden my horizon with more learning opportunities.

I joined SHP in 2004. Obtaining my Degree in Nursing, Advanced Diploma in Community Health and Master in Nursing during my years in SHP were major milestones and a huge leap in the amount of knowledge that I have gained. I have been an Advanced Practice Nurse (APN) at Tampines

Polyclinic since November 2013. I recently completed the National Collaborative Prescribing Programme in June 2018 which allows me to prescribe medicine for patients without requiring a doctor's countersignature.

CM:

What motivated you to be an APN in Medicine?

AKW:

As an APN in Medicine, my role is mostly about delivering care. I play a role in patients' treatment and how their medical care is designed. This is incredibly satisfying as I like interacting with patients. I am able to see patients for 2 to 3 visits with longer consultation time. The continuity of care builds up rapport which helps patients with lifestyle changes, adherence and self-care which is critical in chronic disease management. Patients will see the value of APN service when their control improves. That is the biggest achievement which motivates me. It gives me a sense of satisfaction.

CM:

Could you share with us what your daily work encompasses?

(continued on the next page)



Ms Ang Kim Wai

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Could you share with us what your daily work encompasses?

(continued on the next page)



Ms Ang Kim Wai

(continued from Page 23: Interview with an Advanced Practice Nurse (APN))

AKW:

APNs hold dual portfolio, ie. medical and nursing roles. Clinically, APNs in the polyclinic see patients with chronic conditions such as Diabetes Mellitus, Hypertension, Hyperlipidemia, Hypothyroid and Asthma. We evaluate patients' responses to medication changes, conduct physical examination, order and interpret blood test results and provide patient education. We also initiate treatment for patients with suboptimal control for chronic diseases in collaboration and consultation with the medical team. The patients will be referred to doctors if they fall outside the APN's scope of practice.

We also participate in multidisciplinary discussion targeted at improving clinical outcomes of patients with complex chronic conditions, alongside with doctors and other healthcare professionals.

Nursing roles include clinic improvement projects, research, patient education, developing nurses' skills in managing chronic conditions through in-house education programs and committee involvement.

CM:

Congratulations on passing the Collaborative Prescribing Programme! Could you share with us your learning experience?

AKW:

I was very grateful to be selected as the first batch to go for the training. The programme was conducted over 3 months. It was very challenging especially the OSCE but an enriching experience. I had lots of support from the medical team. For example, a senior doctor was assigned to guide me during the 3 months. My course mates were also very helpful. We shared knowledge and experiences, and encouraged one another throughout the course.

CM:

What words of encouragement / advice would you like to give to other aspiring APNs?

AKW:

Nurses now have many career paths to choose from, such as clinical, management, research and education. APNs are in great demand due to the needs for expert nursing care at advanced level of practice because of aging population and changing health care needs. APNs are the pinnacle of the clinical track. Nurses who enjoy direct patient care and challenges should consider becoming an APN. The advice I can give is to never stop learning. To be most effective and greatest resource for each patient is to keep your knowledge fresh. The rapport and relationship with patients are very heart-warming. It is a rewarding career.

■ CM

FAMILY PRACTICE SKILLS COURSE

Update in Asthma Management

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #75 on "Update in Asthma Management", held on 22 September 2018.

Expert Panel:

Dr See Kay Choong
A/Prof Koh Siyue Mariko
Dr Quah Lishan Jessica
Adj Asst Prof Tan Tze Lee

Chairperson:

Dr Aysha Reema Muhusin

Nutrition as Medicine; Addressing Sarcopenia and Diabetes

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #76 on "Nutrition as Medicine; Addressing Sarcopenia and Diabetes", held on 06 October 2018.

Expert Panel:

Dr Tan Hwee Huan
Dr Samuel Chew
Ms Debbie Thong

Chairperson:

A/Prof Goh Lee Gan

Gym Tonic

by Gabriel Lim, Programme Director, Lien Foundation

Elderly need exercise, especially strength training, to tackle age-related loss of muscle mass, quality and strength, a condition known as “sarcopenia”. Unknown to many, sarcopenia may lead to physical frailty. **Physical frailty should be an important priority area with regard to public health**, since it is clearly linked to ill health, poor social well-being and escalating costs of care.

Multiple studies have also linked frailty to higher chances of falls, fractures, disability, death and care needs. Yet, frailty remains a largely overlooked problem. This is the primary motivation for Lien Foundation to invest, study and roll out strength training intervention.

Launched in April 2015, Gym Tonic (www.gymtonic.sg) is the first of its kind cross-border partnership between research institutions, business enterprises and service providers from Singapore and Finland. What sets Gym Tonic apart from other exercise programmes is its **singular focus on strength training**. Gym Tonic is **more than just gym equipment**. It is a well-researched solution anchored by four key components:

- A set of six air-powered (pneumatic) elderly friendly exercise equipment for strengthening core muscle groups;
- An assessment laboratory with equipment and well-designed protocols for assessing and measuring physical functions;
- Training and research support; and
- Software and data analytics.

Gym Tonic has now expanded to 29 sites in Singapore, across nursing homes, senior care centres and in the community (senior activity centres and community club). 62 therapists, fitness instructors and managers have been trained in Finland by the University of Jyväskylä, and 26 have attended the new “101 training”. The latter was introduced in 2018 as a pre-requisite

before the Finland training. To date, there are over 3,300 active elderly users on the Gym Tonic programme.

Based on our data mapping procedures, there is **promising evidence that Gym Tonic reverses frailty over course of a 12-week, twice-weekly programme**, as measured by the Fried frailty phenotype¹. **41% to 55% of seniors** who were frail in nursing homes & senior care centres have improved their frailty status to pre-frail after 12 weeks. In the community sites, a **quarter (27%)** improved from pre-frail to robust.

More information

Press Release: http://www.lienfoundation.org/sites/default/files/GT_Presser_12Dec2017_Combined.pdf

Video Testimonies

1 (Mdm Chin): <https://www.youtube.com/watch?v=cwGwCqzJbM8>

2 (Clients from Care Corner, including 97-year-old Mdm Lau): https://www.youtube.com/watch?time_continue=1&v=9Ot1r0WwmM0

Jack Liew (Bishan CC): <https://www.channelnewsasia.com/news/cnainsider/defying-frailty-ageing-elderly-gym-tonic-strength-training-10545386>

ST story: [http://www.lienfoundation.org/sites/default/files/2017_12_13_ST_Exercise just the tonic to perk up seniors Three categories of frailty.pdf](http://www.lienfoundation.org/sites/default/files/2017_12_13_ST_Exercise%20just%20the%20tonic%20to%20perk%20up%20seniors%20Three%20categories%20of%20frailty.pdf)

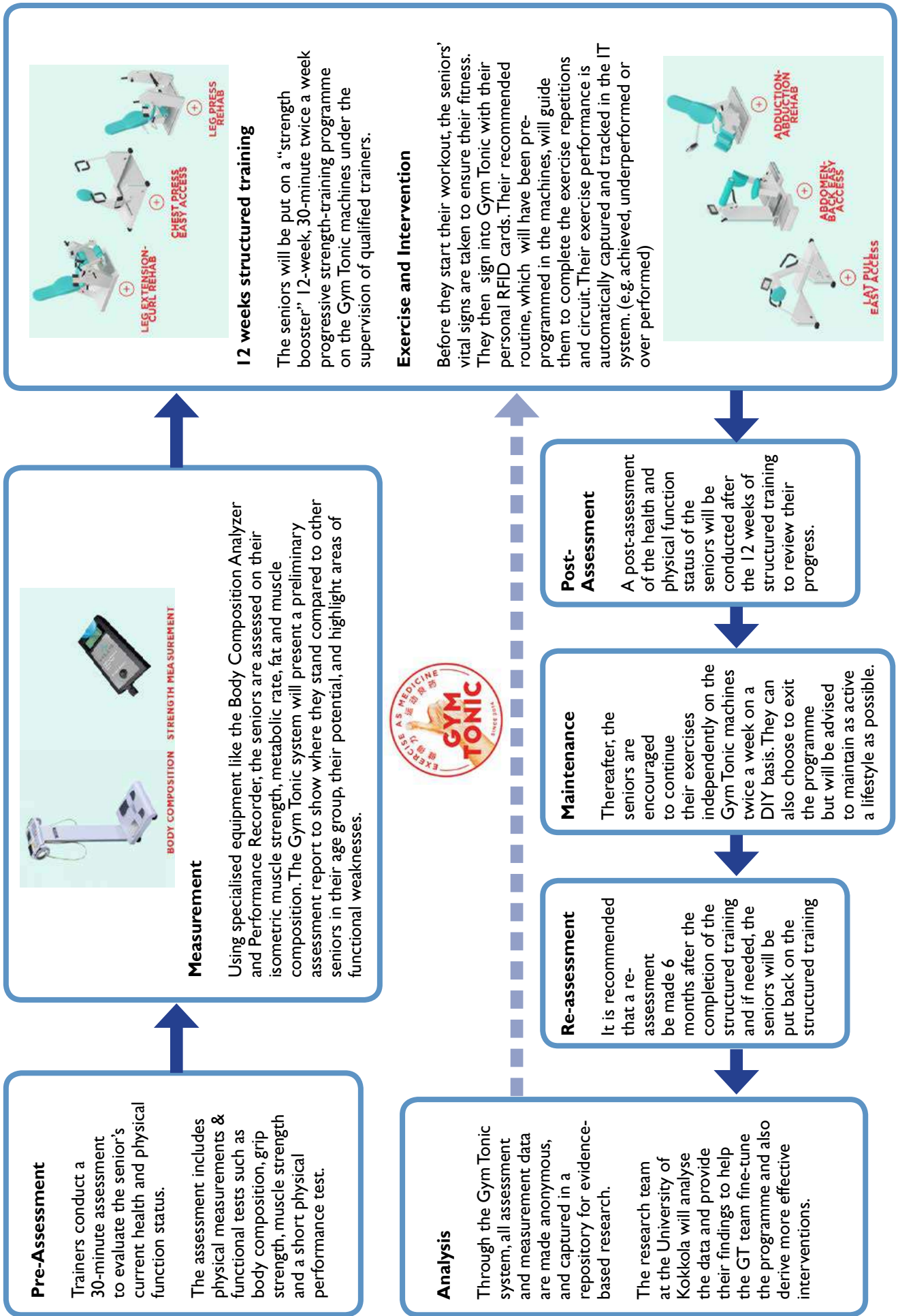
The Annex (see next page) presents an overview of the Gym Tonic process.

¹ Based on the five Fried frailty criteria (weight loss, exhaustion, low physical activity, slowness, weakness), the participants were divided into three categories: healthy/robust (score 0), pre-frail (score 1–2), and frail (score 3–5).

(continued on the next page)

(continued from Page 25: Gym Tonic)

Annex C: The Gym Tonic Process - Community-dwelling Seniors



Pre-Assessment
Trainers conduct a 30-minute assessment to evaluate the senior's current health and physical function status.
The assessment includes physical measurements & functional tests such as body composition, grip strength, muscle strength and a short physical performance test.

Measurement
Using specialised equipment like the Body Composition Analyzer and Performance Recorder, the seniors are assessed on their isometric muscle strength, metabolic rate, fat and muscle composition. The Gym Tonic system will present a preliminary assessment report to show where they stand compared to other seniors in their age group, their potential, and highlight areas of functional weaknesses.

12 weeks structured training
The seniors will be put on a "strength booster" 12-week, 30-minute twice a week progressive strength-training programme on the Gym Tonic machines under the supervision of qualified trainers.

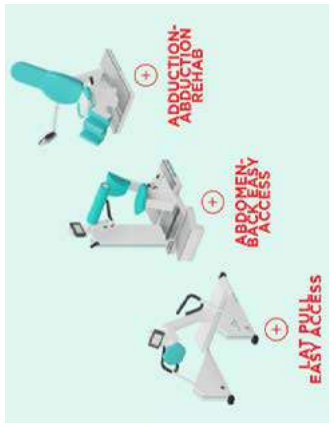
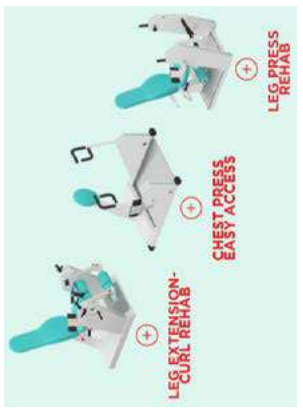
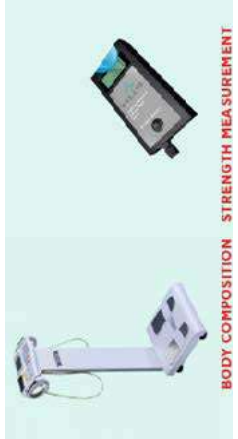
Analysis
Through the Gym Tonic system, all assessment and measurement data are made anonymous, and captured in a repository for evidence-based research.
The research team at the University of Kokkola will analyse the data and provide their findings to help the GT team fine-tune the programme and also derive more effective interventions.

Re-assessment
It is recommended that a re-assessment be made 6 months after the completion of the structured training and if needed, the seniors will be put back on the structured training

Maintenance
Thereafter, the seniors are encouraged to continue their exercises independently on the Gym Tonic machines twice a week on a DIY basis. They can also choose to exit the programme but will be advised to maintain as active a lifestyle as possible.

Post-Assessment
A post-assessment of the health and physical function status of the seniors will be conducted after the 12 weeks of structured training to review their progress.

Exercise and Intervention
Before they start their workout, the seniors' vital signs are taken to ensure their fitness. They then sign into Gym Tonic with their personal RFID cards. Their recommended routine, which will have been pre-programmed in the machines, will guide them to complete the exercise repetitions and circuit. Their exercise performance is automatically captured and tracked in the IT system. (e.g. achieved, underperformed or over performed)



Annex C: My Gym Tonic Stories

Elderly users of Gym Tonic at Care Corner-Toa Payoh Blk 62B



Mdm Lau Soon Siang
97 years old
Occupation: Homemaker
Spoken Language: Teochew, Mandarin

Mdm Lau has an active lifestyle and is a regular participant of the activities at the Senior Activity Centre. She had a fall that hurt her back and weakened her physically. Her balance and muscle strength became poorer. After completing the Gym Tonic programme, Mdm Lau improved significantly. She has achieved an average 20% improvement in her lower limbs muscle strength and has better balance. She is able to resume walking to the coffee shop to meet her friends. At 97 years old, Mdm Lau is independent and still going strong. She is currently on the Gym Tonic maintenance programme.

Mr Huang Kee Sang
67 years old
Previous occupation: Carpenter
Spoken language: Mandarin, Malay, Hokkien



Called 'The Rock' by the trainers at Care Corner's Gym Tonic, Mr Huang wishes to get his muscles 'firm'. He is currently on the Gym Tonic maintenance programme, having completed his first few months of training with impressive progress in his leg muscle strength. He now has better balance and is steadier when performing the "sit-to-stand" test. He is now able to put on long pants without support, and also finds it easier to clean his feet while he bathes. Mr Huang often jokes about joining a male beauty pageant after his Gym Tonic training.



Mdm Choa Choi Huei
74 years old
Previous occupation: Food hawker
Spoken language: Mandarin, Hokkien

Mdm Choa was initially apprehensive of the gym equipment. She was not used to the machines and thought she might get electric shocks. She was finally

persuaded to try Gym Tonic by the trainer who told her all about the benefits of strength training. After the programme, Mdm Choa no longer experiences pain in her knees, and she is now able to walk longer distances. She is currently on the Gym Tonic maintenance programme. Convinced of the Gym Tonic's benefits, she has now become its 'ambassador' and eagerly invites her friends and neighbours to join in. She also helps the trainers by volunteering to teach the elderly who are getting started on Gym Tonic.

Elderly Gym Tonic users - PulseSync's Ageility Lab small study



Mr Lock Meng Swee
80 years old

80-year-old Lock Meng Swee is an active volunteer of more than 5 years at Tzu Chi Rehabilitation Centre. He helps dispense medicine as well as assists the physiotherapists on visits to patients' homes. When he joined the Gym Tonic programme, he had high blood pressure, muscle loss, and poor balance. After 12 weeks of Gym Tonic, his stamina, strength and balance have increased greatly. His blood pressure also dropped from a high of 179/80 to 138/88. This reduces his risk of chronic diseases. His sleep has also improved and he is more energetic. He is able to contribute more as an assistant to the physiotherapist at Tzu Chi due to the training from Gym Tonic.

Mr Lee Soo Jin 70 years old
Mdm Patricia Chan, 69 years old



Lee Soo Jin and Patricia Chan were training to do the Milford track in New Zealand, which is a 54km hike over 4 days. Soo Jin wanted to improve muscle endurance and Pat hoped to increase her stamina. After 12 weeks of Gym Tonic, they went to New Zealand and successfully completed the 54km Milford track. Their leg strength and endurance have doubled; Pat's walking speed has increased and Soo Jin's balance and stability have also improved greatly.

Go to <http://www.gymtonic.sg> for more video testimonies

A Walk on the *Wild* Side

by Dr Yuen Sok Wei Julia, Editorial Board Member

I was 20 the first time I went on a completely self-planned trip to Japan with my medical school friends. I fondly remember the meetups we had prior to the trip, huddling over computer screens, scrolling through pages of accommodations, flight tickets, attractions and food options. We were medical students without deep pockets. We waited for the cheapest air tickets, stayed in hostels, took the Japanese rail, pedaled our way through the city on bicycles and ate where locals eat. I was sold.

Fast forward 10 years, I've been fortunate to have travelled to many beautiful cities and countries. But perhaps the trip that left one of the deepest impressions on me was the one to South Africa; Cape Town and Johannesburg.

Cape Town is truly one of the most beautiful cities in the world. Towering majestic mountains and the glistening blue ocean certainly make for picture perfect moments. What better way



to enjoy the amazing view than from the sky in a helicopter? It was my first time in a helicopter. With the spinning rotor blades overhead and amidst all the noise, I slid into the seat beside the pilot, fastened my seatbelt, put on my noise cancelling headphones, and then we were off! It was an exhilarating experience as I enjoyed the aerial view of Cape Town, flying over several well-known areas such as the City Bowl, Green Point, Sea Point, Clifton and Camps Bay.

One of my pit stops was the Cape Town Ostrich Range. I went on an educational tour about the Ostrich, the largest bird in the world, learning

about its behaviour, ecology and a little on physiology. Did you know that an Ostrich egg is roughly the equivalent of 24 chicken eggs and contains approximately 2000 calories? While I was still trying to absorb all the facts about this truly remarkable animal, I met Tom Thumb! (photo: tomthumb) Isn't he adorable? He holds the Guinness World Record for being the smallest fully grown living ostrich, standing at 1.27 meters, compared to an average male ostrich which is usually 1.8 to 2.7 meters tall.

The Boulders beach is home to about 3000 adorable African Penguins, which are an endangered species.



I took a boat ride to Seal Island, aptly named for the more than 60000 fur seals that occupy this piece of land measuring about 2 hectares in area.

I visited the Ukutula Conservation Centre which specializes in predator conservation by captive breeding, reproductive and genetic research, conservation programs as well as by education. It was an afternoon well spent, learning more about these African predators. I had the opportunity to get up close and personal with cheetahs and four rambunctious lion cubs that

seemed intent on chewing on anything they could get their little fangs on. But the most unforgettable wildlife experience had to be the guided bush walk with lions. We were allowed to walk with African lions, observing their behaviour and interactions in their natural environment. Although lions are not commonly known to climb trees, I was surprised to witness how these powerful cats could climb with ease and agility. My thoughts of climbing up a tree should the need arise instantly vaporised. It was indeed a walk on the wild side and truly a walk to remember.

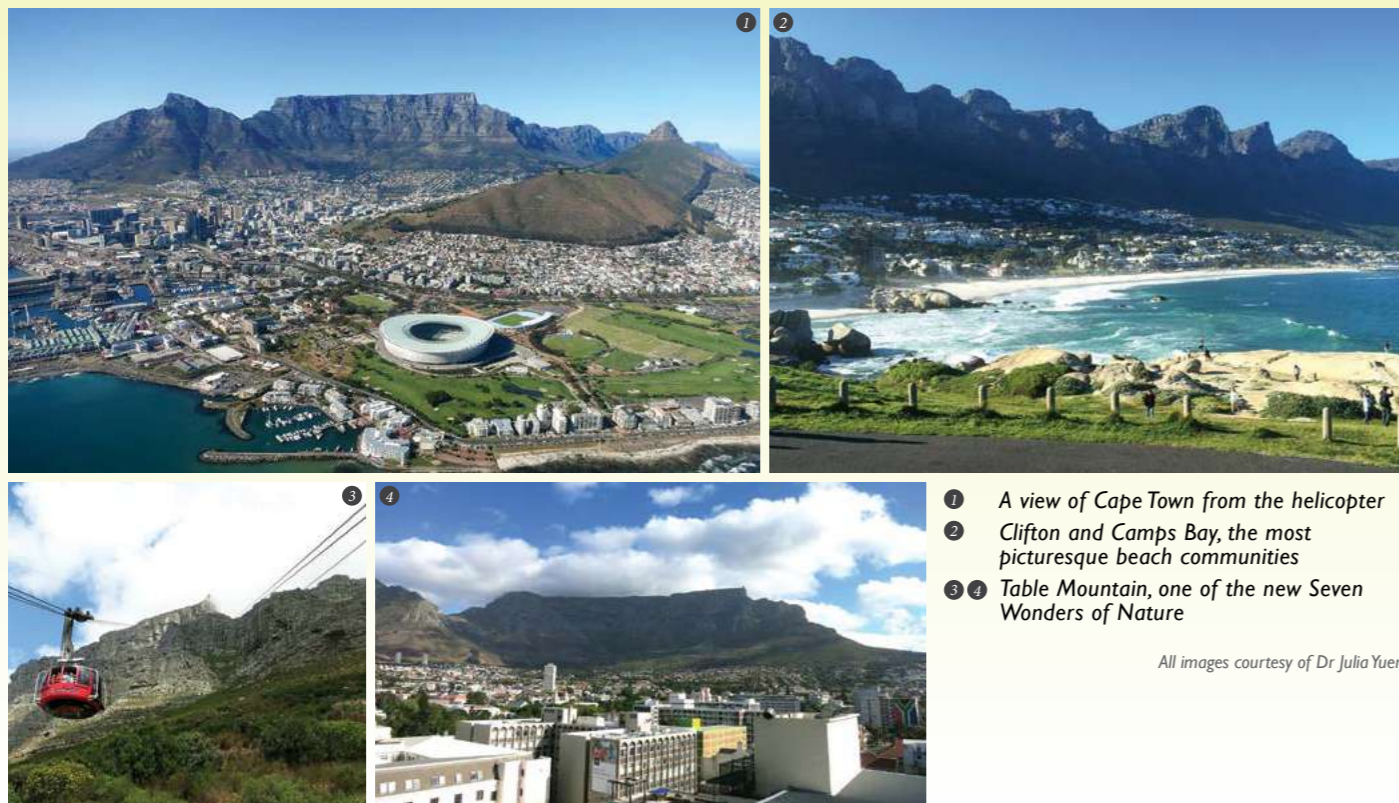
Without a doubt, the highlight of the trip was the game drives! Game drives are the quintessential safari activity to do in Africa; venturing out into the bush in a vehicle and hunting down the best spots to view wildlife in their natural habitat. I went on 3 game drives during my stay, twice at dawn and once at dusk. My best experience had to be the one at Pilanesberg National Park. I was fortunate to be able to see the

majestic big five of Africa, namely the lion, leopard, rhinoceros, elephant, and Cape buffalo. It's hard to describe the feeling of locking eyes with an approaching lion and seeing it saunter by just in front of your vehicle.

I even witnessed a cheetah stalking a wild boar followed by a high speed chase! Fortunate for the wild boar, it got away. There was such abundance of wildlife, such as the zebra, giraffe, hippopotamus, crocodile, coyote, kudu, impala, etc. To me, it literally felt like National Geographic from behind the computer screen and television coming alive in real time. For all those National Geographic and wildlife lovers out there, you really have to experience it for yourself.

Watching the incredibly beautiful African sun rise and set across the plains, there couldn't be a better way to conclude my unforgettable experience in South Africa.

CM



1 A view of Cape Town from the helicopter
2 Clifton and Camps Bay, the most picturesque beach communities
3 4 Table Mountain, one of the new Seven Wonders of Nature

All images courtesy of Dr Julia Yuen





Intimacy & Sexuality

Sat, 19th January 2019: 2.00pm - 6.00pm

CFPS Lecture Room (Inside CFPS),
16 College Road, #01-02, College of Medicine
Building Singapore 169854

Family Medicine (FM) is a comprehensive discipline that spans from organ systems of the body to the mind and family. To practise this bio-psychosocial FM approach for our patients, some family physicians have honed their integrative perspectives by acquiring specialised skills through formal training courses and certification. The 2018 Annual General Meeting of the College approved the setting up of a Mind-Body Interest Group (MBig) as a vehicle for family physicians to share such skills.

TOPICS (2pm - 4.15pm)

*Extending to Mind: Sexual Boundaries
Intimacy & Infertility
Intimacy in Mid-life women
Intimacy & Infidelity*

WORKSHOPS (4.45pm - 6.00pm)

*Workshop A: Intimacy & Women Sexual Health
B: Intimacy & Family / Couple Consultations*

SPEAKERS

A/Prof Cheong Pak Yean
Dr Jean-Jasmin Lee Mi-Li
Dr Ang Seng Bin
Dr Angela Tan Qiuli

- SEMINAR + WORKSHOPS (3 Core FM CME points)
*Registration is on first-come-first-served basis.
Seats are limited.
Please register by 30 Dec 2018 to avoid disappointment.

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

This Seminar is organised by
**College of Family Physicians Singapore,
Mind Body Interest Group (MBig).**



The first seminar of MBig is on the theme, 'Intimacy & Sexuality'. Three senior family physicians who have completed training in sexual medicine conducted by the European Society of Sexual Medicine (ESSM) and so certified provide the expertise. Drs Ang Seng Bin and Jean-Jasmin Lee, Fellows of the College, run the Menopause and Multidisciplinary Sexual Health Clinics in KKMCH Family Medicine Service. Dr Angela Tan QiuLi who completed her Master of Medicine (FM) in 2012 works part-time at the Home Nursing Foundation also conducts coaching on intimacy in relationships. A/Prof Cheong PY who is certified in psychotherapy, Internal & Family Medicine provides an overview using the extended consultation framework.



Extending to Mind: Sexual Boundaries
A/Prof Cheong Pak Yean
Internal & FM Physician in private practice

Most Family Physicians (FP) skirt sexual issues even if relevant to patients as they feel that they are not trained to handle them. Many also are fearful of inadvertently infringing Singapore Medical Council's ethical boundaries. Yet, human presence and relatedness are part of healing and at times the physician heals only when he/she is humanly present to patients. Powerful therapeutic opportunities would be lost if the doctors' response is insensitive.



Intimacy and Infertility
Dr Jean-Jasmin Lee Mi-Li
Associate Consultant, FM Service, KK WCH

One in seven couples in Singapore struggle to conceive. A couple's attempt at conceiving may be confounded by sexual, psychological and relationship issues. FP are in the best position to deal with young couples' sexual concerns as we often have both partners as our patients over time. In this seminar, we look at how we can help address these intimacy issues.



Intimacy in Mid-life women
Dr Ang Seng Bin
Head and Consultant, FM Service, KK WCH

Sexuality of a women is seldom talked about in menopause. However, studies have shown that women continue to be sexually active even after menopause especially if they still have a partner. How do we approach the issue of sexuality and intimacy for the menopausal women in order for her to continue to have a fulfilling, intimate relationship with her partner?



Intimacy and Infidelity
Dr Angela Tan Qiuli
Family Physician

How does infidelity affect intimacy in couple relationships? Such issues sometimes are brought up by patients and we may be unsure how to react. How should we extend the consultation therapeutically to understand the issues and relate these to management of the bio-medical and relationship problems?

Workshop A: Intimacy & Women Sexual Health Dr Ang Seng Bin & Dr Jean-Jasmin Lee Mi-Li

Intimacy & Women's sexual health Intimacy in a couple's relationship includes emotional & physical closeness as well as sexual expression. Intimacy & sexual function can be disrupted during many periods in a couple's journey together. This workshop aims to address these issues so that family physicians can learn to identify & help their patients in coping with sexual issues that disrupt intimacy. These difficult challenges include infertility, infidelity and coping with aging.

Workshop B: Intimacy & Family / Couple Consultations Dr Angela Tan Qiuli & A/Prof Cheong Pak Yean

An overview of the extended consultation is revisited and applied to couple and family therapy using case studies. A 'simple case' is presented to understand the various principles of sexual medicine applicable. A group exercise of 'uncovering the truth' is then conducted to reveal embedded relationship and family issues and to illustrate therapeutic interventions.

REGISTRATION

Intimacy & Sexuality Seminar
Please tick (✓) the appropriate boxes

FREE
REGISTRATION
for College
Members!

	College Member	Non-Member
Seminar, Sat 19 Jan '19	<input type="checkbox"/> \$20.00- FREE	<input type="checkbox"/> \$20.00

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

Choice of Workshop	
<input type="checkbox"/> Intimacy & WSM	<input type="checkbox"/> Intimacy & Family / CC

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

Cheque number: _____

Signature: _____

**Successful applicants will be confirmed by Email, and 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).*

Name: Dr _____

MCR No: _____

Mailing Address: (Please indicate: Residential Practice Address)

_____ E-mail: _____

Tel: _____ Fax: _____

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

Or fax your registration form to: 6222 0204