



THE College Mirror

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A Publication of College of Family Physicians Singapore



STRENGTHEN
Primary Care
ENHANCE
Family Medicine

The College of Family Physicians Singapore is honoured to have the Director of Medical Services, Ministry of Health, A/Prof Benjamin Ong graced the World Family Doctor Day Dinner on 25th May 2019, at the ParkRoyal on Pickering.

A/Prof Ong delivered the following speech.

Adj Asst Prof Tan Tze Lee, President of College of Family Physicians Singapore

Distinguished Guests
Ladies and Gentlemen,

Good evening. I am happy to join you tonight to commemorate the World Family Doctors' Day. This day was first declared in 2010 by the World Organization of Family Doctors (WONCA) to highlight the significance of the role and contributions of family doctors in healthcare systems around the world.

This event is an opportune platform for us to acknowledge the College of Family Physicians Singapore (CFPS) for promoting the profile and raising the standards of family medicine as a discipline. Since the College's inception in 1971, it has made key contributions to postgraduate family medicine training, encouraging and assisting young doctors in preparing for and establishing themselves in the practice of family medicine.

The theme of World Family Doctors' Day this year is "Family doctors – caring for you for the whole of your life". This encapsulates our own vision for primary care to be the first point of contact for our patients, and for every Singaporean to have a regular family doctor throughout their life journey, "from cradle to grave".

Need To Strengthen Primary Care

We are all familiar with the growing healthcare needs that our ageing population brings. We see an increasing proportion of patients who are elderly and with multiple chronic conditions as well as social needs. The rising trend of smaller family sizes also means less family support for our seniors, with an increasing number of them living on their own or with an equally elderly spouse.

Our healthcare system was initially designed for a younger population with lower chronic disease burden and complexity. Most care was episodic. We have since embarked on a shift from episodic hospital-based

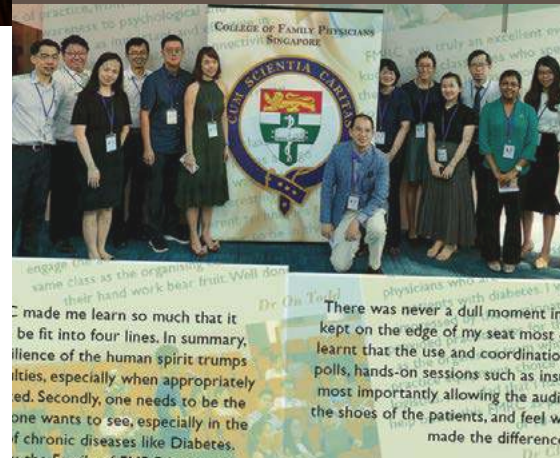
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(continued from Cover Page: Strengthen Primary Care Enhance Family Medicine)

care to holistic community-based care and made efforts to defragment care. However, many patients continue to be managed by multiple specialists, and hence have multiple treatment plans. Most can better benefit from having a proficient generalist with broad-based clinical knowledge and skills overseeing and providing comprehensive, continuing and coordinated care.

Hence, we have to continue strengthening primary care as the foundation of our healthcare system. To realise our vision of "One Singapore, One Family Doctor", we need more such "proficient generalists" practising in the community, and resourced to provide effective and affordable care. We have rolled out various policies and initiatives over the years to better support our family doctors. In January 2018, we set up the Primary Care Networks (PCN) scheme to encourage GPs to organise themselves into networks to share clinical and administrative resources for holistic chronic disease management. We last expanded the Chronic Disease Management Programme (CDMP) in June 2018 to cover pre-diabetes and ischaemic heart disease to enable more patients to use their MediSave to pay for outpatient treatments. From November this year, there will be several enhancements to the Community Health Assist Scheme (CHAS), including the addition of a CHAS Green tier. With this, all Singaporeans, regardless of household income, can receive subsidies at CHAS GPs for the management of CDMP conditions, in line with the vision to enhance anchoring of chronic care in primary care.

Need To Enhance Family Medicine

Even as we support our family doctors through various resourcing and financing enhancements, we need to work with them to continue to enhance their clinical skills in Family Medicine to meet the growing and varied needs in the community. As the Workgroup for Family Medicine Residency Review noted among its recommendations to the Ministry last year, Family Physicians are skilled generalists, who practise primarily in the community, whose expertise lies in providing holistic care to meet the individual's biopsychosocial needs through a long-term patient-physician relationship. They are the first point of contact for patients, providing comprehensive care throughout

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the continuum of a person's life cycle. Structured Family Medicine training is key to equip doctors with broad-based knowledge and skills at the postgraduate level to take on these challenging roles in various primary and community care settings.

In recent years, we have seen an encouraging increase in the number of doctors who take up Family Medicine training and achieve accreditation as Family Physicians. With our ageing population and evolving healthcare landscape, we will need even more doctors to acquire higher-level knowledge and skills to manage increasingly complex patients within the primary and community care settings. The Ministry is working with the College as well as our healthcare clusters to further expand our national Family Medicine training capacity across various programmes, including the Family Medicine residency and Graduate Diploma in Family Medicine (GDFM) programmes.

Even as we increase the number of Family Physicians, we will need to look at how they can be trained and recognised at a higher level of professional competencies, to manage a growing number of patients with increasing disease complexities in the community, including those whose care is shifted from the hospitals. Family Physicians will also increasingly lead team-based care, participate in inter-professional collaboration, and coordinate cross-setting care for their patients. There will also be growing involvement of Family Physicians in key areas such as child health, geriatrics and mental health.

The way care is delivered will also continue to evolve and mature. For the individual Family Physician, this may mean choices in scopes and settings of practice in future, than that dictated by tradition. For example, more Family Physicians may be involved in cross-setting practice, such as across primary care and home care or community hospitals. Beyond shifts in the settings of practice, Family Physicians will also play greater roles in emerging models of care, such as providing tele-care and facilitating self-care by the patient and their support circle.

In anticipation of these changes, we will continue to study how we can further broaden and deepen the competencies of doctors in primary and community care, encourage them to do so through Family Medicine training, and recognise those with such higher levels of competency.

In closing, I commend the College for their outstanding leadership in shaping and developing the Family Medicine community in Singapore over the last 47 years. I would also like to extend my deep appreciation to all family doctors for your dedication and commitment in providing person-centred care. We look forward to your continued partnership with us in various programmes to raise the standards of Family Medicine, strengthen primary and community care, and deliver better care for our patients.

Thank you.

■ CM

Arts and Humanity of Family Medicine

*Speech delivered by Adj Asst Prof Tan Tze Lee,
President, 26th Council, College of Family Physicians Singapore
at the World Family Doctor Day Dinner on 25th May 2019*

Associate Professor Benjamin Ong, Director of Medical Services, Ministry of Health
Past presidents
Council
Distinguished guests
Ladies and gentlemen

Thank you very much for joining us as we celebrate World Family Doctor Day. Every year we take this opportunity to commemorate the many achievements and contributions our family doctors have made to our communities in Singapore.

Our history with WONCA goes back a long way. From the early days in the 1970s, through to 2001 when the College hosted the WONCA World Secretariat in some of its rooms at COMB (College of Medicine Building) Singapore, to 2007 when Singapore hosted the WORLD WONCA Conference, our relationship with WONCA has always been very strong and we continue to have an active role in the Asia Pacific Region. Through the many contributions of our past presidents like A/Prof Goh Lee Gan, A/Prof Cheong Pak Yean and Dr Alfred Loh, our College has left an indelible and very positive mark on WONCA.

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Editor's Words

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

The time has come for me to pen my final installment for this magazine. It's been an amazing 6 years working with the College Secretariat and the Editorial Team to bring you a quarterly reflection of what is current and happening in the family medicine fraternity. Much has evolved in the local family medicine scene since I started off with the team back in the days I was working as medical director of Ang Mo Kio – Thye Hua Kwan Hospital. Since then, we have celebrated a good many World Family Doctor Days, we have formed our own Chapter in the Academy of Medicine, and produced scores of new graduates from our FM residency programmes. Singapore's healthcare system has undergone yet another massive overhaul, with the amalgamation of regional health systems into full service clusters and formation of the new National University Polyclinics group. Family Medicine Centres (FMC) – a first in primary care public-private partnership – have been developed and launched, Primary Care Networks (PCN) have been formed and expanded, CHAS has been introduced and, even at this point, preparing for yet another expansion. And everyone is chanting the mantra of Family Medicine and Primary Care being the bedrock of our future healthcare. With all this enthusiasm and energy going round, I am certainly not alone in finding it quite enticing to jump on the bandwagon of change and eagerly ride the tide of reform.

Speaking of reform, I do happen to notice also that it is not a term that is liberally used in this country. But you always see the word being used in the news when describing, say, the economic transformation of communist countries, or perhaps a political awakening in some jurisdictions, or even, closer to heart, the funding and governance changes to the British NHS. Perhaps reform hits a sour note as it implies something was not done right and so had to be corrected, and therefore some of us are loathe to use the word too liberally. But reformation is not a bad thing, really. It's not something one does just because a predecessor has done a crap job (pardon the straight talk). Very often it's simply a necessary thing to do in order to move

with the times, or to meet new challenges. Sometimes science gets ahead of us, other times it's a cultural shift that has finally come to a head with how we have always perceived and done things. The practice of medicine as a whole has evolved; we do not need to belabour the point about moving away from a paternalistic, unidirectional doctor-patient compact to a more engaging and empowering patient care model. Likewise, the move from singular 'bao ka liao' singleton GP practice to a more diverse and comprehensive team-based practice as enunciated in the FMC and PCN models, and similarly the successful "teamlet care model" pioneered by the National Healthcare Group Polyclinics.

Change is the only constant, so they say, and change we must to stay relevant. With our rapidly ageing population (and not enough babies), stagnating workforce size (because we cannot cope with too many "Others"), entrance of millennials into active economy (along with their very different world view), maturing of our institutions and overt attempts to keep citizens rooted with a sense of belonging to this land (I find it weird and absolutely contrived to concertedly talk about 700 years of history when we are supposed to be celebrating a Bicentennial), the challenges we face in the next 50 years are enormous. The whole country is in a struggle to stay relevant and remain a jewel (pun intended) at the crossroads of trade and commerce, and continue to spark joy and zest in its population.

So perhaps, during these exciting times, we need to pause and reflect – to what end is this reform journey heading? The articles offered in this edition of the College Mirror have been curated with that in mind, with a good mix of experiential, philosophical and sometimes introspective reading that hopefully will send many of our minds on a personal "quo vadis" as to the hopes and aspirations, roles and responsibilities of Family Medicine now and in the future.

I wish you the very best, and happy reading. Thank you.

(continued from Page 3: Strengthen Primary Care Enhance Family Medicine)

the continuum of a person's life cycle. Structured Family Medicine training is key to equip doctors with broad-based knowledge and skills at the postgraduate level to take on these challenging roles in various primary and community care settings.

In recent years, we have seen an encouraging increase in the number of doctors who take up Family Medicine training and achieve accreditation as Family Physicians. With our ageing population and evolving healthcare landscape, we will need even more doctors to acquire higher-level knowledge and skills to manage increasingly complex patients within the primary and community care settings. The Ministry is working with the College as well as our healthcare clusters to further expand our national Family Medicine training capacity across various programmes, including the Family Medicine residency and Graduate Diploma in Family Medicine (GDFM) programmes.

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Thank you.

CM



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Ladies and gentlemen

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(continued from Page 5: Arts and Humanity of Family Medicine)

Our team has just returned from the 2019 WONCA Asia Pacific Region (APR) meeting in Kyoto. I have good news; the College was successful in our bid to host the WONCA APR meeting in 2023! Our Theme for 2023, "Arts and Humanity of Family Medicine" was very well received. I cannot emphasize enough the stellar performance and massive effort by the organising committee and presentation team, led by Dr Low Lian Leng, Dr Xu Bang Yu, Dr Suraj Kumar and backed up by our manager Ms Jennifer Lau! It was their careful & meticulous preparation, and excellent delivery that won the day.

Now that we and our FP community have been given the opportunity of working together on the conference in 2023, "Arts and Humanity in Family Medicine", I am confident that this will help to draw our fraternity even closer together. With one common purpose, unified in spirit, we can achieve much to raise our fraternity to the highest levels! Unity is strength, and with unity and a singularity of purpose, the sky is the limit!

You will have been given a copy of the new book that the College just published: "Being Human: Stories from Family Medicine". This is a collection of the artistic impressions of medicine by Year 3 medical students at the Yong Loo Lin School of Medicine (YLLSOM); the editors A/Prof Cheong Pak Yean and Dr Ong Chooi Peng added to this cauldron of young ideas the wisdom and experience of our family physicians, who wrote their reflections.

The result is a magnificent book that tugs at the heartstrings; the pictures and stories touch the heart and humanity of all who read it. In fact, "Being Human" was so well received at the WONCA APR Council where we gave them out to the country representatives that we already have requests to send more copies to them!



I would also like to give a special mention for the book designer, Ms Liw Yi Ling, who did the fantastic artwork for this book. A Bachelor of Fine Arts from NTU, she did this marvellous design and layout in her spare time, free of charge to the College! We are very grateful indeed for her generosity, and wish her every success in her future pursuits.

The College council feels that this book will be a very good resource for our medical students, and we have decided to present a copy, free of charge, to every first year medical student starting medical school in Singapore in 2019. We

hope that this will help to enrich the learning journey of our medical students, who are our doctors of the future.

On this island we call our home, our family doctors are found in all manner of settings. We work in heartland clinics, town clinics, polyclinics, community hospitals, ILTCs, homecare, palliative care, sports medicine, the list goes on. The distinguishing mark of a family doctor is that he or she is truly dedicated to providing generalist medical care. Our mission is very simple: and that is to provide the best healthcare we can for our patients and their *kampung*. Very often, we know our patients over many years; with each encounter we add to that priceless doctor-patient relationship built up over the years.

The College started training GPs in 1971. Since then, our courses have evolved, and we now run courses in the GDFM, the College MMed (FM) course, and the Fellowship course.

We have done well; our College training programmes have been very successful. However we cannot simply rest on our laurels and rely on the same formula for the coming generations.

As Singapore's demographics change, so do our programmes evolve to address future needs. Our Graduate Diploma in Family Medicine is one such example, and this was recently enhanced last year, with extra focus on mental health, chronic disease and geriatrics.

We have also identified the need for more in-depth training in medical ethics in family medicine, and we are working hard to introduce more such components into our programmes.



As medical education evolves around the world, we in Singapore must evolve along with it. Last year, the College sent a delegation to GPTEC 2018, a GP training

conference held in Adelaide, Australia. We were well received by our hosts, and learnt much about the Australian training methods. We also examined systems being piloted by MOH, and also systems from Ireland, carefully assessing the various options to determine which would be the best fit for our requirements. After careful deliberation, our College has signed a memorandum of understanding with iHeed from Ireland, and will be running a pilot of their learning management system for our Masters programme in the coming academic intake. The pilot will see the introduction of EPAs [Entrustable Professional



COLLEGE OF
FAMILY PHYSICIANS
SINGAPORE

**FAMILY MEDICINE
COMMENCEMENT
CEREMONY 2019**

COLLEGE
48TH AGM

27 July 2019 (Saturday)
2.00pm
SGH Academia (Auditorium)
20 College Rd
Singapore 169856

**Family Medicine
Commencement Ceremony 2019**
2.00 - 3.30pm ♦ Auditorium

Tea Reception
3.30 - 4.00pm ♦ Foyer

College 48th AGM
4.00 - 6.00pm ♦ Auditorium

Activities] and programmatic assessment into our training programmes. All this is work in progress; our ultimate aim is to unify our training programmes along a single training track.

You can see that our academic teams have worked tirelessly towards improving standards, making our courses and qualifications more relevant to our primary care community. Their energy and altruistic commitment is simply amazing, and for this we are truly thankful! Well done, team!

Whether we work in the private or public sector, our aims for our healthcare system are the same, and that is to provide affordable, high quality healthcare for all. As the

public private divide becomes increasingly blurred, it is my hope that Singapore's healthcare system will finally evolve to become truly integrated, whether you are primary, secondary or tertiary care, public or private, providing care that is seamlessly integrated, where clinicians across the healthcare spectrum will be able to work together for the benefit of our patients.

The goal of "One Family Doctor for every Singaporean" is finally within reach!

Let us make it a reality!

Thank you.

■ CM

FAMILY PRACTICE SKILLS COURSE

Chronic Disease Management

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #78 on "Chronic Disease Management", held on 9 & 10 March 2019.

Expert Panel:

A/Prof Goh Lee Gan
Dr Tan Hwee Huan
Dr Benjamin Lam Chih Chiang
Dr Anita Lim Yee Nah
Dr Desmond Wai Chun Tao
Dr Rohit Khurana

Chairperson:

Dr Cheah Ming Hann

Geriatric Care

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #79 on "Geriatric Care", held on 4 & 5 May 2019.

Expert Panel:

Dr Vanessa Mok
Adj Assoc Prof Aaron Ang
Dr Ng Beng Yong
Dr Joanne Kua
Dr Shermyn Neo
Dr Geoffrey Sithamparapillai

Chairperson:

Dr Gabriel Yee

Life-course Immunisation – Vaccinate for Life Series

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #80 on "Life-course Immunisation – Vaccinate for Life Series", held on 18 May 2019.

Expert Panel:

Dr Leong Choon Kit
A/Prof Adj Hsu Li Yang
Dr Brenda Ang

Chairperson:

Dr Lawrence Ng

2019 WFDD Theme: “Family doctors – caring for you for the whole of your life”

Adapted from World Family Doctor Day 2019 report by Prof Michael Kidd
by Dr Low Sher Guan Luke, FCFP(S), Hon. Treasurer, Chief Editor, Team D Editor

World Family Doctor Day (WFDD) – 19th May - was first declared by WONCA in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors globally.

This year we decided to highlight the role of family doctors in providing life- long care to their patients – “from cradle to grave”. We especially wanted to emphasise that family doctors have a key role in the management of children and their pivotal role in palliative and end of life care.

This event is an opportune platform for us to acknowledge the College of Family Physicians Singapore (CFPS) for promoting the profile and raising the standards of family

medicine as a discipline. Since the College's inception in 1971, it has made key contributions to postgraduate family medicine training, encouraging and assisting young doctors in preparing for and establishing themselves in the practice of family medicine. As is now the custom, the day was celebrated widely in many countries across the globe. Of particular note this year was the launch of two books which are featured in this report - both show what our specialty of family medicine is about - but from totally different perspectives. One of them is from Singapore. This interesting book was launched in Singapore in celebration of World Family Doctor Day 2019.

“Being Human” is a collection of pictures, accompanying stories, and reflections. The pictures were drawn by medical students of the National University of Singapore during their Year 3 Family Medicine posting (of eight weeks) in workshops titled Pictures from the Frontline and taught by A/Prof Cheong Pak Yean from 2012 to 2017 (this generated 200 pictures – one from each clinical group taught). Of

these, 72 were shown to seasoned family physicians to comment, add their experiential stories, as well as their reflections.

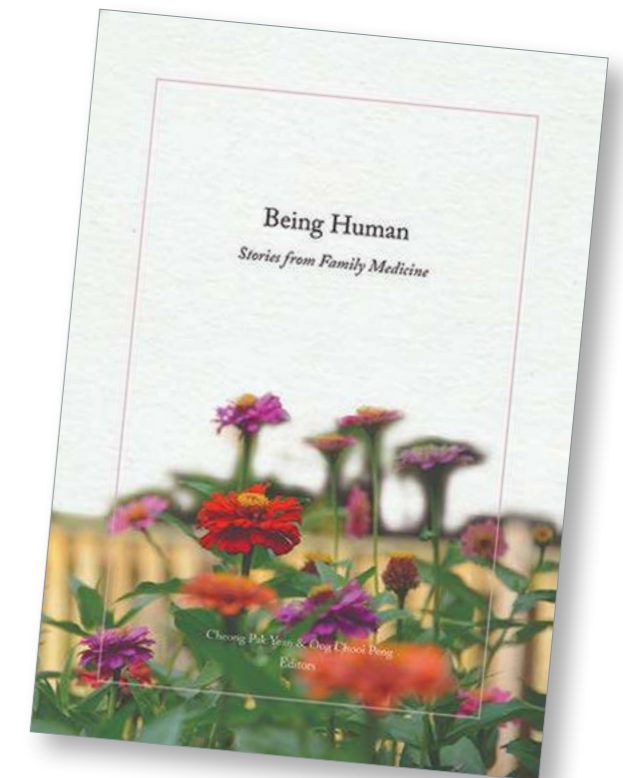
The lively book, designed in full colour by Liw Yi Ling, cohesively integrated both words and pictures to tell vibrant stories of life. Even the cover has a story – A riot of colours of the Zinnias growing out of a flower bed, and reflecting life – colourful, messy, but vibrant.

The 168-page book has 72 topics organised into five chapters (with the number of topics in parentheses): Doctor and Patient (9); Challenges to Care (16); Family and Sexuality (15); Being Human (15); and In Practice (14).

Being Human depicts the Hippocratic wisdom of Art outlives life. All medical students and all practitioners are potential beneficiaries. Enjoy.

■ CM

If you'd like to purchase **Being Human: Stories from Family Medicine** (\$16), please contact Cynthia (+65 9668 1004)



“Being Human”, Cheong Pak Yean and Ong Chooi Peng (editors).

The Work of a Fraternity Interview with A/Prof Cheong Pak Yean

Interviewed by Dr Chan Hian Hui Vincent, FCFP(S), Council Member and Editor (Team C)

The College Mirror team is delighted to feature this interview with Associate Professor Cheong Pak Yean on his new book “Being Human - stories from Family Medicine.”

This book's focus on the human aspects of Family Medicine is a timely reminder to us on why we became doctors in the first place. And that is to serve the people, in health and sickness, and across all demographics and social backgrounds. We are the grassroots of Medicine, and we are everywhere.

Prof Cheong and his co-editor Dr Ong Chooi Peng have made every effort to bring Family Physicians from every setting together and contribute to this book. By their effort, this work can truly be considered the “work of our fraternity”.

We shall now share this interview with our readers.

College Mirror (CM):

How did inspiration for this book come about?

A/Prof Cheong Pak Yean (CPY):

One and a half years ago, the workshop “Pictures from the Frontline” I conducted for Year 3 medical students at the Yong Loo Lin School of Medicine, National University of Singapore (YLL NUS) was discontinued. I had, through those 5 years, collected the students' works as drawings on A4 paper. Going through more than 200 drawings, I realised that I had a goldmine of rich observations. I showed selections of these drawings to colleagues, for example the series on dying (topics 4.12 to 4.15) to Dr Tan Yew Seng, a family physician doing palliative work. Yew Seng wrote profound insights that validated my resolve to share these treasures for posterity.

CM:

This is a project, many years in the making, when did you first work on it?

CPY:

In a sense, I started on the book 7 years ago with that workshop on the human dimensions of medicine. The book project is novel; the blurb on the back-cover states that it combines “the observations of medical practice by young medical students with the reflections of seasoned practitioners”. Dr Ong Chooi Peng, my co-editor and I are determined that the works of both students and family physicians should speak for themselves. We did not use captions for the drawings of students and neither did we display the post-graduate qualifications and institution affiliations of the doctors. The initial attempts at getting contributions were difficult but as works like that from Yew Seng came in, contributors could see the value of this book.

CM:

How did you form your project team?

CPY:

When Chooi Peng agreed to be the co-editor, I was elated. She had collaborated in two other books with me and Prof Goh Lee Gan on the extended consultation. I knew her editing proclivity and her ‘magic pen’ that often transformed inchoate words written to something that better expressed actual experience. Finally, Liw Yi Ling, a talented graphic designer whipped the chunks of texts and drawings into the coherent book design for the 168-page full-colour book.

CM:

How did you convince the medical students to do the drawings?

CPY:

I know that medical students as a group are clever and many are talented and creative. Unfortunately, I too believe that some of their empathy for people gets eroded by the medical school's focus on the physical body and the very structured language that we teach. Accessing their intuitive faculties (and by-passing their cognitive filters) is my key to unlocking their experience. I put my skills honed as a psychotherapist to effect. I showed them pictures by other students that vicariously drew on the feelings of the ‘there and then’ and demonstrated how we could share it with others by speaking in the ‘here and now’. I then encouraged each to recall salient experience to share verbally (using body, spoken and para-language) within their clinical group (CG), then choose one story to collaboratively express in the form of a drawing. Each CG would then tell the story to the class based on that drawing.

CM:

How did you mobilise the Family Medicine fraternity for this project?

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2019 WFDD Theme: “Family doctors – caring for you for the whole of your life”

Adapted from World Family Doctor Day 2019 report by Prof Michael Kidd
by Dr Low Sher Guan Luke, FCFP(S), Hon. Treasurer, Chief Editor, Team D Editor

World Family Doctor Day (WFDD) – 19th May - was first declared by WONCA in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors globally.

This year we decided to highlight the role of family doctors in providing life- long care to their patients – “from cradle to grave”. We especially wanted to emphasise that family doctors have a key role in the management of children and their pivotal role in palliative and end of life care.

This event is an opportune platform for us to acknowledge the College of Family Physicians Singapore (CFPS) for promoting the profile and raising the standards of family

medicine as a discipline. Since the College's inception in 1971, it has made key contributions to postgraduate family medicine training, encouraging and assisting young doctors in preparing for and establishing themselves in the practice of family medicine. As is now the custom, the day was celebrated widely in many countries across the globe. Of particular note this year was the launch of two books which are featured in this report - both show what our specialty of family medicine is about - but from totally different perspectives. One of them is from Singapore. This interesting book was launched in Singapore in celebration of World Family Doctor Day 2019.

“Being Human” is a collection of pictures, accompanying stories, and reflections. The pictures were drawn by medical students of the National University of Singapore during their Year 3 Family Medicine posting (of eight weeks) in workshops titled Pictures from the Frontline and taught by A/Prof Cheong Pak Yean from 2012 to 2017 (this generated 200 pictures – one from each clinical group taught). Of

The Work of a Fraternity Interview with A/Prof Cheong Pak Yean

Interviewed by Dr Chan Hian Hui Vincent, FCFP(S), Council Member and Editor (Team C)

The College Mirror team is delighted to feature this interview with Associate Professor Cheong Pak Yean on his new book "Being Human - stories from Family Medicine."

This book's focus on the human aspects of Family Medicine is a timely reminder to us on why we became doctors in the first place. And that is to serve the people, in health and sickness, and across all demographics and social backgrounds. We are the grassroots of Medicine, and we are everywhere.

Prof Cheong and his co-editor Dr Ong Chooi Peng have made every effort to bring Family Physicians from every setting together and contribute to this book. By their effort, this work can truly be considered the “work of our fraternity”.

We shall now share this interview with our readers.

College Mirror (CM):

How did inspiration for this book come about?

A/Prof Cheong Pak Yean (CPY):

One and a half years ago, the workshop “Pictures from the Frontline” I conducted for Year 3 medical students at the Yong Loo Lin School of Medicine, National University of Singapore (YLL NUS) was discontinued. I had, through those 5 years, collected the students' works as drawings on A4 paper. Going through more than 200 drawings, I realised that I had a goldmine of rich observations. I showed selections of these drawings to colleagues, for example the series on dying (topics 4.12 to 4.15) to Dr Tan Yew Seng, a family physician doing palliative work. Yew Seng wrote profound insights that validated my resolve to share these treasures for posterity.

CM:

This is a project, many years in the making, when did you first work on it?

these, 72 were shown to seasoned family physicians to comment, add their experiential stories, as well as their reflections.

The lively book, designed in full colour by Liw Yi Ling, cohesively integrated both words and pictures to tell vibrant stories of life. Even the cover has a story – A riot of colours of the Zinnias growing out of a flower bed, and reflecting life – colourful, messy, but vibrant.

The 168-page book has 72 topics organised into five chapters (with the number of topics in parentheses): Doctor and Patient (9); Challenges to Care (16); Family and Sexuality (15); Being Human (15); and In Practice (14).

Being Human depicts the Hippocratic wisdom of Art outlives life. All medical students and all practitioners are potential beneficiaries. Enjoy.

■ CM

If you'd like to purchase *Being Human: Stories from Family Medicine* (\$16), please contact Cynthia (+65 9668 1004)



"Being Human", Cheong Pak Yean and Ong Chooi Peng (editors).

CPY:

In a sense, I started on the book 7 years ago with that workshop on the human dimensions of medicine. The book project is novel; the blurb on the back-cover states that it combines "the observations of medical practice by young medical students with the reflections of seasoned practitioners". Dr Ong Chooi Peng, my co-editor and I are determined that the works of both students and family physicians should speak for themselves. We did not use captions for the drawings of students and neither did we display the post-graduate qualifications and institution affiliations of the doctors. The initial attempts at getting contributions were difficult but as works like that from Yew Seng came in, contributors could see the value of this book.

CM:

How did you form your project team?

CPY:

When Chooi Peng agreed to be the co-editor, I was elated. She had collaborated in two other books with me and Prof Goh Lee Gan on the extended consultation. I knew her editing proclivity and her 'magic pen' that often transformed inchoate words written to something that better expressed actual experience. Finally, Liw Yi Ling, a talented graphic designer whipped the chunks of texts and drawings into the coherent book design for the 168-page full-colour book.

CM:

How did you convince the medical students to do the drawings?

CPY:

I know that medical students as a group are clever and many are talented and creative. Unfortunately, I too believe that some of their empathy for people gets eroded by the medical school's focus on the physical body and the very structured language that we teach. Accessing their intuitive faculties (and by-passing their cognitive filters) is my key to unlocking their experience. I put my skills honed as a psychotherapist to effect. I showed them pictures by other students that vicariously drew on the feelings of the 'there and then' and demonstrated how we could share it with others by speaking in the 'here and now'. I then encouraged each to recall salient experience to share verbally (using body, spoken and para-language) within their clinical group (CG), then choose one story to collaboratively express in the form of a drawing. Each CG would then tell the story to the class based on that drawing.

CM:

How did you mobilise the Family Medicine fraternity for this project?

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A/Prof Cheong Pak Yean (seated; second from left) at the World Family Doctor Day dinner on 25th May 2019 with some guests. The book "Being Human: Stories from Family Medicine" was formally launched by the College at the dinner

CPY:

I have the advantage of having interacted with many family physicians in my 4 decades of medical practice. I connected with more than 70 doctors, showed them selections of drawings that may be meaningful to them. I spent hours with some contributors talking about their experience. For example, I ate many burgers for lunch at the McDonald's restaurant below Clementi Polyclinic while fleshing out Ang Lai Lai's stories of pregnant teenagers (3.13- 3.15).

For the last chapter "In practice", I engaged colleagues both in family medicine and outside who have contextual leadership experience and years in practice. We polled younger colleagues too. Family Medicine residents and young registrars also contributed interesting stories.

CM:

What were the key challenges faced while doing this work?

CPY:

The first was cynicism and even disdain. One has to have very "thick skin" to accept covert rejections to contribute. I had to cash in on my depository of goodwill as many of the contributors were my former students. Doctors are very busy people, and some have writer's block. Chooi Peng role's was pivotal. She has a knack of processing all manner of formative drafts thrown at her. Producing the book was another challenge. We were heartened when College President Tan Tze Lee and his council embraced it. Prof Doris Young, head of the Family Medicine Dept in YLL NUS, also wrote an encouraging foreword.

CM:

What do you hope to achieve from this book?

CPY:

The first is to tell the medical profession and public that medicine goes beyond the body as evident from the stories told. This is especially for family medicine which is trans-disciplinary through the patients' journey in life. The book is written also for patients. They would be able to empathise with the stories their doctors tell. We are now working on both undergraduate and postgraduate courses to teach the human dimensions of medicine using the book as resource.

CM:

Are we expecting a "Part 2" from this book?

CPY:

We are just recovering from the trials of making the book. With the use of the book for undergraduate and postgraduate courses, a reprint would be necessary. It was also well received at the World Organisation of Family Doctors (WONCA) Asia-Pacific Conference in Kyoto May 2019. Various sister organisations in the Asia-Pacific also asked the College for copies. The 2023 WONCA meeting will be hosted by Singapore and its theme is naturally "The Art of Family Medicine". Part 2 is therefore not just about the book; it is about sparking interest in and education about the human dimensions of medicine.

■ CM

Reflections from Family Medicine Review Course (FMRC) 2019

by the Trainees of FCFP(S) 2018-2020



FMRC made me learn so much that it cannot be fit into four lines. In summary, the resilience of the human spirit trumps all difficulties, especially when appropriately motivated. Secondly, one needs to be the change one wants to see, especially in the field of chronic diseases like Diabetes.

Thirdly, the Family of FMRC has come together, together with the Families of FM (like my dear wife Sally) to host and make the event a success.

Dr Yee Wenjun Gabriel Gerard

When planning FMRC, I didn't expect it to morph into the excellent event it turned out to be. The addition of the audience feedback system, the usage of a website for registration, having the audience to inject themselves with insulin pens and having a good mix of pharmacological and nonpharmacological lectures was a result of the team effort of this fellowship batch. Well done class!

Dr Meyappan Meykkumar

There was never a dull moment in FMRC and I was kept on the edge of my seat most of the time. I have learnt that the use and coordination of interactive IT polls, hands-on sessions such as insulin injections, and most importantly allowing the audience to walk into the shoes of the patients, and feel what they feel, truly made the difference.

Dr Tan Khai Wei

As one of the co-organisers, it was fulfilling to see the fruits of our labour after months of planning and encouraging to see the class work together as a team on the day itself. The event was engaging and enriching and I believe many of the participants came away with new knowledge and perspectives on DM. Well done all!

Dr Tan Hsu-Chen Andrea

Organising the FMRC required months of planning so that everything went as planned on the day. Effective time keeping helped speakers keep to their allocated time so that subsequent speakers could also start on time. Including buffer time such as the tea break allowed for overruns. Feedback from audience members would have been useful.

Dr Ngu Haidee

The choice of the theme was timely as the war against diabetes wages on. The speakers chosen collectively refreshed in our minds the need for a multipronged approach to managing this lifestyle illness. It was encouraging to appreciate that we now have a formidable arsenal of medication with which to deal with hyperglycemia, but all the more gratifying is that medication is not the only weapon we have - the art of practice, from influencing to coaching, dietary awareness to psychological and social stimulants is just as important and effective in this day of increasing digitization, connectivity and patient activation.

Dr Chung Wai Hoong Irwin



FMRC was truly an excellent event and kudos to my classmates who spearheaded the organisation. It was a good opportunity to learn from both family medicine experts as well as specialists about updates in this hot topic of diabetes. The topics were interesting and varied and speakers engaging. Glad to have been there!

Dr Muhusin Aysha Reema

I could see the amount of effort my classmates made in organising the FMRC, and it was a huge task that was well accomplished. I was glad that the audience found the course interesting, useful, and how the speakers used different techniques to engage the audience. It is an honour to be in the same class as the organising committee and see their hand work bear fruit. Well done!

Dr On Todd

It was a very relevant course for the family physicians who are at the front line managing patients with diabetes. I was extremely impressed by the passionate speakers who provided practical tips for the doctors, as well as the organising team who coordinated the practice equipment, choice of topics and other logistics. I am glad that I had the opportunity to help out at this FMRC as part of Fellowship class of 18-20.

Dr Chong Wee Min Justin



The FMRC was an amazing experience in many ways. I appreciated how our fellowship batch was able to come together and work together as a batch under the guidance of our organising committee. We got the opportunity to know fellow batch mates better and built cohesiveness as a batch. So kudos to our organising committee for embodying the spirit of teamwork! I also appreciated the chance to further our knowledge of diabetes, the speakers offered a biopsychosocial approach to managing diabetes which serves us well as family physicians.

Dr Chiang Shu Hui Grace

My first thought when I stepped into the venue was 'Am I at the right place?' because the whole venue was set up very professionally. It is truly amazing what the organisers have managed to accomplish as this was their first time organising such a big event. Good job to the organisers and all my fellow batch mates!

Dr Quek Si Min Ginny

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Certainly, organising a big event such as Family Medicine Review Course is an eye opener. I only play a small part in this event which makes me appreciate and learn from the main organising batch mates a lot more for their effort, responsibility, selflessness, team spirit and time. As for myself, I guess I will be a better usher if there is such an opportunity next time. In short, this has benefited everyone.

Dr Tey Cheng Hwee Joyce

FMRC 2019 was an excellent event. Topics discussed included both pharmacological and non-pharmacological management of diabetes which made the event very informative and relevant to family physicians. After months of planning, it was heartening to see the participants enjoying the event. This would not have been possible without the support of all my batch mates!!!

Dr Sebastian Amith

It was evident that lots of thought, time and effort have gone into the planning and organising of the Family Medicine Review Course 2019, so kudos to the organising team for leading the class to achieve such a feat. I'm sure many of the participants enjoyed the engaging sessions and gained a lot of new insights with regards to the holistic management of diabetes in primary care.

Dr Yuen Sok Wei Julia

Helping to plan a large scale educational event for fellow colleagues was an interesting challenge. Especially in identifying topics that would interest the audience. It also gave new insights into engaging and working with multiple stakeholders. It was an honour to be able to plan this event.

Dr Lin Shijun Cheryl

Organising FMRC 2019 allowed us to appreciate first-hand the efforts and challenges faced in planning a successful large scale CME. The effort and care to detail of the committee was evident throughout the course as an exhaustive array of topics were covered. Thanks too to our knowledgeable esteemed speakers who were engaging and passionate.

Dr Cheah Ming Hann

FMRC 2019 was a resounding success.

This was the feedback my residents and colleagues who attended it gave.

This success could not have been possible without the collaborative effort of the entire batch and the organising committee led by Gabriel and Meykkumar. The participants also shared that the topics were well-chosen as they were highly relevant to Family Medicine and they were impressed with the smooth flow of the event.

Dr Zheng Lifeng



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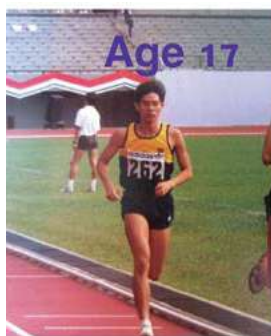
25 MAY 2019
SATURDAY



My Health Journey: Metabolism, Weight, Exercise and Nutrition

by Dr Nicholas Foo Siang Sern, Editorial Board Member

By the time I was in my mid-20s, I had already developed a belly. I am not quite sure how it happened - after all, I had always been lean and fit during my schooldays. I was fairly active during my Medical School days as well. Nonetheless, I completed my 5-year University Education 10kg heavier compared to the start. I did not exercise at all during my first 2 years as a junior doctor, I also felt that I did not overeat. Yet I put on weight much quicker than some on my peers, gaining another 10kg within those 2 years.



When I reenlisted for National Service to serve as a Medical Officer, I failed my first IPPT. However, I regained my fitness in a short time. Within 2 months, I was running below 9 minutes for 2.4 km and getting IPPT Gold. My fairly sizeable belly and weight remained the same. One guy used to rub my belly in a joking manner, asking how I could manage to run below 9 minutes with the belly I had. I was both fit and pudgy during those 2 years in which I served in a Combat Unit.

By the time I was 30, I had really ballooned up. I was now married and had a young child. I was active in general, but decided that I better start running again. It was an on and off affair, until I made the commitment at the age of 33 to run at least twice a week. I am a high responder to exercise-with twice weekly runs of 35 minutes each, I kept my weight to a manageable 74-75kg (My height is 1.72m). One month before my IPPT, I would add on a third session each week. That interval training session of 6 x 400m once a week for a month would enable me to run below 10 minutes for the 2.4km.

I felt tired most of the time, especially after meals. Having food would make me near comatose. I also had bad skin, allergies and was easily irritable. I had intense sugar cravings and was constantly looking for something sweet to snack on. When I look back, it is indeed a miracle that I survived all those years of work and raising a young family. Much credit must go to my wife. I tested for Diabetes-but both my fasting glucose and 2 Hour Oral Glucose Tolerance test (OGTT) were normal.

I started to be more conscious of my food choices, cutting out sweets, snacks, “soft drinks” and fried foods. I now ate what I considered a balanced and healthy meal - brown rice, vegetables, meat and fruit.

From the age of 38 onwards, I had more time to run and exercise. My general health and energy levels started to improve, but I only regained high energy levels, a trim waistline and good health when I figured out what kind of exercise and foods were suitable for me.

EXERCISE

We all know that exercise is important - both aerobic exercise and strength training. My main form of aerobic exercise is running, but one could swim, cycle or brisk walk as well. But what kind of exercise regime is suitable - High Intensity Interval Training (HIIT) or slower and longer endurance running? Should I do my 30-minute runs to the point of breathlessness, or is a slow 30-minute jog better?

At the age of 39, I started taking part in races again. Over the next few years, I tried everything from the track races - 800m all the way up to the Marathon (42.195km). I noticed 2 things. Firstly, I was fairly good over 800m and 1500m, decent at 5 and 10km race, so-so at 21km and relatively slow at longer distances. Secondly, I felt the fittest and most energetic when I was training like a middle distance runner. Long training runs required for the Marathon made me hungrier, causing me to eat more. In fact, I could gain weight while training for the Marathon.

My current regime is fairly simple. I jog 5km at least 3 times weekly on the weekdays, and go for a longer, faster, but still aerobic 10.5km run on the weekends. It is at an effort where I can still breathe in and out comfortably through my nose with my mouth closed for the entire run. This keeps me under the Ventilatory Threshold, which ensures that my run is at an aerobic intensity.

Periodically, I do a bout of faster running. This could be a 2.4km time trial run at 90% effort, or a “HIIT” session. I start with a 10-minute jog, followed by hard runs to the

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point of breathlessness up a hill about 200m in length. I jog down the hill for recovery, repeating the whole cycle 4 times. I end the session with a slow 10-minute jog.

I spend 5-10 minutes a day doing simple exercises like pull ups, push ups, planks, squats and lunges or do weight training with a barbell. Building muscle is important as muscle is a metabolically active tissue. We lose muscle mass as we age and that in turn slows our metabolism. Weight training is probably the most important piece of exercise most of us don't do.

I had been a middle distance runner in my youth and perhaps this way of exercising suits my make-up.

Besides this, I walk whenever I can. I also avoid prolonged sitting. I will stand up at least once for every patient I see.

DIET

The "healthy plate" proposed by many Health Authorities is a high carbohydrate diet. It consists of whole grains, fruits, vegetables, meat and very little fat. This diet may work for some, but I have found that I am carbohydrate intolerant. What works well for me is a Low Carbohydrate High Fat (LCHF) diet. There is quite a bit of misunderstanding of what this diet entails. This diet may not be suitable for everyone as there are potential pitfalls.

The following may point to carbohydrate intolerance or insulin resistance;

Symptoms:

Low energy, feeling constantly hungry, need for sweet / sugary foods, sleepiness especially post meals.

Expanding waistline/ belly fat despite exercising and consuming a diet as per the 'healthy plate'.

High normal fasting blood sugar (greater than 90mg/dL or 5.0 mmol/l), elevated Triglycerides (TG) and Low HDL-C. (TG : HDL, in mg/dL should be 1:1 ideally. A ratio of 3:1 or greater points to possible carbohydrate intolerance and insulin resistance)

Taking it a step further, let us look at the definition of Metabolic Syndrome.

3 out of 5 of the following:

Large waist circumference - at least 35 inches (89cm) for women and 40 inches (102cm) for men

- High Triglycerides Level - 150mg/dL
- Reduced high density lipoprotein (HDL) cholesterol - less than 40mg/dL in men or less than 50mg/dL in women
- Increased Blood Pressure 130/85mmHg or higher

- Elevated fasting blood sugar - 100mg/dL (5.6mmol/L) or higher

We know that individuals with Metabolic Syndrome are at higher risk for Diabetes and Cardiovascular Disease.

Since changing my diet, my energy levels are now high throughout the day, I no longer have post prandial sleepiness, my blood pressure is less than 120/80mmHg, my fasting glucose is less than 90mg/dL (5.0 mmol/L), my TG is less than 80mg/dL, my HDL-C levels have risen and I have a TG: HDL ratio close to 1:1. I am satisfied with my LDL-C. I have finally lost that stubborn belly fat and now weigh 66kg.

To understand it, we start by considering that the caloric content of carb, protein, and fat is different.

LOW CARBOHYDRATE

Carb/protein contains 4 calories/g

Fat contains 9 calories /g

If you're carb sensitive, you have to restrict carbs to 100g/day. Those on a Keto diet will go as low as 30-50g/day.

I once participated in a community health screening. It was eye opening the find that many apparently healthy people who came shortly after lunch had a capillary blood glucose in the 8-10mmol/l range.

If you want to understand how your body reacts to a meal, you can check your capillary blood glucose before the meal, 1 hour post food and 2 hours post food. If you're healthy, random capillary blood glucose should be between 4-6mmol/l, 6-8mmol/l 1 hour post food and normalise 2 hours post food. This is just a gauge to determine your response to a carbohydrate load. To diagnose Diabetes one needs a proper blood sample drawn from the vein.

Carb 100g/day = 400 calories.

(Note: I am referring to net carb content. This excludes the fiber content)

100g is equivalent to 2 bowls of white rice. In contrast, a cup of cooked broccoli has 4g, mushrooms 2g. But it's many many bowls of vegetables. So you have to consume quite a fair bit of leafy vegetables, broccoli, cauliflower etc.

Cut out the pasta, noodles, whole grains, rice and bread. Ditch all the sugary snacks, candies and soft drinks. (It is the fructose content in sugar and high fructose corn syrup found in processed foods which is unhealthy for the liver).

Eat fruits in moderation as fruits have a high 'sugar' (fructose) content. One banana is already 30g of net carbs.

I consume a wide variety of fruits but in small amounts. I avoid fruit juices.

I started off with gradually reducing my rice intake and eating more vegetables. I now eat mainly vegetables and some fruit for my carbohydrate intake. I have experimented with adding rice back to my diet and have since found that I can tolerate small amounts on occasion.

MODERATE PROTEIN

Protein 100g/day = 400 calories.

Can take up to 140g/day.

About 1.4-2.0g/kg of body weight.

One sizeable piece of meat is about 30g to 50g, with fats. Eat the fats; chicken skin or beef fat is fine as long as not deep fried. We need a little saturated fat. We can get our protein from fish and soy/tofu as well.

HIGH FAT

Eat fats to satiety. Let's put Fats at 150g/day = 1350 calories. This is already more than 63% of your caloric intake.

Make up the rest of the meal in fat intake such that the meal is satisfying. You just need a little fat to fill you up and should not feel hungry after your meal.

One avocado contains 30g of fat. One table spoon of olive oil is 14g.

A small slice of butter is already 5g fats

Saturated fat: Coconut oil, butter and animal fats are good for cooking foods at high temperature as they don't break down easily with high heat. Some animal fats like grass fed beef/lamb are a mixture of saturated and monounsaturated fat. Same for organic cheese and butter. It is okay to eat some saturated fat.

Monounsaturated fat: this is the good or 'heart healthy' fat. Olive oil and avocados. Olives are good to eat as well.

Eggs are a mixture of monounsaturated and saturated fat.

Nuts and seeds are mixture of mainly monounsaturated, polyunsaturated and some saturated. Try macadamia, pecan, brazil nuts or pumpkin seeds and sesame seeds. Avoid cashew nuts as the carbohydrate content is high.

Polyunsaturated fat:

Omega 3

Fish oil, oily fish like salmon, sardine, flax seed, chia seeds and sea vegetables like seaweed. Eggs also have omega 3. It is a good anti-inflammatory fat.

Omega 6

Vegetable oils like safflower, corn, sunflower etc. Inflammatory. We need a balance between Omega 6 and Omega 3. The ideal ratio is between 1:1 to 4:1. Many people cook with these oils which are fragile and break down easily with exposure to heat and air. In general most have an imbalance between Omega 6 and 3 consumption, with a 20:1 ratio. Vegetable oils should be avoided as much as possible.

Better to cook with saturated fats like butter or animal fat as they are heat stable. Or olive oil for stir fry.

Avoid trans-fat/partially hydrogenated fats in pastries, cookies, chips, crackers, margarine etc.

A further word about Saturated Fats - they can be good or bad. Note the following:

- Some animal fats are a mixture of saturated and monounsaturated fats, as mentioned above
- Saturated fats are good if they are from healthy animals (eg. grass fed beef or lamb) or natural/organic sources (eg. organic butter, egg yolk, coconuts)
- Saturated fats are bad if they are consumed with a high amount of sugar or refined carbohydrates as their metabolism is affected
- Saturated fats are bad if they are mixed with trans fats, deep fried, processed or hormone treated
- Consume saturated fats in moderation

A Low carb, moderate protein and high fat diet describes the caloric content, not the mass.

Visually, it looks like a lot of vegetables, some fruit, some meat with a bit of saturated fat, nuts, seeds, olives, cheese, a dash of butter or olive oil. However, some people misinterpret it and go meat-crazy, consuming too much meat and saturated fat without taking enough vegetables.

You need to get creative if eating out but it is still possible to eat this way, even in hawker centres. For example, when eating western, skip the fries/ potato and request for a portion of sautéed vegetables to enjoy along with your steak.

I've never counted calories - the above figures are just for illustration - it's more about understanding how to eat. I always eat till I'm satisfied. Even then, I've grown leaner and lost my belly eating this way. My energy levels remain stable throughout the day. Caloric restriction will not work because your metabolism will just slow down if you restrict calories. This is not a fad diet. It is about learning how to eat in such a manner that will alter your metabolism for the better.

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However, it would be disingenuous to say that the number of calories consumed do not matter. Both the types and number of calories consumed do matter. In the past, I was always hungry and felt that I did not overeat- but in reality I did overeat. Now, my appetite regulation is much better and I know when to stop. I eat what I require. The potential pitfall of a LCHF diet for a small number is that their LDL-C (and LDL-P, which is not done in Singapore) levels can go very high, above 200mg/dL even though they lose weight, gain energy and normalise all other health markers. No one is sure why, although various explanations have been proposed. The implication on their health is unknown. It has been suggested that such individuals undergo Coronary Calcium Scoring. They should reduce intake of saturated fat, increase intake of vegetables, monounsaturated fat (avocados, olives, seeds, nuts) and also add carbohydrates (eg. brown rice, sweet potatoes) back into their diet.

CONCLUSION

How we exercise and how we metabolise food varies from person to person.

There have been arguments whether HIIT or longer but slower aerobic runs are better. Both an adequate volume of steady state aerobic activity and HIIT activate the PGC-1 alpha (Peroxisome proliferator-activated receptor gamma coactivator 1-alpha) master switch, which increases mitochondrial biogenesis, fat oxidative capacity and remodelling of muscle fibres to Type I fibres – a fiber type composition that is metabolically more oxidative and less glycolytic in nature. It also increases GLUT4, the insulin-regulated glucose transporter found primarily found in adipose tissues and striated muscle (skeletal and cardiac). Some form of Strength Training should be incorporated.

Being active in general plays a part in overall health status. The individual must find the types and combination of exercise which works for him.

Studies on Diet are often conflicting and confusing. It has been eye opening for me to make this discovery - how I have optimised my health by finding out how I best function. There is a whole lot of science behind how a LCHF Diet works-controlling insulin response, regulating our appetite hormones and getting in a balanced range of fats needed for our optimal functioning. Even if one does not subscribe to this way of eating, each of us has to find the mixture of

carbohydrate, protein, fat, vitamins and minerals which gives us good energy.

Home cooking is not an issue if one wishes to adopt a LCHF diet, but many Singaporeans eat out. There is a whole range of eating options where one could get in the requisite vegetables and protein, but having a mixture of healthy fats is more challenging. On days I have to eat out, I will try to get more vegetables and some protein in. I may then top up with some healthy fats when I get home - some avocados, a dash of high oleic natural peanut butter, a few olives and macadamia nuts - all these are high in monounsaturated fats. I may have some cheese or a little organic butter as well. There is a general misconception that eating this way costs more. If I am eating to improve my health, it actually reduces my medical bill down the line. Also, for about \$1 (or less) a day, one can get a good dose of healthy fats into his diet.

One needs to chart his progress both objectively and subjectively. It would be prudent to do a basic health screening before and after embarking on a LCHF diet, in view of the potential pitfall mentioned. The objective measures would be

Body Mass Index (BMI), Waist Hip Ratio, Blood pressure, fasting glucose and a lipid panel. Normalising or lowering the TG:HDL-C ratio (mg/dL) ideally to 1:1 shows progress. TC:HDL-C should be 4:1 or lower. It is now thought that the type and number of LDL particles (LDL-P) are more predictive of Cardiovascular Risk. A high LDL-P count with a predominance of small dense LDL suggests greater atherogenicity. We do not measure LDL-P in Singapore, but a useful surrogate is Apolipoprotein B.

Other basic blood tests would be: Full Blood Count, Liver function test, Renal Panel and Thyroid function test.

These basic tests can yield quite a fair bit of information, but some may elect to add on fasting insulin, HbA1c and hsCRP and Lp(a).

A subjective measure would be greater energy levels and better functioning in general. I hope that everyone will take charge of his own health, experiment and see what works. If we want to win the war against Diabetes and Chronic Diseases, we have to start before it's too late.



1/4 avocado, a dash of natural high oleic peanut butter, olives (without preservatives), macademia nuts. All these foods are high in monosaturated fat, which is a healthy fat. This dose of health promoting fats costs \$1 or less.

Images courtesy of Dr Nicholas Foo

CM

Mind Body Interest Group - Interview with A/Prof Cheong Pak Yean FRCP, FCFP, FAMS, Master Counselling

Interviewed by Dr Jean-Jasmin Lee FCFP(S), FECSM, FAMS

In the March 2019 issue, we gave readers a glimpse of the first workshop for the new Mind Body Interest Group (MBig) held by the College of Family Physicians Singapore. Here, Dr Jean-Jasmin Lee speaks to A/Prof Cheong Pak Yean and Dr Angela Tan - whom together with Dr Ang Seng Bin and herself - have made MBig possible.

College Mirror (CM):

Hi Prof, Thank you for taking the time to be interviewed for CM. Could you tell us how long have you been counselling patients in your clinic?

A/Prof Cheong Pak Yean (CPY):

Psycho-social issues must be addressed with the body in family practice. I was not trained to do that in internal medicine. I acquired ad-hoc skills in practice but found it inadequate. So in 2004, I enrolled in a 2-year Masters programme in professional counselling which included attachments to psychotherapists. I began to integrate the clinical skills I learnt with my usual consultation.

I started with the usual one-hour plus protected counselling sessions for some of my patients and soon gained enough context to bridge the paradigm divide. You may say that I now counsel every patient I see, not just those with psychosocial issues. Every patient has a body, mind and family. Every encounter thus has a formulation to understand the reason for encounter and a diagnosis to explain the presenting complaint. No time is a problem but no skill is even worst.

CM:

So Prof, what sparked your idea of forming a Mind Body Interest Group (M-Big) for Family Physicians?

CPY:

The system I developed to engage both body and mind as a clinician soon extended to my role as a teacher in Family Medicine. Together with A/Prof Goh Lee Gan and Dr Ong Chooi Peng, we wrote a first book called 'Counselling within the Consultation' in 2015. We soon realised that to practice the combined medical-counselling consultation, lots of extra time and experience is needed.

We then came up with the notion of just extending the processes of the usual consultation when needed, as needed. The reality is that not every consultation and not every part of the consultation needed extension to the psycho-social realm. We elaborated on that in a second book. 'The Extended Consultation, Mind Matters!' published in 2017. A family medicine skills courses was conducted by the College last year and the course materials published in the Singapore Family Physician¹.

MBig is formed to continue the training in the extended consultation approach in areas like continuing care, sexuality, end of life issues and many other settings of family medicine. We hope that family physicians would soon be familiar with the concepts of extended history, examination and investigation of the mind, then formulate after understand the genogram and salient time-line of life events. Psychosocial interventions can then be used in addition to the usual medicine and management prescribed. This is in addition to the skills we learnt from psychiatrists to handle patients with mental disorders.

CM:

From your many years of experience in family medicine, do you think sexual issues are commonly seen in GP practice?

CPY:

Sexual issues underline many facets of holistic care in various stages of life. Adolescents have gender identity and sexual relating issues. Young adults have issues of intimacy and sexuality and at times, problems with infectious diseases. Couples have problems of fertility, intimacy and gender roles in parenting.

These issues may not be directly broached but family physicians should have the skills to identify, understand, and manage. And if needed, refer patients for appropriate care. There are boundaries extensions and intrusions to be navigated and specific skills to be learnt. We are fortunate that in the FM fraternity, some colleagues have been formally trained and certified.

CM:

Thank you, Prof!

REFERENCES

Singapore Family Physician Vol 44 No. 1
The Extended Consultation.

<https://www.cfps.org.sg/publications/the-singapore-family-physician/article/1190>
accessed 20th Jan 2019

(continued on Page 23)

(continued from Page 21: Mind Body Interest Group)

Interview with Dr Angela Tan MMed(FM), FECSM

College Mirror (CM):

Hi Angela, thank you for accepting our interview. Can you tell us more about yourself and your job scope as a family physician?

Dr Angela Tan (AT):

Hi Jean, I completed my MMed(FM) in 2012 and left polyclinic in 2011 to join AMKCH where I worked for 3 years. I was a GP in a private clinic till 2 years ago. Presently I locum for the Home Nursing Foundation and Singapore Cancer Society. I do home visits for geriatric and palliative patients. As for my Life coaching practice, it's really assignment based so sessions can vary from zero to 40 hours in a week. I also teach at the LKC School of Medicine as a House Tutor and Communications training facilitator.

CM:

What made you take up Life Coaching course? How many years was the course?

AT:

I was a client of a coaching program and I got a lot out of it. I had some doubts as a young doctor, wondering if I was up for the job that was demanding so much out from me. There seemed to be a vastness of knowledge and the need to be meticulous, almost perfect. I wondered if I could handle difficult situations for example distressed patients or families; while coping with the loss of my beloved grandmother whom I couldn't save from cancer.

Through the coaching program, I was able to distinguish and separately deal with the loss of my grandmother and my personal confidence as a young doctor I started to ease into working myself to be a better doctor positively instead of living in fear and doubts.

My coaches were exemplary examples of how life should be lived and inspired me to be like them. They were making the best use of their lives and chasing their dreams, having a career that earns them money all at the same time.

I also felt that my interactions with patients will be improved if I can build rapport with more ease and understand how the human psyche worked better.

These led me to train myself in coaching skillsets. The preliminary training took 6 months, and it took me many years of training and more than a thousand coaching hours to be the professional certified coach and trainer that I am today.

CM:

Can you tell us more about Life coaching? When did you start doing this and how have you found it so far?

AT:

I started practicing as a life coach when I was a first year medical officer after I completed my first coaching program as a participant.

Life Coaching has broadened my life in many aspects as I get to work on myself and uncover my own personal blind spots or comfort zones, personal values which gave me the empowerment to live life more courageously and continually expanding myself as an individual. I also got to work with many other individuals, couples and groups from various walks of life. This gave me a better understanding and appreciation of various people experienced their life and the challenges they go through. I am continually inspired by my clients who were able to overcome their challenges to achieve their dreams and make a difference for themselves, often impacting their loved ones positively at the same time.

The above greatly influence the way I view life and death and brought a lot more depth in my teachings with medical students and conversations with my dying patients in the palliative care setting.

As for how coaching is done; it's through conversation and can involve light activities. It's about getting clients to see their personal truth, acknowledge the parts that are not working, overcome their mental and/or emotional blocks, thereby allowing them to be their truer selves and overcome their challenges at hand.

CM:

Do you feel sexual issues are commonly seen in family medicine?

AT:

It is a common thing amongst the patients who walked into our consult room, but not often "Seen" as it takes rapport, trust, time and some skills, importantly they want to care more about this human being sitting in front of us to be able to bring up sexual issues. It is something that patients wish we can ask more of but physicians we are often quite shy in doing so.

Most of the cases I encountered did not start with "Dr, I have a sexual issue". They usually present with common ailments like URTI, GE, headache etc. Women with symptoms of vaginismus, men with psychogenic erectile dysfunction, women with fear of conceiving after a miscarriage, men shying away from intimacy with wives due to a visiting a paid sex worker etc etc...all these are more common than we think; if we really care enough to listen.

(continued on Page 25)

(continued from Page 23: Mind Body Interest Group)

CM:
So Angela, what inspired you to start Intimacy coaching practice? Tell me more about this, how long since you set it up etc

AT:
As a life coach, I often have to work with clients with relationship issues, and these are coupled with physiological sexual issues as well. I saw that by further my training in sexual health I will be able to help my clients better. Also in the family practice setting, it is common to have patients with sexual issues that is not spelt out as the presenting complaint.

Previously, I did a search for people with expertise in this domain but realised there is very limited support locally. And that prompted me to get myself trained and start a practice as such.

I officially set up the practice after obtaining my fellowship with ESSM last year.

CM:
Thank you for sharing with us your special journey as a family physician. I understand you and your husband are expecting your first child in February 2019. We wish you and your family all the best and safe delivery!

■ CM

Quo Vadis Cancer Survivorship Training

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

Cancer survivors are increasing in numbers, thanks to the capabilities of modern healthcare technology. There is a need to involve the primary care physicians (PCPs) to play a big role in caring for this group of people. NCCS (National Cancer Centre Singapore) has planned a Cancer Survivor Care Outreach Programme for PCPs. College Mirror interviewed A/Prof Goh Lee Gan, Director of the Institute of Family Medicine, College of Family Physicians Singapore for his views.

College Mirror (CM):

Hi A/Prof Goh, thank you for supporting our National Cancer Centre Singapore (NCCS)'s education outreach to Primary Care Physicians (PCPs) and for accepting the College Mirror invitation for an email interview.

A/Prof Goh Lee Gan (GLG):

Thank you Rose. It is my pleasure.

CM:

What do you think about the importance and relevance of community cancer survivorship education?

GLG:

Cancer survivorship is the next Cinderella in medicine, meaning that just like the fairytale Cinderella – Cancer survivorship as a subject of medical importance went through undeserved neglect and is about to spring into significance in our day-to-day practice. I am happy to see that NCCS is taking a lead in connecting cancer care with the primary care provider community.

As Dr Chng Joo Wee has pointed out in a recent editorial in the Annals of Academy of Medicine Singapore: "Patients with cancer today are doing better than they ever have been in the past... Indeed, cancer is no longer a death sentence for most, and some declare that it is the new chronic disease."^[1]

But cancer survivorship is also not plain sailing. The patient may not be perfectly well and there is a need for developing a multidisciplinary care team to take good care of them.

CM:

Would you like to share with us how cancer care education has evolved from Prof John Wong's conversation with you in the 1990s till now?

GLG:

Yes. I remembered Prof Wong visiting me in the then Department of Community, Occupational, and Family Medicine (COFM) located at level 2 of NUH building. He was ahead of his time. He saw the importance of getting the PCPs involved in cancer care. That was more 30 years ago. The general wisdom is a good idea takes a generation to bear fruits.

Cancer care education progressed from disease therapy and care of patients from the effects of cancer and the effects of therapy as well. Those of us who have been clinicians for some decades also learnt from our patients first-hand the joy, trials and tribulations as they journey beyond snatching them from the jaws of death.

A teacher of mine lived some forty years after his NPC was successfully treated with radiotherapy. He lived on to teach generations of doctors. Then the late effects of radiation therapy set in and he struggled several years with that.

CM:

How do we go about upskilling the PCP to meet the challenges of complex care like in cancer survivorship?

(continued on Page 27)

(continued from Page 23: Mind Body Interest Group)

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(continued on Page 27)

(continued from Page 21: Quo Vadis Cancer Survivorship Training)

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I can see you folks have thought deep and systematically how your team has planned to teach cancer survivor care to our PCPs. Four skills courses to cover the whole scope of cancer survivorship care. And, just to recap: (1) Breast & gynaec cancer; (2) Lymphoma, leukemia; (3) Gastrointestinal

cancer; and (4) Lung, NPC, Prostate, Germ cell cancers. Wonderful.

CM:

Thanks once again for your support of NCCS' PCP Cancer Survivors Outreach Programme.

REFERENCES

Chng WJ. Cancer in 2019 - Progress and Challenges - A Perspective. Ann Acad Med Singapore. 2019 Feb;48(2):45-47. PubMed PMID: 30926975.

■ CM

Chapter of Family Medicine Physicians, Academy of Medicine, Singapore — *Why Bother?*

by Dr Ong Chong Yau, FCFP(S), Associate Consultant, SingHealth Community Hospitals

It was a rainy Saturday afternoon. After I handed over my daughter with HFMD to my wife who had to prematurely leave her lung cancer conference, I managed to cross the Causeway to attend the AGM of the Chapter of FM Physicians, Academy of Medicine, Singapore (AMS). Upon arrival I was warmly received by Mr Joseph Kerk our Executive Director, A/Prof Lee Kheng Hock our Chapter Chair, and the rest of the FM family (see photo). I was told by the senior household members that we should be thankful to be able to hold FM meetings in the AMS.

It has been four years since the momentous milestone that was the forming of a Chapter of Family Medicine Physicians. It signifies our acceptance as peers by our specialist colleagues. It is the fruit of labours our FM family put in over the past four decades.

Why the need for this Chapter when we already have the CFPS? Why need FAMS when one already holds an FCFP(S)? Joining the Chapter goes beyond getting the five-letter title and becoming \$800 poorer. There is a greater good



and objective to advance FM as a specialty in Singapore, and to promote interdisciplinary medical education in FM.

I went home comforted that I had not wasted my six hours. I have learnt to appreciate the need for spending some time planning and systematically showing forth the good work that FM have done for the health ecosystem in Singapore through the Chapter. We have come so far and we need to keep going further.

For those with FCFP(S) who are eligible, do join the Chapter to make your voice count and be part of the fraternity striving for the good of Family Medicine. The Chapter will be holding the Annual Tea Party for newly graduated CFPS Fellows on 31 August 2019 at Singapore Atrium Orchard Road. All the best in advance to our fellowship candidates and see you there!

I will end by echoing the words of the Chair of the Chapter of FM Physicians: "***We can do [much] together as like-minded colleagues, passionate about moving Family Medicine forward.***"

■ CM

(continued from Page 21: Quo Vadis Cancer Survivorship Training)

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■ CM



Osteoporosis - 2019 Update

Sat, 12 October 2019: 2.00pm - 5.30pm

Sun, 13 October 2019: 2.00pm - 5.30pm

Management Development Institute of Singapore
Residences, Auditorium @ Level 2
501 Stirling Road, Singapore 148959

TOPICS

- Unit 1: Postmenopausal Osteoporosis; Diagnosis, FRAX® and Management
- Unit 2: Management of Postmenopausal Osteoporosis in An Elderly Patient with A History of Fragility Fractures
- Unit 3: Management of Postmenopausal Osteoporosis in A Patient with Type 2 Diabetes Mellitus
- Unit 4: Management of Untreated Osteoporosis in An Elderly Male with A History of Compression Fractures and Multiple Comorbidities
- Unit 5: Diagnosis and Exclusion of Secondary Causes of Osteoporosis in A Young Male Patient
- Unit 6: Steroid-Induced Osteoporosis: Management in Transplant Patients

WORKSHOP

Day 1 & 2: Case studies

SPEAKERS

TBC

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

- **SEMINARS** (2 Core FM CME points)
 - Unit 1 - 3: Sat, 12 October (2.00pm - 4.00pm)
 - Unit 4 - 6: Sun, 13 October (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)
 - Sat, 12 October (4.30pm - 5.30pm)
 - Sun, 13 October (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis. Seats are limited. Please register by 04 October 2019 to avoid disappointment.

DISTANCE LEARNING MODULE

(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)

- Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

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



REGISTRATION

Osteoporosis - 2019 Update

FREE REGISTRATION for College Members!

Please tick (✓) the appropriate boxes

	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
Seminar 2 (Sun)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Workshop 2 (Sun)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQs 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



New Updates in Asthma

Sat, 21 September 2019: 2.00pm - 5.30pm

NTUC Centre, No 1, Marina Boulevard Level 7,
Stephan Riady Auditorium @ NTUC
One Marina Boulevard, Singapore 018989

TOPICS

Unit 1: Pathogenesis and Diagnosis
Unit 2: Management
Unit 3: Spirometry

WORKSHOP

Spirometry Demo

SPEAKERS

Dr Adrian Chan
Consultant, Respiratory and Critical Care Medicine, SGH
Dr Lim Hui Fang
Consultant, Respiratory and Critical Care Medicine, NUH
Dr Esther Pang
Consultant, Respiratory and Critical Care Medicine, TTSH
Adj Asst Prof Tan Tze Lee
President of College of Family Physicians Singapore

- **SEMINAR** (2 Core FM CME points)
 - Unit 1 - 3: Sat, 21 Sept (2.00pm - 4.00pm)

- **WORKSHOP** (1 Core FM CME point)
 - Sat, 21 Sept (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis. Seats are limited. Please register by 11 Sept 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 MCQs. 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

Asthma as Inflammation Disease

FREE REGISTRATION for College Members!

Please tick (✓) the appropriate boxes

	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 (MCQs Assessment)	<input type="checkbox"/> \$85.60 FREE	<input type="checkbox"/> \$85.60
	TOTAL	

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Or fax your registration form to: 6222 0204



GDFM Enhancement Programme (FPSC #81)

Mental Health Disorder

Course is compulsory for GDFM 2018-2020 intake.

Sat, 29 June 2019: 2.00pm - 5.30pm

Sun, 30 June 2019: 2.00pm - 5.30pm

Singapore Institute of Management, Blk A, LT 1.17
461 Clementi Rd, Singapore 599491

TOPICS

- Unit 1: The patient with Anxiety Disorder
- Unit 2: The patient with Depression
- Unit 3: Smoking cessation: An update
- Unit 4: Continuing care of the Schizophrenia patient in the community, including early relapse
- Unit 5: Eating disorder
- Unit 6: Caregiver management to prevent burnout

WORKSHOP

Day 1 & 2: Case studies

SPEAKERS

Dr Kwek Thiam Soo
Dr Ong Kian Chung
A/Prof John Wong

Dr Cyrus Ho
Dr Alvin Lum
Dr Wong Tien Hua

- **SEMINARS** (2 Core FM CME points)
 - Unit 1 - 3: Sat, 29 June (2.00pm - 4.00pm)
 - Unit 4 - 6: Sun, 30 June (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)
 - Sat, 29 June (4.30pm - 5.30pm)
 - Sun, 30 June (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Seats are limited.
Please register by 19 June 2019 to avoid disappointment.

■ DISTANCE LEARNING MODULE

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

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



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REGISTRATION

Mental Health Disorder (GEP)

FREE REGISTRATION for College Members!

Please tick (✓) the appropriate boxes

	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
Seminar 2 (Sun)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Workshop 2 (Sun)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQs 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** *

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*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: _____

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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:
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