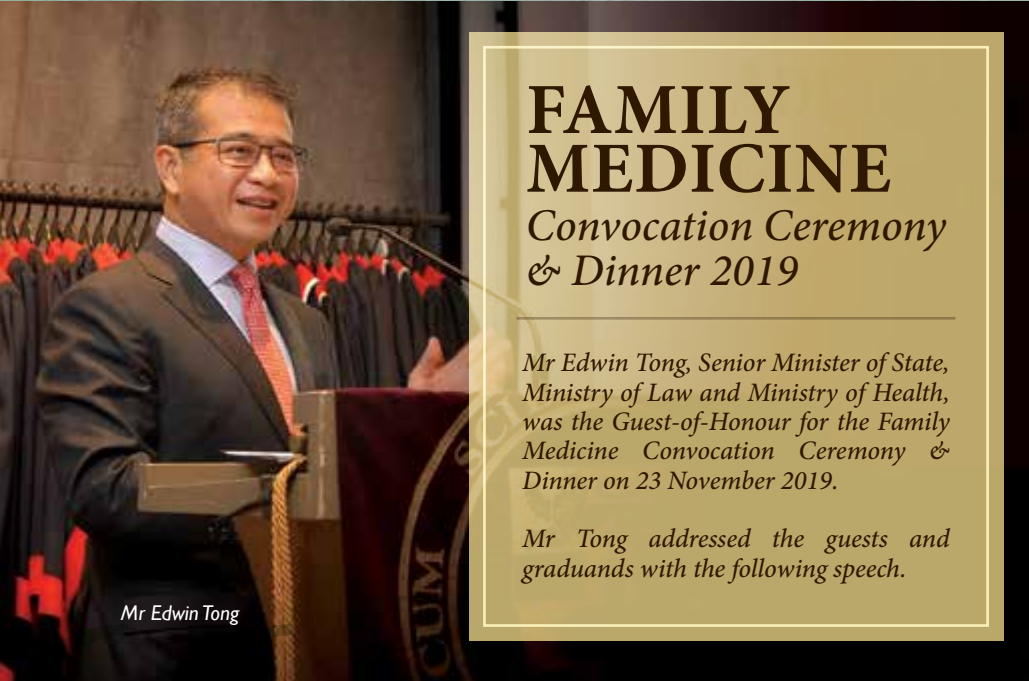




THE College Mirror

VOL. 45 NO. 4 DECEMBER 2019

A Publication of College of Family Physicians Singapore



Mr Edwin Tong

FAMILY MEDICINE Convocation Ceremony & Dinner 2019

Mr Edwin Tong, Senior Minister of State, Ministry of Law and Ministry of Health, was the Guest-of-Honour for the Family Medicine Convocation Ceremony & Dinner on 23 November 2019.

Mr Tong addressed the guests and graduands with the following speech.

IN THIS ISSUE:



"EVERYBODY NEEDS A HOBBY"

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Adjunct Assistant Professor Tan Tze Lee, President, College of Family Physicians Singapore,

Distinguished guests,

Ladies and gentlemen,

This evening, we celebrate the Family Medicine Convocation Ceremony and Dinner. We will soon see more than 200 graduates start their career in Family Medicine, a significant milestone in your career, one where we hope that you have acquired sufficient skills to start. Never forget that these skills do not last you a lifetime. Skills have to be continually upgraded and updated, and remain relevant. So we hope that as you graduate and you reach another milestone in your career, that you do not look back at this as the end of the journey.

Evolving Healthcare Needs

Let me set a bit of the landscape of what you are going into, much

of which I think you would already know but let me just emphasise a few points from the report on the Burden of Disease in Singapore 1990-2017. One, Singaporeans are living longer, and as a matter of record, the women live a little bit longer than the men, with life expectancy for men at 84, and for women at 85. Second, despite the increased life expectancies, we also spend more time in ill health. If you look at the overall period of time, we have done very well – among the best in the world for life expectancies but the period of time spent in ill health is not an insignificant number. Third, today we have about 420,000 Singaporeans aged 65 and above. In a little over 10 years, about 11 years from now in 2030, that number will become 900,000. So it is not just a growing number but one that grows very quickly in the next decade or so. By 2030, the number of Singaporeans aged 65 and above will make up to 25 per cent of the total population.

Overall, when we have this landscape, it becomes immediately apparent

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FOREIGN DOMESTIC WORKERS

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FAMILY MEDICINE EXTRAVAGANZA 2019

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(continued from Cover Page: Family Medicine Convocation
& Ceremony 2019)

that the disease burden will be a growing one. It is a significant part of what we will face in the coming years.

As a result, I believe that primary care will play an increasingly greater role in anchoring the care of our patients, whether young or elderly, across all life stages. Over the next few years, Family Physicians will be increasingly involved in care across various domains and domains that perhaps were non-traditional, from disease prevention, rehabilitation, home care, and increasingly, patient empowerment – how much we can provide patients with information and knowledge so that they can also be responsible for their own health.

Postgraduate training in Family Medicine for broad-based professional skills to be relevant, to continue updating them, will be a key enabler for us to achieve this objective of being able to bring a lot more of the care into the community.

Enhancing Family Physician Development

On this, I would like to commend the College of Family Physicians Singapore (CFPS). The College has been very proactive and active in enhancing Family Medicine care. They take the lead on all scores.

Over the years, CFPS has nominated representatives to sit with the Ministry of Health's (MOH) committees. One example is the National General Practitioner Advisory Panel. These are committees that are relevant and give us a sense of feedback from the College and they have been very useful.

Last year, the College enhanced their Graduate Diploma in Family Medicine and launched the new Certificate in Community Hospital Practice programme.

This year, they worked with the Family Medicine Training Advisory Committee to flesh out the Entrustable Professional Activities (EPAs) to guide Family Medicine training across all levels. It is essential to remain up-to-date and relevant.

Moving forward, I am sure that the College will continue to strengthen training in medical ethics as part of its training programmes, with the emphasis and content specific to Family Medicine practice.

(continued on the next page)

(continued from Page 3: CFPS Commencement Ceremony 2019)

Next year, CFPS will also be jointly organising the Primary Care Conference 2020 with the three polyclinic clusters. This kind of collaboration would become very useful and I think the connection with the three polyclinic clusters would be invaluable.

Finally, I would also like to take this opportunity to congratulate the College on winning the bid to organise the WONCA in 2023 in Singapore and I look forward to work with the College on that.

MOH has been working with various Family Medicine training committees to map out what we believe are the envisaged roles of the primary and community doctors of various qualifications. We think that the paradigm of the Family Physician needs to evolve. The way which we look at the patient; the way in which patient dynamics and the treatment, and the role that the Family Physician plays in the community remains unchanged but the way which we track the patient will evolve. So what has happened is that we have looked at the refining of the Family Physician accreditation framework in the longer term, to look at how we can strengthen it, to make the KPIs and criteria a lot more relevant to the practice today.

This is undertaken with the view to enhance professional competencies by raising training standards, and certainly ensuring and equipping Family Physicians with deeper knowledge and skillsets in their Family Medicine training.

Family Physicians really are the first port of call for most patients in the community. Not only that, you are in the unique position to develop a long term relationship, one that goes through the test of time. I think that will be the experience for many Family Physicians, that you grow old together with your patients. They learn to lean on you, rely on you. They see you when they are ill. They see you when they are at their most difficult time in their lives when they are not well, and you go through that journey. I believe that that relationship between the Family Physician and patient is particularly important, and the trust that is built up in that relationship is particularly important.

Trust and the Doctor-Patient Relationship

That is why over the last few months, we have been very

proactive in making sure that we look at how various facets of that trust which have gone on shaky ground can be re-established.

I am talking about the Workgroup that Tze Lee is part of, entrusted with looking at the Singapore Medical Council's (SMC) process, entrusted with looking at how some of these cases in recent times might have gone wrong and which have since been corrected, and also looking at the way in which one looks at how informed consent needs to be taken.



Every one of you will when you see patients, embark on that process. You will make a judgment call with that patient. How much information? What does this patient need? What are the risk factors? What are the differential diagnoses that I have to disclose? What really is in the best interest of this patient? It is a dynamic process and so we want to make sure that at the backend, when one analyses whether there has been a breach

of standards, whether someone has fallen short, that we do not do it in a way which is very formulaic, based on a formula where we draw boxes and we tick the boxes. I think we have to make sure that the law and the SMC's disciplinary process will adopt a process that takes into account the circumstances, and the context in which the doctor has seen the patient.

That is why we are keen to make sure that the Workgroup has gone around in some detail, meeting with doctors, doing town halls with doctors in the private practice, doing town halls with doctors in the public sector, the older ones, the specialists, the Family Physicians, the general practitioners, and so on, to have a broad spectrum of views so that the recommendations can cover the broad spectrum of medical practice.

Why did we do this? Over time, if we do not start to address the trust issues with doctors and their patients, then doctors will tend to practise defensively. They will tend to over-prescribe. They will tend to over-order investigations and they generally tend to give advice on the course of action that is of the least resistance and least risk. Over time, if you allow that to happen, it is the patient who will suffer, because patient safety will be compromised, the cost of healthcare will go up, and certainly the cost of medical

insurance will go up. So overall, we do all of these so that we can arrest these problems early, deal with the problems and address the question of trust upfront. Let me give you a couple of examples as to what we are looking at.

I mentioned just now what the appropriate legal test should be for informed consent. A couple of other points we looked at would be to ensure that the process, should a doctor be asked to account for his actions, must be quick, fair, transparent, and I think most of all, to must have consistently reliable and reasonable decisions. That is the objective we want to get to. How do we get there? We will have to improve the process. We will have to ensure that training is done properly but actually most of all, it has to also rely on doctors to come forward. The doctors' system is unique in that it is self-regulation. To continue to be self-regulated, doctors must step forward and I work very much with the Workgroup to emphasise this point to doctors.

Second, because trust is the cornerstone and the foundation of that relationship, we want to see how much we can use mediation as an option. Some cases should not be put into mediation because as the SMC, they have a responsibility and obligation to the public to make sure that patient safety comes first. So should there be egregious cases, cases where the integrity of the doctor is an issue, and other such cases, that is not possible. But in the broad middle of a number of cases, mediation is an option. Mediation, meaning we bring the parties together, discuss what has gone wrong, and find some common ground. With this option available, it puts back into the patient and doctor relationship an opportunity for them to resolve the issue first. Very often, many of the problems arise because of a miscommunication. Sometimes, someone takes an opinion wrongly. Sometimes, it is misinterpreted and a sense of mistrust develops from there. So we can arrest these cases and curb them with mediation, which is also completely based on consent. If the parties do not want to mediate or do not want to come up with a settlement, that is their prerogative. But we feel that more can be done to encourage that option. So it will be built into the disciplinary process.

These and other processes, other improvements to the framework, will be part of the recommendations. The Workgroup has been working very hard. I want to thank Tze Lee and the many other workgroup members. As I was walking in here, I recognised some of you. I know you have attended town halls and I want to thank the College and the doctors through the College for giving us that feedback. We thought we could do it in two or three months but

eventually, this process stretched out because we thought it was very useful to collect views. I want to thank all of you who have contributed to the views because you made the Workgroup's work more challenging, but certainly more complete and more sustainable for the long term.



Those are some of the steps that are being looked at. My key message really is that Family Physicians ultimately occupy a very special place. That is partly why I brought up the issue of trust but more than that, I think you are a confidant, more than a general practitioner and certainly a family friend. So I hope you continue to hold dear those objectives, play that role in the community, because as we age in Singapore, a lot more will depend on the primary care efforts, such as each and every one of you.

Closing

On that note, let me thank all of you for inviting me here this evening and congratulations to all the 200 or more graduates this evening. I look forward to celebrating the occasion with you. Thank you very much.

■ CM

THE 27TH COUNCIL WISHES ALL A

Merry
CHRISTMAS
AND
HAPPY NEW YEAR



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SINGAPORE

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2019 - 2021

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Ms Patricia Cheok

Reflecting back on the Sweden trip experience

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

Back in 2017, I was asked to plan for my own healthcare manpower development programme (HMDP) trip and it suddenly struck me that I could finally get a chance to observe

inspiring healthcare systems and models of care in other countries. Being a family physician in Singapore, we are very privileged to have an accessible healthcare system and a fairly well-balanced healthcare financing, even though there is still some room for improvement especially given our context of an ageing population and the need to shift health beyond hospitals into the community. A good family physician in the community setting of the polyclinics, general practitioner (GP) clinics, family medicine clinics (FMCs), home care or community hospitals can do so much more to shift and consolidate care from the acute hospitals and deliver a more holistic and streamlined care experience for our residents in the community.

Our team was really delighted when our Swedish counterparts in Jonkoping agreed to have us for a month's attachment. We planned various places to attach to, including their primary care clinics, home care services, nursing homes, Esther programme (about person centric care) as well as various people to speak to, including their local municipality mayors and healthcare authorities and staff.



One of their highlights was their Esther programme which really centres care around their Esthers. "Esther" is a persona of a patient who wishes to be

cared for in her community instead of the hospital. Healthcare providers then went about doing what is best for "Esther", including primary care and home care coming together to provide care for her in the community instead of having her admit and readmit to the hospitals due to her chronic conditions with their inherent complications. It was wonderful to see how healthcare financing has shifted to the community such that doctors and nurses were encouraged to train for community work, work in the community, receive commensurate salaries (sometimes better on certain occasions), and the ministry provided a very responsive system that provides home modifications, wheelchairs, commodes and various walking aids to the patients' home in order to customise it for their functional

status. We also know Sweden to be a very green country, and this is manifested in the fact that they have a recycling facility for used commodes, wheelchairs, walking aids etc. Patients who have either passed on or have no further use for them will donate them for refurbishment and reassignment to other patients who need it, at a more affordable price tag compared to a brand new one! Their recycling facility also



(continued on Page 8)

EDITOR'S WORDS

(continued from Page 2: Reflecting back on the Sweden trip experience)

looks very much like IKEA's warehouse, with shelves of many of such equipment!

One of the reasons why their Esthers can be cared for in the community is the strong focus on home care. They had a big pool of district nurses (like our community nurses) who after a period of training in the acute hospitals and passing certifications and exams, then proceed to work in the community. On top of what Singapore home care nurses are able to do, the Swedish district nurses were also empowered to deliver palliative care at the other end of the spectrum, and sign death certificates for patients who had expectedly demised from their known advanced condition, be it malignancy or organ failures. The doctors in home



Dining in a nursing home



Speaking with healthcare authorities

care scenario, 2-bedded rooms, each having their own unit number. Family members are encouraged to customise the room and decorate with personal belonging to help the resident feel more at ease in their "own rooms" in the nursing home with a sense of belonging. It certainly did not feel like a nursing home experience at all. When we ended that day, we were even invited to have dinner with their residents and they made us feel so welcome that we were able to feel and appreciate their joy and happiness (even despite being in a nursing home). Of course, we know that Sweden has a vast expanse of land that makes for a more pleasure experience, but

care take on a more consultative role for the pool of district nurses, delivering remote advice to the district nurses who are the actual hands and feet on the ground. Jonkoping has a lot of district nurses because it is seen as a form of specialty nurse who have completed community training, and they are remunerated better than their hospital counterparts. This helps to draw in talented nurses in huge numbers to train into district nurses. They also have healthcare assistants who assist in more mundane tasks e.g. personal care and grooming, toileting. Even a bedbound patient with no family members as caregivers but who needs 2-hourly turning can be cared for in their homes round the clock. These healthcare assistants gain access into the flat through a central lock and key mechanism and go in every 2 hours to turn the patient. Had the patient been in Singapore with no willing caregiver, he would have landed up in a nursing home.

beyond that, there was a very healthy culture amongst staff and patients that made the nursing home feel almost like a real home.

Their nursing homes were also included in our itinerary. Most of them are built close to forests or lakes, making for a very nice living experience. They have 1-bedded or in the worse

Their primary care clinics are not unlike the private GP solo clinics and groups that we find in Singapore, with the exception that Sweden has many mini clinical pathways created for conditions that require advanced imaging and investigations, and allows for primary care clinics to draw on subsidies from public healthcare funding for patients who requires such investigations as stipulated in the clinical pathways. It is not uncommon for their primary care clinics to be able to order CT scans or other advanced imaging according to what is prescribed in the clinical pathway, and patients get their subsidised scans in the community without having to choke up hospital specialist outpatient clinics (SOCs). This empowers primary care to do more for the patients in the community without having them to step inside a hospital.

The patient experience would not be complete if the patients did not have a voice in healthcare. They frequently hold Esther



A wheelchair bound patient with his lower body prosthesis



With the district nurse



Surviving a hike

cafes in healthcare settings such as hospitals or senior care centres in order to bring Esthers together and conduct forums for them to hear their needs out. I also had the privilege of sitting in a hospital's orientation program for their new hires, and the hospital brought in inspiring Esthers who narrated their personal experience in that very hospital. One of them had a road traffic accident and went through multiple surgeries to fix broken bones, depression over loss of function, as well as a long period of rehabilitation in order to regain modified independence. He described how he felt as a patient and how he was grateful to the many healthcare providers who have touched his life along his journey to recovery and gave him another chance to live independently again. Such patient centric care being described by the very patient himself at a hospital orientation programme, sent a very powerful message that brought tears to many, inspired and fired up many passionate hearts and reinforced the very reason why we entered healthcare in the first place!

The Swedish experience would never be complete if we had not squeezed in some time to explore the place and culture beyond healthcare! Yes, the meatballs in Sweden IKEA tastes much like Singapore's, but they also have venison (deer) meatballs. Their environmental responsibility also featured very strongly in their daily lives. Staff and visitors alike who dine in the hospital canteen queue up for food like in IKEA, but also have to queue up to return their trays, and they expect us to separate the food waste from the utensils. I often queued up for a good 5-10 minutes just to return my used tray. A lot of spirit of self-help there that Singaporeans can do more with. Definitely a good habit to inculcate in our hawker centres which often relies on a few aged table cleaners with arthritic joints.

When we said we had plans to explore and walk in the forest, we were told we had to wear a reflective vest so that we would not be mistaken as a deer or moose and be shot by a hunting rifle... so much for a peaceful walk in their forest. It also started snowing at the last week of our trip and though the winter wonderland was beautiful, it also made driving much more tedious for a typical Singaporean who is used to driving on normal roads with a right-hand drive car.

Having been back in Singapore for the past 2 years, I have tried to work with our team to bring some of the good practices over e.g. person centric care, knowing what our patient wants, prescribing beyond just medications but also social activities which helps in overall well-being of our patients. We are also starting to see Ministry's focus on care beyond hospitals to community, though it will take monies, resources and time to attract more healthcare providers into community nursing and family medicine training and practices. It is my fervent belief that with the right drive from Ministry and right minded healthcare providers who wants to help our residents receive better care in the community, we can all look forward to a better health system of the future!

■ CM

President's Column

by Adj Asst Prof Tan Tze Lee, President, 27th Council, College of Family Physicians Singapore

2019 has been the most interesting and exciting year.

We started the year with much anticipation, as we were preparing to present a bid at the Kyoto WONCA APR conference to host the WONCA Asia Pacific Region meeting in 2023. A lot of work went into the bid preparation, which was successfully presented by our then council members Dr Xu Bang Yu and Dr Low Lian Leng. It has been 12 years since we last hosted the World WONCA Conference in 2007, and we are honoured to host the Regional Conference in Singapore again.

Life often throws a curve ball, and we learned in January 2019 of the case of Dr Lim Lian Arn and his fine of \$100,000.00 by the Disciplinary Tribunal (DT). It was a shock and caused quite the uproar amongst both the profession and the public. We heard anecdotally that some doctors, very disturbed by the decision, had stopped offering the service. Others increased their charges as they perceived that the medicolegal risks had increased. In order to find out more we, together with the Singapore Medical Association, conducted a survey to study if a "disciplinary decision can affect practice behaviour."⁽¹⁾ The survey results were very revealing, and showed that there were fewer private sector doctors offering H&L injections after the DT decision, and that the median price band had gone from <\$100.00 to \$100.00-\$200.00, representing a 100% increase in costs. Subsequently the courts overturned the decision of the disciplinary tribunal.

Things had come to a head, and when the College, together with the two other professional bodies, were invited to be part of the MOH Review Workgroup for SMC disciplinary process and informed consent taking standards, we accepted without hesitation. It was a privilege to take part in the review process, to reach out to our fraternity to find out the issues they faced on the ground, the challenges they faced in their different settings, and finally to come out with viable solutions to address these problems. We would also like very much to thank the many members who contributed their feedback by email, which was most helpful and very much appreciated.

After over thirty townhall meetings, attended by over 1000 doctors, we were able to glean much candid and helpful feedback, and many of these have become key elements which have been incorporated into the final report. The report has been accepted by the MOH and the next step will be the implementation stage. It was a long and exhausting journey, but well worth the effort. It was a chance for the whole medical community to come together to make a better future for the profession. In a

sense it has united all of us in the medical family and for this I am truly grateful.

One of the perennial problems SMC faces in dealing with the complaints it receives has been that of finding expert witnesses. This has resulted in great delays in complaints to be investigated and resolved in a timely fashion. In order to address this issue, the College, together with the Academy of Medicine, has agreed to help the SMC to provide timely expert witness reports. So far, we have found this arrangement to be very useful, and has confirmed to us that constructive engagement is the best way for us to be advocates for our fraternity.

With the release of the workgroup's findings and recommendations, we are hopeful that this will lead to more efficient, transparent and improved processes. However, in order to make this work we, as a body of professionals, need to step forward and contribute. Only by doing this can we help to preserve the privilege we have of self-regulation. I hope that more of us will step forward and lend a hand; then we can truly have self-regulation in our disciplinary process.

In late October and November, MOH and the College ran a series of townhalls to update our GPs and FPs on the latest initiatives of the MOH. Together with SMS Dr Lam Pin Min and senior staff at MOH, the sessions turned out to be very fruitful, and much useful feedback was also obtained from the participants. These engagements have proven to be a useful avenue to voice out problems and concerns that our GPs and FPs face on the ground, and I hope that we will have more of these feedback sessions in the future.

As the year draws to a close, it's that time of the year when work activities slow down, and our thoughts become more focused on the year end vacation. We now go glamping, climbing, skiing, trekking in far off lands like the Middle East, Iceland, South America! Christmas and New Year parties are in full swing, and many of us will be filled with festive cheer and spirit. A gentle reminder to all drivers; please leave your cars at home if you are going to have a wee nip this holiday season.

Remember, if you drink, don't drive!

Wishing all members Merry Christmas and a Happy New Year!

(1) <http://www.smj.org.sg/sites/default/files/OA-2019-101-epub.pdf>



Chronic Disease Management (Re-run)

Course is compulsory for GDFM 2018-2020 and 2019-2021 intake.
*GDFM trainees who have already passed the compulsory FPSC in 2019, are not required to retake.

Sat, 7 March 2020: 2.00pm - 5.30pm

Sun, 8 March 2020: 2.00pm - 5.30pm

Singapore Chinese Cultural Centre, MPH
1 Straits Boulevard, Singapore 018906

TOPICS

Unit 1: Proteinuria and Hypertension with and Without Type 2 Diabetes Mellitus: An Update

Unit 2: Insulin Therapy in Type 2 Diabetes Mellitus

Unit 3: Obesity Updates: Understanding Obesity As A Disease and intermittent Fasting

Unit 4: Initiation of Urate Lowering Therapy

Unit 5: Assessment and Management of Non-alcoholic Fatty Liver Disease

Unit 6: Heart Failure With Normal and Reduced Ejection Fraction – Assessment and Shared Care Management

WORKSHOPS

Day 1 & 2: Case studies

SPEAKERS

A/Prof Goh Lee Gan Dr Tan Hwee Huan
Dr Benjamin Lam Dr Joanna Leong Wai Yee
Dr Desmond Wai Dr Rohit Khurana

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

■ **SEMINARS** (2 Core FM CME points)
DAY 1 • Unit 1 - 3: Sat, 7 March (2.00pm - 4.00pm)
DAY 2 • Unit 4 - 6: Sun, 8 March (2.00pm - 4.00pm)

■ **WORKSHOPS** (1 Core FM CME point)
DAY 1 • Sat, 7 March (4.30pm - 5.30pm)
DAY 2 • Sun, 8 March (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Seats are limited.
Please register by 2 March 2020 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 GDFM Enhanced Programme is organised by College of Family Physicians Singapore.



REGISTRATION

Chronic Disease Management (Re-run)

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

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FREE
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Members!

Name: Dr _____

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(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:
College of Family Physicians Singapore
16 College Road #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: 6222 0204



Mental Health Update (Re-run)

Course is compulsory for GDFM 2018-2020 and 2019-2021 intake.
*GDFM trainees who have already passed the compulsory FPSC in 2019, are not required to retake.

Sat, 28 March 2020: 2.00pm - 5.30pm
Sun, 29 March 2020: 2.00pm - 5.30pm

Singapore Chinese Cultural Centre, MPH
1 Straits Boulevard, Singapore 018906

TOPICS

- Unit 1: Anxiety disorders – Assessment and Management in General Practice
- Unit 2: The Patient with Depression: Assessment and Management
- Unit 3: Smoking cessation: A Practical Paradigm for Doctors
- Unit 4: Continuing Care of the Schizophrenia Patient in the Community
- Unit 5: Eating Disorder in Adolescents – Physical and Psychiatric Perspectives
- Unit 6: Caregiver management to prevent burnout

WORKSHOPS

Day 1 & 2: Case studies

SPEAKERS

Dr Kwek Thiam Soo Dr Cyrus Ho
Dr Ong Kian Chung Dr Alvin Lum
A/Prof John Wong Dr Wong Tien Hua

- **SEMINARS** (2 Core FM CME points)
DAY 1 • Unit 1 - 3: Sat, 28 March (2.00pm - 4.00pm)
DAY 2 • Unit 4 - 6: Sun, 29 March (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)
DAY 1 • Sat, 28 March (4.30pm - 5.30pm)
DAY 2 • Sun, 29 March (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Seats are limited.
Please register by 23 March 2020 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 GDFM Enhanced Programme is organised by College of Family Physicians Singapore.



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Journey of Fellowship and beyond

Interviewed by Dr Low Sher Guan Luke, FCFP(S), Chief Editor, Team D Editor

A candid conversation with 3 successful graduands of the Fellowship programme – Dr Charmaine Kwan, Dr Christopher Chong and Dr Jeffrey Jiang

College Mirror (CM):

Could you tell us about yourself and share with us your fellowship journey leading up to the exams?

Dr Charmaine Kwan (CK):

I started my Family Medicine journey as a resident under the Singhealth Family Medicine Residency Programme. I graduated from the programme and completed my Masters of Medicine (Family Medicine) in 2016.

Following that, I applied for the fellowship programme in 2017, and was also fortunate to have had the opportunity to join the 5th cohort of the Singapore Chief Residency Programme in the same year.

I am currently working as a family physician in Singhealth Polyclinics – Tampines, and am also a Clinical Core Faculty Member in the Singhealth Family Medicine Residency Programme.

Dr Christopher Chong (CC):

I am a father to 2 curious young kids and my wife is a psychiatrist/psychotherapist who ever so often psychoanalyses me to help me improve. I am currently a family physician and head of Ang Mo Kio Polyclinic. The fellowship has been a great challenge over the 2 years with many other things happening concurrently. During the fellowship course, my clinic was relocated to a new site and there was quite a bit of juggling between work, fellowship and family. However, I had the strong support of colleagues and family. I am indebted to the family medicine department and research unit at NHGP for helping me with the research project and preparing for the exams.

Dr Jeffrey Jiang (JJ):

I am currently a family physician working in a community hospital (St Luke's Hospital). I was privileged to be part of the inaugural batch of the NUHS family medicine residency programme which first started in 2011. I decided to

undertake the fellowship programme in 2017 after I was conferred the Master of Medicine (Family Medicine) by the National University of Singapore.

The fellowship journey was no easy feat, having to juggle the responsibilities of fathering 3 young children, work commitments and fulfilling the requirements of the fellowship programme which was mainly conducted after office hours on weekday evenings and weekends.

The fellowship programme encompassed three key modules, namely clinical practice, scholarly activities and medical pedagogy. This mainly involved attending workshops, group-based discussions and self-directed learning. A senior family physician would supervise the fellowship sessions which trainees took turns to facilitate and conduct. Domain experts were also invited to sessions to provide perspective and shared practical tips to enhance the learning process. The sharing of complex and interesting cases culminated in rich and vibrant discussions resulting in much learning value.

Fellowship trainees were each assigned 2 supervisors who would meet up at least every 6 months. They would review our progress and conduct formative assessments to ensure that learning objectives and key milestones were being achieved and proposed remediation should there be any deficiencies.

Towards the last three months prior to the summative examination, a few of us formed study groups. My group met on a weekly basis to practice journal critiquing, discuss approaches to ethical dilemmas and debate on current medical affairs. We also critiqued each other's clinical case logs and simulated examination conditions.

Seniors from the previous fellowship batches also provided much support by sharing their own experiences, best practices and strategies to perform well in the examinations.

Dr Charmaine Kwan



Dr Christopher Chong with his family

CM:

What was the most memorable incident / experience in the last 2 years?

CK:

Probably getting to meet great colleagues, some of whom have now become great friends! I am grateful for the camaraderie and emotional support, without which the journey would have been a lot tougher.

CC:

I won't forget the many afternoons sitting in cafes with fellowship mates WL and JJ sparring for the exams. These sessions helped to widen my horizons in family medicine. As we practised, we were challenged to think deeper into the many issues surrounding family medicine in Singapore and also take a stand where our views lie in these issues.

Sometimes our discussions got so heated that we disturbed the peace in the cafe!

JJ:

A memorable experience was organising the annual family medicine review course which was held in conjunction of the World Family Doctor Day, with the support of the College of Family Physicians Singapore (CFPS) and the Chapter of Family Medicine, Academy of Medicine Singapore. This was a great opportunity to interact with fellow trainees who were family physicians from various practice settings as well as staff of CFPS. It was heartening to see how resources could be pulled together so quickly. The tremendous cooperation and hard work manifested in a successful event.

CM:

How has the family medicine fellowship programme benefitted you?

CK:

One of my greatest takeaways from the fellowship programme was in learning how to conduct a research study, as it would not have been something I would have voluntarily tried out otherwise. I can't say that it has been all smooth-sailing, but on hindsight I am glad to have had the opportunity and the invaluable experiences that I have gained.

CC:

I enjoyed acquiring the skills to appraise academic journals and also having first-hand experience at a research project. The fellowship programme also gave me an opportunity to interact with family physicians in other roles which helped me understand the width of what FM does in Singapore. During the exam preparation, I had some time to reflect on the purpose and evolution of family medicine which I felt was a satisfactory culmination of the fellowship programme.

JJ:

The fellowship programme has enhanced my knowledge and skills in clinical practice, education and research and has given me a system-based perspective in the roles Family Physicians can play (e.g. family medicine expert, communicator, collaborator, manager, health advocate, scholar and professional) in effecting value-based and patient-centered healthcare in Singapore.

The skills acquired will enable me to function at the consultant family physician level in St Luke's Hospital as I continue to undertake responsibilities in clinical care such as frailty, teaching, research and organising events. The programme was also a great opportunity to network and forge new friendships.

CM:

Do you have any words of advice for your fellowship juniors?

CK:

I'll pass on advice that I was given at the start of my fellowship journey: to be consistent in working on deliverables that are required in the portfolio – such as starting on the research project early, writing up reflections for learning activities or consistently collecting clinical cases along the way, to avoid panic from setting in during the final few months.

I thought it sounded very clichéd at that time, but it is true that 2 years flies by, and it's easy for all that to end up on the backburner with everything else that may be going on in our lives.

CC:

Towards the last 6 months of fellowship, some of my write-ups were not completed yet and my family had health issues. I felt like giving up and postponing the course. Fortunately with good advice of supervisors and family I pushed on and completed the course. To the fellowship juniors, if you do feel stuck and want to give up, know that many seniors have walked the same path and pushed through. Persevere.

JJ:

This can be summarized with the 3 "Ps":

1. Passion

Steve Jobs, founder of Apple Inc., once said, "The only way to do great work is to love what you do". The fellowship journey is one of self-reflection and perfecting the art of family medicine. Without passion, it would be a painful and arduous process. Ultimately, this should translate to greater patient care and innovative ways to deliver healthcare.

2. Persevere

Despite the challenges faced, I urge you to keep striving and don't give up. Like running a marathon, pace yourself well and

(continued on the next page)

(continued from Page 13: Journey of Fellowship and beyond)

get friends to run the journey with you. The encouragement I received from family, friends and colleagues kept me going.

3. Play hard

Work-life balance is also important to prevent burn-out. Take time to smell the roses and make an effort to spend time with family and friends. For myself, listening to music and catching up with friends over a good cup of coffee perked me up when I felt physically and mentally drained. Furthermore, the benefits of having enough sleep and exercise cannot be over emphasised.

CM:

Looking ahead, what are your thoughts / plans after the fellowship?

CK:

I've been spending more time with my family, working on house training my puppy, and most recently taking up Malay language classes, which is something I've been wanting to do for a long time.

I think my learning journey still goes on (just without exams!) - there's always so much more to know and for me to improve on as a clinician and an educator.

CC:

I am enjoying my role as a GDFM tutor and will continue to do so. I am also getting more involved in training FM residents and helping them prepare for their MMed(FM) exams. I am looking forward to support some of the research projects happening in my clinic.

JJ:

As I take some time to recharge, I look forward to continue contributing to advancement of Family Medicine in Singapore, specifically in the intermediate and long-term care sector. I will be actively teaching Family Medicine at the undergraduate and postgraduate level and participating actively in activities organised by CFPS. This is all not possible without the help of those who have paved the way before me as I "stand on the shoulders of giants". I am grateful to my SLH and NUHS colleagues who have coached and mentored me. Special thanks also goes to my dear wife who has always been my pillar of support.

■ CM

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*Book Prize Winner - Dr Chua Yu Lin Whitney

it can be a daunting task in what seems to be a paternalistic culture in doctor-patient interactions, the ability to make a personal choice in our lives – including the care that we receive – is a timeless appeal to every individual. We remind ourselves that we seek to cure sometimes, treat often but we comfort always – and comfort can only be effected when we care for the person as an individual.



Learning more from AgeUK Camden, one of the sites of practice for social prescribing, which works closely with GP Surgeries

REFERENCES

- ¹ Universal Personalised Care: Implementing the Comprehensive Model, Sanderson, J., Kay, N. and Watts R. NHS England. (2019).
- ² A link worker is a general term used to address a non-medical staff within the system that is employed to give time to the patient, understand social issues that the patient faces and address these issues with community-based support and resources.

CM

Family Medicine CONVOCATION 2019



A/PROF TAN BOON YEOW
The Albert & Mary Lim Award 2019



PROFESSOR THOMAS COFFMAN
Sreenivasan Orator 2019



DR CHONG WERN SIEW
Dr Koh Eng Kheng Gold Medal for
Best Fellowship Graduand 2019

Personalised Care and Social Prescribing – *Recognising the Strengths of Our Patients*

by Miss Adeline Kwan, Manager, Community Engagement & Partnerships, SingHealth Community Hospitals
Dr Low Sher Guan Luke, FCFP(S), Chief Editor, Team D Editor

The late George Engel reminded us the importance of the biopsychosocial model, where the health outcomes of an individual is beyond what clinicians can influence, but a sum of its parts in the spheres of biomedical, psycho and social. Undoubtedly, social determinants – the community one lives in, family or social support he receives, and other socioeconomic factors are often a harbinger of a person’s prognosis.

With more people living with more complex, multiple comorbidities, juxtaposed against increasing life expectancies, demands are changing and social determinants become pivotal in recovery trajectories. No two patients with the same type of condition will be treated the same way and nor will they recover the same way, chiefly due to the fact that their lives are spent differently the moment they step out of the clinic or hospital. Personalised care, “where people have choice and control over the way their care is planned and delivered, based on ‘what matters’ to them and their individual strengths, needs and preferences can play a vital role in today’s care delivery”¹. As a care model that was conceptualised and put into policy by the NHS England lately, personalised care will be implemented at large scale within England as one of its five major, practical changes in its Long Term Care Plan. At the heart of its implementation is a personalised care operating model, with shared decision making as its cornerstone and social prescribing and community-based approach as key tenets. A team of us from SingHealth and SingHealth Community Hospitals (SCH) visited England recently to learn more about personalised care and social prescribing, which resonated very much with us, as they



SCH is a finalist in the International Award category in the inaugural Social Prescribing Awards at the 2nd International Social Prescribing Conference in London.

are reflective of SCH’s mission in delivering person-centred care to achieve health goals with our patients.

Social prescribing, as the NHS England defines, enables healthcare professionals to refer patients to a link worker², to co-design a non-clinical social prescription to improve patients’ health and wellbeing, with emerging evidence that leads to reduction of hospital visits and emergency re-attendances. Visits to the NHS England, Health Education England, National Association of Link Workers and various sites of practice that partner GP surgeries to implement social prescribing allowed the team to have an overview of the spectrum of work entailing social prescribing, from the genesis for the policy, required competencies that would support the training of link workers, guidelines necessary for social prescribing and operational factors influencing success of social prescribing. SCH’s early efforts to connect patients to the community with the view to improve their social determinants of health during the average length of stay of 28 days at the community hospital, also led us to a finalist spot for the International Award Category at the inaugural Social Prescribing Awards at the 2nd International Social Prescribing Conference, held at the University of Westminster.

Exciting times are ahead as SCH implements social prescribing at a secondary, inpatient care setting. While



Meeting with NHS’ Personalised Care unit

(continued on the next page)

it can be a daunting task in what seems to be a paternalistic culture in doctor-patient interactions, the ability to make a personal choice in our lives – including the care that we receive – is a timeless appeal to every individual. We remind ourselves that we seek to cure sometimes, treat often but we comfort always – and comfort can only be effected when we care for the person as an individual.



Learning more from AgeUK Camden, one of the sites of practice for social prescribing, which works closely with GP Surgeries

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DR CHONG WERN SIEW
Dr Koh Eng Kheng Gold Medal for
Best Fellowship Graduan 2019

“Everybody needs a hobby”

by Dr Aaron Sohan Singh, Punggol Polyclinic



“Everybody needs a hobby”, said Tony Stark in the movie Iron Man 3. In perhaps no other branch of medicine does this hold true than family medicine. Our job as family practitioners is to look beyond the patient’s medical issues and appreciate them as a whole person, including their social history or hobbies. Therefore it goes without saying that family practitioners should themselves appreciate the role of hobbies in their own lives to ensure a well-balanced mind.

Or maybe I just made all that up to justify buying action figures.

My name is Aaron and I am a SingHealth Family Medicine Residency graduate. During the day I manage patients as holistically as I can in Punggol Polyclinic. But after hours, I collect Iron Man suits of armour. This is not

an uncommon hobby in Singapore – Singaporeans are collectors by nature and our little island tends to be a haven for fans of the late armoured superhero.



But Iron Man has always been my favourite Marvel Cinematic Universe superhero for a special reason – rather than relying on brawn or superpowers, Tony Stark’s biggest weapon has always been his brain. He’s a nerd – obsessive, studious, constantly working to improve himself, his colleagues and his vocation. Sound familiar? In Iron Man 3

he also refers to himself as a mechanic – his passion is fixing things. I can relate a lot to that - I’m sure every doctor can.

(Or maybe I just like buying toys. We’ll never know)

The Dancing Doctor

by Dr Quah Yan Ling, Punggol Polyclinic

I am Yan Ling, family physician currently based in Punggol Polyclinic. I am extremely honoured to be invited to write about my passion for dance and choreography.

Dance exposure since childhood days

I was first exposed to Chinese dance at a mere age of 4 years old, and have fallen in love with it since then! I was a member of a local renowned dance troupe and performed for events all year round, which excitingly included performing for MediaCorp variety shows and starring in music videos produced for festive seasons such as Chinese New Year to be aired on TV. My dance instructor was an inspirational figure to me as she not only had to juggle running the entire troupe



single-handedly, but also had to choreograph multiple items throughout the year, design and hand-sew our costumes and hand-make our props by herself!

In secondary school, I was selected to join the Rhythmic Gymnastics school team due to my strong background in dance which introduced me to a totally new set of skills! The 4 years of intensive training back then also trained up my stamina and resilience which proved to be useful for the many years to come, including helping me tide through the tough year of housemanship!

I was again involved

in Chinese dance in Hwa Chong Institution where I got to hone my technical skills while training with a group of very disciplined and cultured dancers.

During my university days, I spent a major portion of my school life dancing and choreographing for events for both the medical faculty and King Edward VII hall. As one of the resident choreographers and dance chairperson of KEVII hall, I had multiple opportunities to work with many talented and experienced choreographers, many of whom are professional dancers and dance instructors now. It was a pleasure to be able to broaden my experience by being exposed to other genres of dance such as contemporary, lyrical jazz, hip hop, lindy hop and I even joined the cheerleading and wushu teams when I stayed on campus. Dance offers me an avenue to express my creativity and enables me to unwind and destress after a long day at school and work and at the same time allows me to keep fit.

I currently volunteer-teach dance in the community to dance interest groups.

Teaching dance at my workplace

SingHealth Polyclinics recently organised a 'Fit-Nurse' aerobics competition during nurses' day

(continued on the next page)



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(continued from Page 21: The Dancing Doctor)

which provided me an opportunity to put my many years of honed- skills to good use! I was blessed to be able to lead an enthusiastic and committed multi-disciplinary team to represent Punggol Polyclinic to take part in our inter-polyclinic competition, for which my team emerged champion! We have also been invited to perform for the upcoming 'SingHealth President's Challenge 2019 Grand Finale' which will be held at Oasis terrace, our second home! I am thrilled that I can continue to share my passion at my workplace! I am also fortunate to have a supportive boss who allows me to bring my hobby to my clinic, and occasionally joins in my training sessions too! There are ongoing plans to conduct regular aerobics sessions in my clinic after work due to the demand from my colleagues. I do hope the upcoming classes will bring joy to many more colleagues at work in the years to come!

■ CM



CHALLENGE TO CARE
CHAPTER 2.14

FOREIGN DOMESTIC WORKERS

Embarking on a life as an overseas worker... means entering a seemingly endless cycle of longing – forever reaching for your dream abroad and pining for the home you've left behind.

— Aurora Almendral

Many FDW's leave their home and their family to work in Singapore out of economic necessity.

Leaving the Children Behind

The drawing shows a woman cuddling a baby, with tears streaming down her face. The woman is probably the child's mother. Her bags are packed and there is an airplane in the background. This is a FDW going to work in a foreign land, leaving her young child behind.

For many people in developing countries, working abroad provides an opportunity to earn much more than they would earn at home, and therefore affords them the possibility of lifting their families out of poverty.

No mother would choose to leave a helpless child behind if she could do otherwise. This woman is leaving her baby and heading to a strange new family, a different culture, and an uncertain community in a foreign land.

Will her child be well? Would the baby know her after two years? Will her husband take on a mistress? Will the money she sends home be wisely spent? Will she be exploited by her agent or her employer?

- Dr. Lily Aw

(continued on the next page)

(continued from Page 21: The Dancing Doctor)

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CM



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CHAPTER 2.14

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This drawing was produced by third year medical students at Yong Loo Lin School of Medicine, National University of Singapore in 2012 CG15.

Home Away from Home?

The Humanitarian Organisation for Migration Economics, a voluntary welfare organisation, has studied FDW psychosocial well-being and published the results in Home sweet home? Work, life and well-being of foreign domestic workers in Singapore in March 2015.

Several points from the executive summary are sobering reminders of the strain many of them feel they live under. For example, FDWs work an average of thirteen hours a day, and forty per cent do not have a weekly day off. For over half of the FDWs, their passports are kept in "safekeeping" by their employers. Almost a third of the FDWs have had their employers searching their room, their belongings, or their cellphone records. Almost three quarters of FDWs have experienced restrictions on telephone calls that they can make, or

restrictions to the people they may talk to, and also restrictions on their physical movements around the home and neighbourhood.

These are not easy conditions to work in, and are even more onerous if one is in unfamiliar surroundings, working for exacting employers that one may not be able to communicate smoothly with.

About the Contributor

Contributor

Lily Aw (MBBS 1980) is the clinical lead for a Primary Care Network. For the past thirty years, she has driven across town from home to her clinic to attend to her patients. In the past year, however, her journey has included a stop to play with her granddaughter who has totally and irrevocably captured her heart! (2.13, 2.14)



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Family Practice Skills Course #84 (1 Day)

Contemporary Type 2 Diabetes Management - What's New?

Sat, 14 March 2020: 2.00pm - 5.30pm

College of Medicine Building, Auditorium Level 2,
16 College Road, Singapore 169854

TOPICS

Unit 1: Assessment of the Type 2 Diabetes Patient at Risk of Cardio-renal complications

Unit 2: SGLT2 and its place in Contemporary Diabetes Management

Unit 3: Attention to Cardio - Renal complications of Diabetes - how to prevent them?

WORKSHOP

Panel Discussion: Multi-Disciplinary Endpoints in Type 2 Diabetes Management

SPEAKERS

TBC

■ **SEMINAR** (2 Core FM CME points)
• Unit 1 - 3: Sat, 14 March (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)
• Sat, 14 March (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis. Seats are limited. Please register by 10 March 2020 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

Contemporary Type 2 Diabetes Management - What's New?

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 (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



Advanced Family Medicine (AFM) Practice: Experiential Learning from Illness Narratives & Balint Group

Sat, 18th January 2020: 2.00pm - 5.30pm

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

TOPICS

Topic 1: From body to mind and beyond: Overview of Usual Consultation (EBM), Extended Consultation (NBM) and Illness Narratives (IBM) (CPY)

Topic 2: Attending to experience as a clinical approach: Value of the care experience; Listening, attending and bearing witness (TYS)

WORKSHOPS

Workshop A: Illness Narratives - Experiential workshop with use of SLIDO live polling (WTH/CPY)

Workshop B: Tour of Balint groups. Stages of the experiential process. Forming of closed groups (TYS)

SPEAKERS

A/Prof Cheong Pak Yean (CPY)

IM & FM physician with special interest in medical communication and humanism. Adjunct A/Prof YLL and Duke-NUS Schools of Medicine Singapore.

Dr Tan Yew Seng (TYS)

FM and palliative medicine physician; trained also in psychotherapy and end-of-life chaplaincy. Senior Consultant, Palliative Medicine, OncoCare Cancer Centre, Gleneagles Hospital.

Dr Wong Tien Hua (WTH)

Dr Wong Tien Hua - Family Medicine Physician. Director, Mutual Healthcare Pte Ltd. Vice President, College of Family Physicians Singapore. Adjunct Asst Prof, Duke-NUS School of Medicine.

The matured clinician may realise that the consultation is not merely an opportunity to elicit clinically relevant data. During the consultation, the patient brings forth narratives of his/her lived experience, which forms the invitation to the clinician to co-create a space to process what has emerged. Recognising this co-created space provides the potential for the clinician to not only deeply understand his/her patient but also to mutually process the illness experience. It is also in this space that the doctor may become the proverbial "drug" as described by Dr Michael Balint and profoundly influence the outcome of the clinical encounter.

In this seminar, we will discuss how we may make use of narratives as clinical tools, and the skills and attitudes that may help us invite, process and attend to narratives (Workshop A). We will also offer a glimpse into the Balint group process, which is a way that helps doctors develop these clinical skills (Workshop B).

■ SEMINAR + WORKSHOPS (2 Core FM CME points)

*Registration is on first-come-first-served basis.

Seats are limited.

Please register by 4 Jan 2020 to avoid disappointment.

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



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



REGISTRATION

Experiential Learning from
Illness Narratives & Balint groups

**FREE
REGISTRATION
for College
Members!**

Please tick (✓) the appropriate boxes

| | College Member | Non-Member |
|------------------------|---|----------------------------------|
| Seminar, Sat 18 Jan 20 | <input type="checkbox"/> \$32.10 FREE | <input type="checkbox"/> \$20.00 |

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: _____

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*Successful applicants will be confirmed by e-mail 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

A Throw-Forward: Family Physicians of Tomorrow

by Emily Soh, Duke-NUS Medical School (Class of 2021),
on behalf of the Family Medicine Extravaganza 2019 Organising Committee



Distinguished guests, participants and the Organising Committee – i.e. everyone able to resist the temptation of the buffet dinner long enough to gather for a group photo



Our emcees, Adrian and Jia Xin all ready at the start of the event.

The Family Medicine Extravaganza entered its 6th run this year, anchored on the theme **Family Physicians of Tomorrow**. The objective of the Extravaganza has remained unchanged since its inception – to provide a platform for medical students and junior doctors to explore the multiple facets of Family Medicine and to engage seasoned practitioners regarding issues close to their hearts. In previous years, the Extravaganza has introduced participants to a kaleidoscopic view of what Family Medicine is about; this year, the organizing team decided to do a throw-forward and to explore the future of Family Medicine.

On 30th August 2019, close to 200 students across all 3 medical schools as well as young doctors gathered at the auditorium at the Lee Kong Chian School of Medicine Clinical Sciences Building for an illuminating series of keynote speeches followed by an engaging panel discussion. We were honoured to have been able to invite Dr Ruth Lim (Director, Primary and Community Care, Ministry of Health, Singapore), Dr Siaw Tung Yeng (Founder and CEO, MaNaDr) and Dr Tan Poh Kiang (President of HCA Hospice Care and Chairman of the MediFund Committee of Jurong Health). Through the sharing of our speakers, participants were treated to a buffet of vicarious experiences – from private to public healthcare, clinical practice to healthcare administration, from hospice care to entrepreneurship.

The panelists hailed from the National University Health System, SingHealth and National Healthcare Group, as well

as the College of Family Physicians Singapore, allowing the audience to hear opinions from representatives across all sponsoring institutions. In response to feedback for an extended dialogue, we allocated more time for Question and Answer, and also engaged the audience through an app that allowed questions to be fielded and voted for in real-time; apart from asking questions through the app, participants were also able to vote for questions that resonated most with them. As a result, the panelists were able to address issues that were most pertinent to majority of the audience.

The evening closed with a sumptuous buffet dinner and fruitful conversations with residents and programme directors at the information booths. We hope all participants took away a little something with them that evening, whether it is a burning question that has been answered, a prospective research opportunity, new friendships or a deeper interest in Family Medicine!

The organising team is grateful for the enduring support of Dr Loke Kam Weng as well as the administrative team. The event would not have been a success if not for their guidance, the speakers and panelists who took time out of their busy schedules to grace the event, and every participant who came through the doors!

■ CM



Adj Asst Prof Tan Tze Lee presenting tokens of appreciation our keynote speakers - (from left) Dr Ruth Lim, Dr Siaw Tung Yeng, Dr Tan Poh Kiang

by Dr Ong Aili,
Trainee of 2018 - 2019 MMed(FM) College Programme

The 6th Family Medicine Extravaganza was held on 30th August 2019 in the Lee Kong Chian School of Medicine. The landscape of Family Medicine (FM) has evolved greatly in the last few decades. With the government shifting their focus to primary and preventive care, it's no surprise that we saw a great turn out of candidates who have a keen interest in exploring a career in family medicine. As the complexity of the patient increases together with the expectation of a family physician; the various post-graduate FM and residency training serve to ensure that newer generations of family physicians (FP) will acquire the necessary skills to meet the emerging needs of the ageing population.

Speakers from various FM community were invited to share their valuable experience and insight on the various aspect as a Family Physician.

Dr Ruth Lim, Director of Primary and Community Care, Ministry of Health, shared on the topic of family physician of tomorrow. She is a firm believer that a strong primary care is the foundation of our Singapore Healthcare system needs and she felt that as the profile and expectation of the patients change, so should the model of medical care. She encouraged all of us to aim to be a specialist in life.

Dr Siaw Tung Yeng, a senior consultant family physician with more than 30 years of extensive experience in healthcare and medical informatics, is passionate about integrating healthcare with technology. He feels that technology will allow a doctor to connect with his patients beyond the four walls of a clinic. As the founder and CEO of MaNaDr, he hopes to spread the brand of Singapore family physician internationally through technology.

Dr Tan Poh Kiang, the current president of HCA Hospice care, inspired us with his stories of how he raised funds and awareness for charity through running. He is glad that his ability to connect with people helped him in his work and he could marry his two passions together – to help people in their end of life care and running.

The dialogue session was chaired by representatives from various FM training Programmes: Dr Nelson Wee, Associate Programme Director for the MMed FM College Programme; Dr David Tan, Programme Director for the NUHS Family Medicine Residency Programme; Dr Wan Jinhui, Clinical Core Faculty Member, NHG; Dr Joanne Quah, Programme Director for the SingHealth Family Medicine Residency Programme, along with their respective trainees.

It was a lively session, with questions ranging from why the trainees chose to join the various FM programme to asking about the life as a family physician. A question on the average salary of a resident which initially drew laughter from everyone, eventually became a catalyst for us to explore the reasons why we wanted to be a doctor, and specifically, a family physician.

We hope that the current generation of FP can serve as good mentors and role models for future doctors by practicing quality medicine, being actively involved in teaching and having the right qualities and values.

May the Family Physicians of today and tomorrow continue to raise the standard of Family Medicine and play a leading role in Singapore's world-class healthcare system.

■ CM



Dr Loke Kam Weng presenting token of appreciation to the panelists (clockwise from top left): Dr David Tan and Dr Michelle Sim; Dr Quek Jing Sheng and Dr Wan Jinhui; Dr Nelson Wee and Dr Ong Ai Li; Dr Natalie Ong and Dr Joanne Quah

All images courtesy of Adrian Foo (Y2, LKCSOM)