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Invitation to MOH-CFPS Webinar *for GPs on Covid-19*

by Dr Lily Aw, Consultant Family Physician, Lily Aw Pasir Ris Family Clinic & Surgery

MOH and CFPS held their inaugural webinar to engage the primary care fraternity soon after the activation of Public Health Preparedness Clinics (PHPC) as the nation forges on to contain the COVID-19 infection.

A/Prof Kenneth Mak, MOH Director of Medical Services, Dr Ruth Lim, MOH Director (Primary & Community Care), Ms Teh Shi-Hua, MOH Director (Subvention), A/Prof Tan Tze Lee, CFPS President, Dr S Suraj Kumar, CFPS Honorary Secretary, were on the panel with CFPS Vice President Dr Wong Tien Hua as the moderator for the session. The webinar was conducted on Zoom with about 80 GPs in attendance. This is the first webinar which was jointly organised by MOH and CFPS to address concerns, clarify matters and gather feedback from the ground.

Below are the summary points compiled by Dr Lily Aw, Consultant Family Physician.

1 *Duration of PHPC*

- The PHPC scheme is meant to assist with management of outbreak of COVID-19, to ensure that persons who require medical assistance in the community, are able to receive them.
- MOH will ensure adequate resources are available for the duration that PHPCs are activated.
- As the situation is still fluid, it is difficult to predict how long PHPCs will need to be activated at this point.

2 *5-day MC*

- 5-day MC is a guideline for patients to rest, isolate themselves, and monitor their symptoms.
- It is a reasonable length of time to allow for differentiation from other viral infections most of which should improve by then.
- Employers have to respect and support this.
- Any patient who fulfils the suspect case definition for COVID-19 should be referred to hospital for investigations.

(continued on Page 3)

IN THIS ISSUE:

INFORMED CONSENT | Pg 4

THE AFPM VISITS THE COLLEGE | Pg 14

TRAVEL PHOTOGRAPHY
INTERVIEW WITH DR ROBIN YONG | Pg 15

CONTENTS

01 *Cover Story*
INVITATION TO MOH-CFPS WEBINAR FOR GPS ON COVID-19

02 *Editor's Words*
EDITOR'S WORDS

04 *Report*
INFORMED CONSENT

07 *FPSC #81*
MENTAL HEALTH UPDATE (RE-RUN)

09 *Invited Article*
THE JOURNEY TOWARDS MMED(FM)

14 *Event*
THE ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA (AFPM) VISITS THE COLLEGE

15 *President's Forum*
IT'S JUST A FEW WEEKS SINCE THE START OF 2020, AND VERY SOON AFTER THAT THE LUNAR NEW YEAR

15 *Interview*
TRAVEL PHOTOGRAPHY - INTERVIEW WITH DR ROBIN YONG

21 *Interview*
WINNER OF AM•EI GOLDEN APPLE AWARD 2019 - A/PROF LEE KHENG HOCK

22 *Invited Article*
KIND INTENTION ADVICE MISPLACED

24 *FPSC #84 (1 Day)*
CONTEMPORARY TYPE 2 DIABETES MANAGEMENT - WHAT'S NEW?

25 *Announcement*
REVISIONS IN THE MMED(FM) COLLEGE PROGRAMME

26 *CFPS Academic Programmes 2020*

28 *FPSC #85 (1 Day)*
CARE OF THE OLDER PATIENT WITH DIABETES, PERSON-CENTRED CARE AND MEAL PLANNING

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(continued from Cover Page: Invitation to MOH- CFPS Webinar for GPs on Covid-19)

■ If it is not possible to persuade the patient, please call the MOH duty officer who will be able to advise. MOH can consider if a Legal Order should be issued to compel a patient to be tested, but this should be after exhausting other feasible options.

■ For National Service personnel, SAF Medical Officers (MO) follow similar guidelines and protocols as GPs. We can also contact the Unit MO to discuss how to jointly manage.

■ There is no need to give any Certificate of Fitness. MOM, MOE & ECDA have been informed.

3 Masks

■ To date, one million masks have been distributed to clinics.

■ Personal Protective Equipment have also been provided to PHPCs.

■ In situations whereby clinic staff requires a model different from what has been provided, we are encouraged to manage by exchanging informally, perhaps within PCNs.

■ We can continue to purchase masks through Zuellig.

■ There will be enough stock to replenish to protect our healthcare workers but there is a world-wide shortage (including export bans from several countries) and MOH are actively procuring more supplies.

■ Patients with fever, URTI should use surgical masks to prevent transmission through droplets.

■ Doctors seeing patients in higher-risk settings need to don full PPE (i.e. N95, gown and gloves)

■ Proper hand hygiene is encouraged to prevent transmission.

■ Hand sanitizers are useful where soap and water are not available but we need to use an adequate amount. Both alcohol and non-alcohol-based sanitizers are effective to break the weak viral envelope of the COVID-19 virus.

4 Flu Subsidy Scheme (FSS)

■ The changes to the MOH Healthcare Claims Portal are being expedited and will take another 1.5-2 weeks or so (i.e. by first week of March). Please be patient; the system should be ready soon. *(Afternote: MHCP is ready)*

■ Relevant information to GPs is provided in the FAQs. Many issues may not have been directly addressed in the original circular, so the FAQs were drafted based on feedback from GPs on

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(continued from Page 3: Invitation to MOH- CFPS Webinar for GPs on Covid-19)

the ground. So do keep the questions and concerns coming in and MOH will try to answer as quickly as possible.

- The deadline for daily data entry for FSS has been pushed back to 12pm instead of 9am the next working day.
- Familiarise yourself with how the subsidy scheme works because the information is widely available to the public and there have been queries from some members of the public as to why they had to pay more than what was communicated in the media.
- Testing for COVID-19 is free because of its current public health importance.
- Point of care testing may become available in future.

5 *Need for Continued Vigilance*

- The classic case for COVID-19 infection includes: Acute Respiratory Infection, pneumonia. Based on existing cases, typical symptoms for COVID-19 infection are predominantly respiratory infection symptoms, and may be accompanied by clinical signs of pneumonia.
- There can be concurrent medical conditions coexisting. We need to have a high index of suspicion because there are potential pitfalls.

6 *Continuing Medical Education (CME)*

- No decision yet on whether to waive the need for CME as it is still early in the year.
- SMC is aware of concerns about not having enough educational opportunities for CME points.
- CFPS has been successfully organising remotely delivered lectures for GDFM and is planning more Webinars for Skills Courses.
- Singapore Family Physician journal also has relevant articles and MCQs.

DMS expressed his thanks to all GPs and will work with us to make sure that care for patients is not compromised.

CM

Informed Consent

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

In January 2019, the case of Dr Lim Lian Arn and his fine of $100,000.00 by the Singapore Medical Council's (SMC's) Disciplinary Tribunal (DT) made the news, and hit the medical community like a medicolegal tsunami. It caused quite the uproar amongst both the profession and the public, and the fine was thought by many to be inordinately high for what appeared to be a minor transgression. Some doctors, we had heard, were so perturbed by this that they stopped offering the service altogether. Others increased their charges to factor in the medicolegal risks. Together with the Singapore Medical Association, College conducted a survey to study if a "disciplinary decision can affect practice behaviour."[1] The survey results revealed that there were fewer private sector doctors were offering H&L injections after the DT decision, and the median price band had gone from less than $100.00 to $100.00 to $200.00, representing a 100% increase in costs. In the appeal to the court of three judges, the decision of the disciplinary tribunal was overturned. In the words of the esteemed court of three judges, this had "been an ill-judged prosecution, an unwise decision to plead guilty and an unfounded conviction. In short, there has been a miscarriage of justice, with dire consequences for the medical practitioner concerned."[2]

The Ministry of Health recognised very early on that there was a urgent need to relook at the process of informed consent and the SMC disciplinary process, and convened a "Workgroup to Review the Taking of Informed Consent and SMC Disciplinary Process" in March 2019.[3]

Editor's Words

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

2020 will never be the same again with Covid-19! Singapore was placed in the limelight as countries included us in the travel advisory. Healthcare workers (HCW) were shunned by the public as they were deemed "high risk" for transmission. Then our leaders lent their support calling Singaporeans to rally behind our HCW, to show appreciation for their professionalism, commitment, sacrifice, dedication, courage and resilience. This led to inpouring of acts of kindness in the form of a new Grab service dedicated to ferry HCW workers followed by videos and letters of appreciation on Valentine's Day.

To address the concerns of General Practitioners upon activation of the Public Health Preparedness Clinic, our Director of Medical Services, A/Prof Kenneth Mak, led the MOH team together with A/Prof Tan Tze Lee, CFPS President, jointly organised their first webinar.

Truly, Medicine is a calling as there is no end to learning, training and continuing medical education to optimise the care for our patients. In this issue, our President, Adj Asst Prof Tan Tze Lee shared with us about the changing scene in Informed Consent and the Singapore Medical Council's disciplinary process. We need to keep abreast of the developments and familiarise ourselves with the recommendations and heed the wise words that "doctors and lawyers should meet in the classroom rather than the court rooms". Our counterparts from the Academy of Family Physicians of Malaysia's inaugural visit strengthened our ties and bonds in Family Medicine.

Then of course, we featured the happy moments of joy and pride of our new batch of Master of Medicine (FM) graduands, who reflected on their arduous but fulfilling journey to be proficient in Family Medicine.

On a lighter note, an interview with Dr Robin Yong unravel the mystery of his successful works on travel photography. A/Prof Lee Kheng Hock did us proud by being the first Family Physician to win the AM-EI Golden Apple Award 2019 for outstanding educators from SingHealth and Duke-NUS. He played an instrumental role in the development of the Graduate Diploma in Family Medicine, which is one of the post-graduate criteria for entry into the Family Physician Accreditation Board. Lastly, Dr Angela Tan shared her experience dispelling the myths of breast feeding and how to support the breastfeeding mother.

CM

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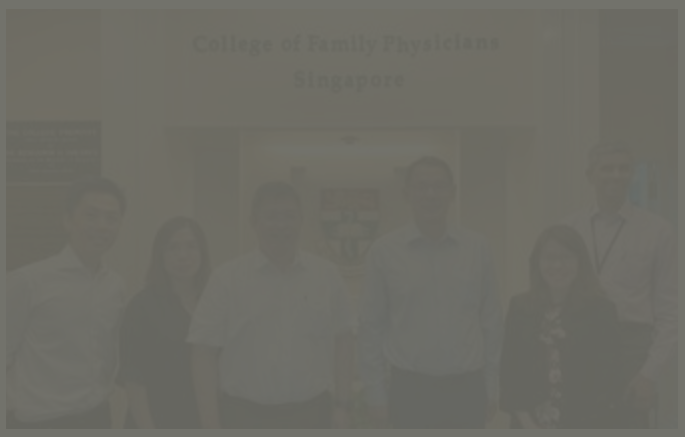

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The Ministry of Health recognised very early on that there was a urgent need to relook at the process of informed consent and the SMC disciplinary process, and convened a "Workgroup to Review the Taking of Informed Consent and SMC Disciplinary Process" in March 2019.[3]

The workgroup had 2 objectives, to undertake a comprehensive review and make appropriate recommendations on:

1. the taking of informed consent by doctors
2. the Singapore Medical Council's (SMC) disciplinary process.

After over 30 townhall meetings, conferring with over 1000 doctors from various sectors, as well as countless emails from our members, we were able to reach out to the length and breadth of our profession, be it the private or public sectors, primary, secondary or tertiary care. The feedback back to us came in fast and furious, and these were collected and collated over nine months. Thankfully we had a smooth and timely delivery of the report in December 2019.

It was recognised that "patient safety, interest and welfare … are of foremost consideration", and that "any changes to informed consent practices must continue to nurture a doctor-patient relationship… based on trust, and allow patients to meaningfully participate in the decision-making process."

1. http://www.smj.org.sg/sites/default/files/OA-2019-101-epub.pdf
2. https://www.supremecourt.gov.sg/docs/default-source/module-document/judgement/delivered-judgment---singapore-medical-council-v-dr-lim-lian-arn-2019-sghc-172-(240719)-pdf.pdf

The workgroup also considered that "self-regulation should remain the best way forward for both the patient and the medical profession." Though doctors in the past had almost exclusive knowledge and insight into various conditions, the advent of increased access to medical information has led to the lay public being better informed. However the "voluminous information" available today needs to be contextualized and interpreted by medical professionals. It added that for self-regulation to be effective, the self-regulatory proves is sustainable only if "members of the profession participate actively to ensure its smooth functioning". In order for the various proposed reforms to work, we need to have competent and dedicated doctors to come forward and serve in various capacities, be it on the SMC Council, Complaints Committees (CC), Disciplinary Tribunals (DT) or as expert witnesses.

The workgroup, in deliberating how the SMC disciplinary process can be reshaped, also "embraced the tenet that discipline is the first virtue of a profession", in both "conduct and in deed". Doctors must be worthy of the trust that the public gives to us. We had to consider both sides of the argument. On the one hand, we felt that patients "should not be made to confront unduly onerous rules and requirements in order to exercise their right to make a complaint and request an investigation". On the other hand, such allegations "which can affect the personal and professional lives of doctors, cannot be make carelessly, unthinkingly or without basis". The recommendations aspired to strike a balance and aims for the disciplinary process to be "independent, expeditious, consistent, fair and proportionate, and outcome orientated".

There were calls for the SMC to charge a fee for making complaints, to discourage frivolous and vexatious complaints, which are a real problem for the SMC and a drain on limited resources. The workgroup, to balance the paramount consideration of patient safety, professional discipline and the need to uphold public confidence in the medical profession, deliberated that charging a fee would be an institutional barrier to making a complaint. The balance is to "empower the SMC to order the complainant to pay costs if, after due consideration and investigation, the complaint is found to be frivolous or vexatious, or to have persisted in the complaint despite being aware of contrary facts".

Informed Consent

The Modified Montgomery (MM) test is a patient centric approach to determining a doctor's duty to advise his patient. It signaled to doctors that they would have to change the way they had been taking informed consent. As it required a more customised approach to consent taking, this new standard was somewhat challenging to practitioners.

There was uncertainty about what constituted relevant and material information from the patient's perspective. Many

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(continued from Page 5: Informed Consent)

pointed out that the risks might become material after the fact. Giving all the information to the patient was a way to mitigate against such uncertainty, even though information dumping might not be useful for the patient or the doctor.

Doctors were genuinely concerned about the process of taking informed consent that they could be confident of fulfilling the required standard of care. What considerations would they need to take into account to assess what is material from that particular patient's point of view? In a busy clinic setting with limited allocated time, practitioners face difficulties coming up with effective yet defensible work processes that can be reliably consistent in providing material information for their patients. Short consultation times, language barriers and the patients' age all work to impede the level of understanding.

During the townhalls and engagement sessions, some doctors shared that they had already begun to adopt defensive practices. Such defensive practices can result in compromising patient welfare and safety. There have been examples of patients being provided with voluminous information of all risks and alternatives. Such practices may overwhelm and confuse patients and do not necessarily afford doctors better legal protection. Patients provided with such a lot of overwhelmingly detailed information in most instances would not retain this information very well, so how would they be better prepared for the possibility of adverse outcomes? Merely dumping information on patients without ensuring their understanding is not only unhelpful, but is counterproductive. Merely dumping information on patients without ensuring their understanding is not only unhelpful, but can prove to be counterproductive.

Although patients generally want and value their doctors' guidance, some doctors have become more reluctant to guide the patients' decision making. This was borne out in engagements with patient support groups and members of the public who indicated they generally appreciated strong guidance from their doctors. Others have forgone offering certain treatments entirely, for fear of incurring the risk of complaints, and referring them on to specialists instead. Result: increased costs and less efficiency.

The recommendations of the workgroup seek to address these issues.

For the informed consent process, there were essentially 3 recommendations:

1 Provide a clear legal standard for medical professionals' duty to advise which is one that is patient-centric but ultimately based on the opinion of a responsible body of doctors.

The standard will be patient-centric, but ultimately based on the opinion of a responsible body of doctors. The test mandates that the responsible body of doctors must consider whether information that is relevant and material to the patient in the circumstances to allow that patient to make informed treatment decisions, was provided. Under this test, doctors would not be permitted to simply dictate what information patients should receive, without any regard to the individual patient's need for information, but would need to have regard to patient autonomy and choice in order to satisfy the standard of care. This would mean giving patients an opportunity to ask questions and have their specific concerns addressed.

There might be situations where a doctor may, after assessing the information to be relevant and material, decide to withhold that information, in order to prevent harm to the patient. The standard of care in such instances would also be determined by the practice and opinion of a body of peers.

In essence it is patient centricity, with materiality assessed by peers.

2 Revise the SMC's Ethical Code and Ethical Guidelines 2016 (ECEG) provisions on informed consent down to basic irreducible principles, with helpful illustrations to guide doctors on how these principles apply.

(continued on Page 8)

(continued from Page 6: Informed Consent)

The workgroup received feedback of confusion and a lack of understanding of the purpose of the ECEG. The ECEG expressedly states that it only provides a framework to guide a doctor's professional judgment. However the guidelines were often phrased prescriptively, and could be misconstrued as suggesting that ideal standards of conduct become the base obligatory standard for ethical practice. The perception was that the profession was now being held to "expert" standards, as opposed to usual safe practice standards.

There is therefore a great need to crystallize the section on informed consent into core irreducible principles. The key elements of informed consent (medical condition, viable options, benefits, possible significant complications and risks) would continue to be reflected, with the addition of a risk-differentiated approach for cases involving minor intervention. Annex B sets out the recommended formulation of the proposed standard.

3 Develop nationally agreed specialty-specific guidelines to deal with standard commonplace procedures in each specialty.

The Academy of Medicine, Singapore, College of Family Physicians, Singapore and public healthcare institutions will develop appropriate specialty-specific guidelines to deal with standard commonplace treatments and procedures in each specialty. These guidelines should provide practical guidance to doctors on how they are to comply with their core irreducible duties by illustrating practices that should be adopted in common situations. The procedure specific information will be updated from time to time by the professional bodies in conjunction with advances in medical practice and knowledge.

The intention is not for the guidelines to be prescriptive, but to serve as a source of reference or as a baseline. The contextual circumstance of each treatment must be considered in every case.

In summary, these recommendations aim to restore the doctor-patient relationship, promote patients' interests and reverse the trend of defensive medical practice. And by doing so quell the disquiet our profession finds itself.

1. http://www.smj.org.sg/sites/default/files/OA-2019-101-epub.pdf
2. https://www.supremecourt.gov.sg/docs/default-source/module-document/judgement/delivered-judgment---singapore-medical-council-v-dr-lim-lian-arn-2019-sghc-172-(240719)-pdf.pdf
3. https://www.moh.gov.sg/news-highlights/details/moh-appoints-members-of-workgroup-to-review-the-taking-of-informed-consent-and-smc-disciplinary-process
4. https://www.moh.gov.sg/docs/librariesprovider5/default-document-library/wg-report.pdf

Annex A – Legal Test for the provision of Medical Advice

This is a patient-centric test based on peer professional opinion, which has regard to patient autonomy and choice and takes into account what is material to the patient.

(1) A healthcare professional shall be regarded as having discharged his duty of care in the provision of medical advice to his patient if the medical advice he has provided is supported by a respectable body of medical opinion as competent professional practice in the circumstances ("peer professional opinion").

(2) For the purpose of paragraph 1, the respectable body of medical opinion must consider whether the healthcare professional gave[1] to the patient relevant and material information that a patient in those circumstances would reasonably require in order to make informed treatment decision(s), and information that the healthcare professional knows[2] would be relevant and material to the patient.

(3) However, peer professional opinion cannot be relied on for the purpose of paragraph 1 if the court determines that the opinion is illogical.

(4) The fact that there are differing peer professional opinions by a significant number of respected practitioners

in the field concerning a matter does not in itself mean that the peer professional opinion being relied on for the purpose of paragraph 1 should be disregarded as evidence of a respectable body of medical opinion.

[1] Or arranged to give.
[2] Or ought to have known.

Annex B – Draft ECEG on informed consent

(1) Patient autonomy is a fundamental principle in medical ethics and must be respected.[3] You must respect a patient's right to refuse tests, treatments or procedures.[4]

(2) It is a doctor's responsibility to ensure that a patient under his care is adequately informed about his medical condition and options for treatment (including non-treatment) so that the patient is able to participate meaningfully in decisions about his treatment.[5] In taking consent, the information provided to the patient should include the purpose of tests, treatments or procedures to be performed on them, as well as the benefits, limitations, risks and alternatives available to them.[6] Considerations should also be given as to whether the treatment involves minor or major interventions and the levels of risk, the clinical setting and the context of the consultation, and should be relevant and material to a reasonable patient situated in the particular patient's position.

(3) A doctor should either take consent personally or if it is taken for the doctor by a team member, the doctor or the doctor's department should, through education, training and supervision of team members, ensure that the consent taken on the doctor's behalf meets with these guidelines. It is the principal doctor's responsibility to be reasonably satisfied that this has been done.

(4) In any case, you must ensure adequate documentation of the consent taking process where this involves more complex or invasive modalities with higher risks. Other team members may provide information such as education materials to augment the patient's understanding.

(5) In an emergency or therapeutic situation, a doctor may proceed with treatment without consent when the patient is not capable of giving consent and where the doctor deems that the patient may suffer significant harm or be exposed to inordinate risk unless the treatment is done immediately.

[3] Taken from Section C5 of ECEG 2016.
[4] Taken from C6(13) of ECEG 2016.
[5] Taken from Para 4.2.2 of ECEG 2002. Added the reference to "non-treatment".
[6] Taken from C6(3) of ECEG 2016.

CM

The Journey Towards MMed(FM)

The College Mirror is delighted to have recent graduands of the MMed(FM) College Programme share their personal journeys and valuable insight into the challenges faced during the course of the 16-month programme. We wish them the best for their endeavours, and hope they continue to inspire!

Dr Ong King Jane

My Exam Journey

I am a Resident Physician in Palliative Care in Changi General Hospital.

I started out petrified as I have been practising palliative care at a restructured hospital for a long time, was the oldest candidate in my batch, and knew no one in the College programme. However my batch was a friendly one and I quickly made friends. The tutors guided us throughout and were passionate about teaching, hence my knowledge increased exponentially. Subsequently I formed a study group with Drs Cynthia Tan and Lim Baoying, and we grew closer as we met frequently to spar with one another. Despite the intense stress, our study group kept our sense of humour and enjoyed ourselves.

Clockwise from top: Dr Cynthia Tan, Dr Ong King Jane and Dr Lim Baoying – the Simei-Changi General Hospital study group at the Family Medicine Convocation Ceremony

What I Have Learnt

1. Resilience and perseverance because this is a gruelling and highly compressed programme that requires one to step up to take the Clinical Exam after 16 months of intensive training.

2. Breadth and some depth of medicine because Family

(continued on the next page)

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(continued from Page 9: The Journey Towards MMed(FM))

Medicine extends from the cradle to the grave of both males and females.

3. Passion for teaching embodied by the College tutors, especially the tutors assigned to my tutorial group, Drs Eng Soo Kiang and Meykkumar s/o Meyappan. Dr Eng generously poured out his wisdom from his many years of experience, and Dr Meykkumar meticulously edited our 40-case write-ups.

4. Age is but a number. Despite being older, I realised that I could still learn new things if I put my heart to it. I learnt to relate to the younger generation as new friendships were forged through the adversity of stress.

How We Can Do Better

We need to showcase our ability to manage the wide scope of patients so that we no longer remain as the underdog in the eyes of the public.

What I Think of Family Medicine

Family medicine encompasses a wide field of medicine including acute, chronic and preventive medicine. We treat not just the patient but also the family and care-givers.

Practitioners must also communicate well, as we need to build trust with the patients and their family, otherwise there can be no buy-in from them no matter how good our management.

Family Physicians are in the best position to guide the patient through the confusing array of specialists and online information, and to consolidate management plans because we are trained to treat the patient holistically.

Why I am Pursuing to Progress in this Career Path

I wanted to learn more community-based medicine as I may move to the community hospital after a period of time practising palliative care in the acute setting.

My Future Hopes and Dreams and the Future of Family Medicine

I am now at the crossroad as I was recently given a choice of pursuing palliative care at an advanced level. In gratitude to all my College tutors who have contributed to my success in this MMed(FM) exams, I also intend to pay it forward by passing on my newly acquired skills to the future generation of trainees.

Advice for Juniors who may be Contemplating this Path

1. Be prepared to commit all your time, energy and effort in the year leading to the exams. The stress level is higher than the MBBS, so remember to practise self-care.

2. Form a study group early and contribute unselfishly to it as each member has his/her strengths and weaknesses. Iron will sharpen iron and blind spots can be unveiled and erased.
3. The College programme is well-planned, and every session is well-organised and brilliantly executed. Maximise your learning by preparing ahead of each session, being humble enough to receive constructive critique dished out lovingly by the tutors, and doing post-session studying to beef up your knowledge and skills.

Dr Kenneth Tan

Embarking on a career in Family Medicine is like setting sail as the captain of your own ship; the whole breadth of medicine becomes available for you to explore. After building my foundation in Family Medicine at the polyclinics and private clinics, it was time for me to get out of my comfort zone and explore distant shores.

My tutorial group. From left to right: Me, Dr Andrew Chua, Dr Meykkumar S/o Meyappan, Dr Ong King Jane, Dr Lim Baoying

I took up the MMed(FM) College programme because it was a broad and deep programme taught by local expert clinicians. These tutors are knowledgeable and wise, and the opportunity to interact and work closely with them over the past 18 months taught me a lot. Honest feedback in private practice is hard to come by, and this course helped uncover my deficiencies and provided a roadmap for improvement. As I just started a new practice, I wanted to start on the right foot and provide my patients with the best possible care.

This course was challenging for me as I had to keep up with the rigorous coursework while working as hard as I could to keep my clinic afloat. It wasn't easy balancing the time commitment on both sides, and I spent my days either working or studying. There were many moments where I was filled with self-doubt and fear, but my classmates and tutors encouraged me to press on. My study group worked around my constraints and never gave up on me. Being part of this MMed(FM) team was the only reason I made it across the finish line.

From interacting with the tutors and my classmates, I experienced the breadth of talent we have within Family Medicine, and how every family physician is an expert serving the needs of their community. I want to keep learning from other family physicians, and to share my experiences with other family physicians. I will continue to develop the skills I've gained from this course in my daily practice.

Family Medicine is growing, with increasing numbers choosing to take up the GDFM and MMed(FM). I hope the country recognizes the critical role we play in the healthcare system. My dream is for Family Medicine to have its own training/research institution to inspire medical students to take up Family Medicine, offer post-graduate accredited courses run by family physicians for family physicians to practice cutting edge primary care, and a headquarters for family physicians to explore the uncharted oceans together.

Consider giving the MMed(FM) a go if you are bored with your current practice, if you want feedback on your current practice, or if you're looking for a challenge. Put in the effort, listen to your tutors, work with your coursemates and you can make it!

(continued on the next page)

(continued from Page 11: The Journey Towards MMed(FM))

Dr Ong Aili

I have always find taking exams a similar experience to climbing a mountain and without a doubt, MMed(FM) was one of the toughest one thus far. I remembered how overwhelmed I felt at the beginning of the course, the amount of knowledge we have to acquire in 16 months felt impossible. And indeed, it was tough. Programme B was structured in such a way that every week is a mini exam, testing on a small component each time. And so it began, non-stop studying and practising, while battling the knowledge leak, preparing for audit and writing our case log, all while juggling work, our family and the other aspects of our lives.

From left: My husband Wei Peng, me, my 2 children - Leila and Lewis

I was relatively lucky, I worked in NHGP which has good teaching support. I also have great tutors in Programme B, awesome study group mates and a very supportive family. I cracked under the pressure half way into the course, but with the support of my fellow classmates, tutors, colleagues and most importantly my family, I pulled myself together, drafted a new plan and soldiered on. The journey felt like it would never end, but eventually it did. Like all mountains, what's important is not just about reaching the peak, it is all but a check point. By passing through the "fire" of MMed(FM), I have honed my clinical skills, made friends with like-minded individuals and most importantly, pushed my own limits.

I entered family medicine at a time when it was less recognised but I like it for the breadth that it offers. Now, more than 10 years into family medicine, I've learnt that it is much more, and I can do much more. There is both an internal and external drive to better family medicine and the quality of family physician has improved over time. We are now taking on a bigger role in the changing landscape of healthcare in Singapore. As an individual, I will continue my own learning quest, to always challenge myself to be a better physician while hopefully passing on the knowledge to future batches. As for family medicine as a whole, I hope that we can continue to strengthen ourselves as the foundation of Singapore's health care system.

For the juniors contemplating on pursuing a career in family medicine, it is not an easy path like some may believe. To be a good family physician, you would need to be equipped with both a great breadth and depth of knowledge, there will be endless learning throughout your life. You need to be a team player, work with the other speciality and allied health and help your patient navigate the complex healthcare system.

FAMILY PRACTICE SKILLS COURSE

Geriatric Care Update (Re-run)

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 Update (Re-run)**", held on 11-12 January 2020.

Expert Panel:
Dr Tan Rui Qi
Ms Lim Hui Min
Dr Ng Beng Yong
Dr Ong Eng Hui
Dr Tan Chi Hsien
Dr Geoffrey Sithamparapillai

Chairperson:
Dr Gabriel Yee

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

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course on "**Experiential Learning from Illness Narratives & Balint groups**", held on 18 January 2020.

Expert Panel:
A/Prof Cheong Pak Yean
Dr Tan Yew Seng
Dr Wong Tien Hua

Chairperson:
A/Prof Cheong Pak Yean

Most importantly, you need to have a big heart. We treat people, not diseases. Only by taking the patient as a whole person, will we be able to formulate a management plan that is truly beneficial to and accepted by the patient.

As long as you come in for the right reason, I can say for sure that you will not regret your choice and you will find Family Medicine a fulfilling career.

Dr Lim Bao Ying

My exam journey went back to 2016 when I planned for the Master of Family Medicine [MMed(FM)] programme to commence in mid-2018. I went into overdrive, trained really hard in 2016 in order to complete 2 full Ironman distance triathlons in 2017. Next up, I focused on just running in the first half of 2018 so that I could pack up my racing shoes/ bike/ goggles once the programme commenced.

From left: Dr Tan Lye Yoong, Dr Cynthia Tan, Dr Cheryl Christine Chandran, myself, Dr Ong King Jane and Dr Ong Aili at the dinner after the final clinical exam

The MMed(FM) course work was tough right from the word "GO!" on 4th July 2018. I had to put in 1-2 evenings per week of work in a family clinic to make course requirement. That was on top of my daytime work in Sports Medicine. And it's my second chance at it again, having dropped out of MMed(FM) Programme A in 2009 to switch to A&E traineeship. Complicating was the issue of me winning the Standard Chartered Marathon Singapore in December 2018 and got slapped with an anti-doping sanction.

My lovely course-mates, notably my study group mates, Dr Ong King Jane, Dr Cynthia Tan, Dr Tan Lye Yoong, latter being fellow class reps with Dr Ong Aili, dragged me out of the doldrums and dumps to make me fight on in months leading up to the MMed(FM) exams. They didn't judge me but see me as a person.

Everything is possible, as a team. The tutors of Programme B were so passionate, having come through the similar pathway as us. It inspired us all to give back in the same manner. And this in turn would keep our knowledge well-oiled and current.

Ultimately, I'm still a Sports Medicine practitioner in essence. MMed(FM) made me know what I don't know, even after clearing the exam. I am at the crux of career changes so the path ahead is not that clear to me.

My advice for juniors who may be contemplating this path: please put your life and other pursues in hold while you partake the MMed(FM). Respect it and it would reward you richly with friends for life and nicely honed mannerism of a doctor whom patients love to see. Break the mammoth task in front into pieces and tackle them bit by bit. Ask for help from tutors, fellow course-mates and you would be able to identify your blind spots. Humility pays in this course.

A Thank You Dinner for the tutors.

CM

The Academy of Family Physicians of Malaysia (AFPM) Visits the College

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

On 22 November 2019, we had an inaugural visit from the Academy of Family Physicians, Malaysia who came to visit CFPS, prior to joining our convocation ceremony.

We shared on our background and the development of Family Medicine in our own countries. Though coming from different roots, we now face the same challenges of family medicine, namely the recognition of family physicians among our specialist colleagues, our broad-based training and the increasing complexity of primary care cases.

What we differed was that Family Medicine is recognized as a specialty in Malaysia, and that Singapore has established a Family Physician Register with specified entry criteria. We shared moments remembering the many forefathers of family medicine like Dr Sreenivasan, who inspired us to pursue excellence in medicine, not forgetting to hold fast to our values of care and compassion, the pillars of our medical ethics, respect for autonomy, beneficence, non-maleficence, justice, and never abandoning our patient-centred fundamentals.

CM

It's just a few weeks since the start of 2020, and very soon after that the Lunar New Year.

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

And what a new year this had been! We had ruminations of the Coronavirus Disease 2019 (COVID-19) in early January. What a 2020 this has been.

The world has gone into crisis mode, what with worldwide shortages of masks and hand sanitizers, even our "troops" on the ground are having challenges getting their personal protective equipment. Lines outside pharmacies waiting for masks....

Thankfully we have the gift of hindsight. SARS in 2003 and H1N1 in 2009 taught us many valuable lessons. MOH engaged with our primary care doctors and established pandemic preparedness clinics. We have the reassurance that MOH will support us when the need arises.

Primary care physicians, both public and private, are the bedrock of our healthcare system. As the foot soldiers of our healthcare system, we make the difference by being there for our people, for our community, for our nation.

We were not prepared for SARS. It was a totally new phenomenon that took all of us by surprise. When 2009 came along, we were better prepared. Many of us had signed up to be pandemic prepared, and we had the reassurance that the Ministry of Health would be supporting us.

Fast forward to 2020, and we now have COVID-19. The world is in lockdown mode, and many airlines have canceled their flights to China. Many countries have barred entry or even transit for visitors who had been in mainland China in the previous 14 days. The United States of America temporarily banned entry for all foreign nationals who had travelled to China in the previous 2 weeks. US nationals who returned from Hubei Province were placed into mandatory 14-day quarantines. Australia and Israel soon followed suit with similar restrictions. In Singapore, these measures kicked in at 2359 hours on 1st February 2020.

Those of us on the ground have been doing the best we can. As the situation evolves we have had to manage the best we can. Thankfully MOH has been reaching out to the College and SMA; together, we helped to distribute masks to our colleagues over the New Year weekend. That brought much relief to many of our beleaguered brethren. These masks were made available to us by MOH, and for this we are grateful. For our GPs and FPs serving in the frontlines, we need resupply, and having this will give us the confidence to carry on the good fight.

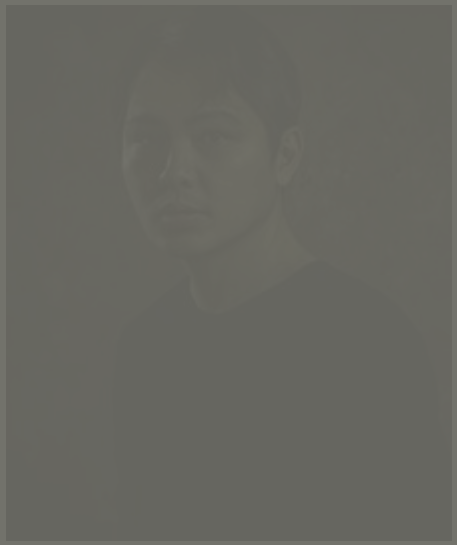
The situation on the ground is constantly evolving. We have been informed that we have a small cluster of locally transmitted cases related to overseas visitors. Admirably, our leadership has demonstrated immense candor and transparency, and this has tremendously to mitigate against the propagation of myths and mistruths. We may well have to ride through this for extended period of time. Together, in close partnership, we must help each other through this challenging time, and keep our morale high. And in this way we can show the world that we are a force to be reckoned with and can prevail against all odds.

CM

Travel Photography
Interview with Dr Robin Yong

Interviewed by Dr Tan Li Wen Terence,
Editorial Board Member

Robin Yong is a multi-award winning Travel and Commercial Photographer, trained by famous American photographer Jim Zuckerman, the world famous Venetian Masks Florine Houee and Danielle Massart, and legendary Hollywood photographer Greg Gorman. He enjoys traveling to exotic destinations to befriend and photograph the locals. He is best known for his work on the Omo Valley tribes in Ethiopia, the Venetian Masked models in Venice, the Bokator boxers of Cambodia and the Maikos of Kyoto. He calls these works his Travel Portraits, his Art of Travel Medicine. For most of his works, he does not use flash, reflectors or artificial lighting, depending solely on natural lighting alone. The photos are often dramatic, colourful and extremely beautiful. For Robin, every photo must look like a movie poster...



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(continued from Page 15:Travel Photography - Interview with Dr Robin Yong)

College Mirror (CM):
What drew you to photography in the first place?

Dr Robin Yong (RY):
I started shooting in 2014. I have long wanted to see the Venetian Masked costumers but did not know where to find them. I have been to Venice before and have asked the locals, but few could tell me exactly where, except that they tend to gather around San Marco's Square during Carnevale period.

I was looking through Venice Carnevale-themed tours online and asked many travel agents, but none could give me the answers I wanted. One day, I thought to myself, hey, maybe a photo workshop might have them, even if they couldn't give me a real one, I'd be happy to have a mock one.

I remember it was 2014 then, just 1 week before the Venice Carnevale, I was looking up photo workshops and found a few. But timing is real tight and most of them were be sold out. I saw one photographer whose work I liked very much - Jim Zuckerman and even though his Venice Carnivale workshop says "sold out" I decided to email him. Jim replied quickly and asked me to give him a few hours to see if the hotel has a vacant room. Luck was on my side and within a week, I found myself traveling to Venice.

There's one big problem, though. I didn't have a camera; I am not a photographer, and I came to Venice just for fun. I grabbed my suit and stage cloak (these later became my costumes for my souvenir photos with

(continued on the Page 19)

(continued from Page 15: Travel Photography - Interview with Dr Robin Yong)

the Masks) and headed over to Venice. I took with me 2 little point-and-shoot cameras - the type that ladies keep in their handbags. Venice is pure magic during Carnevale period. In no time, I was hooked onto photography. I got along well with the Masked costumers and thereafter, the Venice Carnevale became an annual affair for me.

2016 became the first time I used a DSLR (Digital Single-Lens Reflex) camera, so that's when I start to get a bit more serious with photography.

Jim became my first photography teacher - and he told me that a good photo always needed to have "drama". I never forget that.

Thereafter, Jim introduced me to my 2nd photography teacher Florine Houee, who happens to be his favourite muse and with Florine, came Danielle Massart, another Venetian Mask.

Later on, I trained under Hollywood photographer Greg Gorman (yes, the man that made the photos for movie posters like Pirates of the Caribbean, Transformers, Joe Black, The Man in the Iron Mask, etc). So yes, I do some shoots for upcoming models and celebrities as well and I get quite a few photo requests from budding models every week.

CM:
What are some of the unique challenges of travel photography?

RY:
There are many forms of travel photography - wildlife, birds, people and culture, street, architecture and landscape. Each have their own unique challenges. I suppose you will need different types of gear or lenses, depending on what you are photographing. You probably need a huge heavy lens for things like wildlife and birds, versus fixed portrait lenses for things like portraits of people. Wide-angled lenses are probably useful for things like architecture and landscape. Most of the time, you need to time your shooting hours according to your subjects - for example, waking up real early in the mornings and climbing mountains in the dark just to get the best sunrise shoots, or timing your photography shoots during various festival periods (for shooting people and culture).

Most of the time, travel photography is not well-paid if you only rely on magazine assignments or sale of stock photos. A few people can make quite a lot of money running travel workshops though, although you need to keep coming up with new ideas/ venues that your clients will like.

For me, my kind of travel photography is usually portraits and I do people that belong to associations - Venetian Masks, Ballet dancers, Geishas, Noh actors etc. That is why it involves a lot of pre-planning and discussions with people within the associations.

CM:
Currently, digital photography is very popular, do you see a future for film photography?

RY:
Film is always a classic, but because it is more difficult and time consuming, it will only serve a special group of photographers.

CM:
I understand you travel a lot for your work, how does that affect your practice?

RY:
I do mainly part-time/ locum work these days, so I am quite lucky that it doesn't affect my practice much.

CM:
Do you ever look at medical photos and think.... "It could be so much better!"?

RY:
Definitely, there's always room for improvement. I am terrible, but because all my photos are geared towards major competitions and gallery exhibitions, I tend to be very critical of all the photos I see – not just medical photos. First of all, the photo must have an element of drama and impact, then the colours have to match. I am also very particular about things like exposure, blown out areas, highlighted areas etc. After winning close to 750 photo awards and some of the world's biggest international photo contests in just 3 years, I tend to look at things slightly differently...

CM:
What's the best way to improve one's skills in photography?

RY:
Always look at plenty of photographs and photo books of famous photographers, then find a good photography teacher and study under him/ her for a few weeks. It saves a lot of time and energy!

Images courtesy of Dr Robin Yong

CM

Winner of AM·EI Golden Apple Award 2019 — *A/Prof Lee Kheng Hock*

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

The AM·EI Golden Apple Awards recognise and honour outstanding educators from SingHealth and Duke-NUS, who have demonstrated excellence in teaching.

College Mirror had the privilege of speaking with A/Prof Lee Kheng Hock, one of the 2019 award winners - who exemplifies the spirit of Generativity by actively giving back to the education landscape through nurturing and mentoring other educators.

A/Prof Lee was appointed the first Executive Director of the College of Family Physicians Singapore and tasked to revamp the educational activities of the College from 1998 to 2005. He played an instrumental role in the creation and development of the Graduate Diploma in Family Medicine in 2000, which is recognised today for its rigor and impact on improving the standard of family medicine in Singapore. He also served three full terms as President of the College from 2011 to 2017, during which various training programmes saw record enrolment numbers and improvement in standards.

College Mirror (CM):
Congratulations, A/Prof Lee! Can you please share what determines the spirit of Generativity?

A/Prof Lee Kheng Hock (LKH):
When I first learned from a senior colleague that I have been nominated for this award. I had mixed feelings. Winning an award often means that someone more deserving might have been overlooked. This is probably very true in the place where I work as there are so many excellent teachers there. So being given this very prestigious award sent me straight into the thick of the imposter syndrome. Secondly, I did not know the meaning of the word "Generativity" and had to google for it. This brought to mind the wise words of Laurence J Peter who observed that people in a hierarchy tend to rise to their level of incompetence. This could translate to something equivalent like people will eventually be given awards to the level that they are undeserving.


A/Prof Lee Kheng Hock

According to Wikipedia, the term generativity was coined by the psychoanalyst Erik Erikson in 1950 to denote "a concern for establishing and guiding the next generation." After some reflection, I think the award is intended to recognise the need to facilitate the learning of others but in a very big way. Like through generations of learners.

CM:
What were the education programmes you were involved in that related to your award?

LKH:
The programmes were mostly related to the advancement of family medicine and encouraging young doctors to enter this field of need, not by default but by intentional scholarship. I had the privilege of being involved with the College pioneers that created the GDFM amidst much passive and active resistance to change. Likewise, we struggled to put up and then enhanced the Programme B of the MMed (Master of Medicine) as a path for practising family physicians to return to training and continue their goal of professional self-actualization. We went against conventional wisdom and transformed our Fellowship (FCFP) from one based on election to one that is earned through structured training and a process of rigorous assessments. Our vision was validated when the Academy of Medicine Singapore accepted the qualification for admission as a Fellow of the Academy.

I also had the privilege of setting up a new programme for teaching family medicine to medical students when the Duke-NUS Graduate Medical School was set up in 2006. We had a green field and I was given the opportunity to implement a longitudinal family medicine programme for medical students. I think a longitudinal approach is the best way to allow medical students to understand and appreciate the principles and value of family medicine and our emphasis on continuity of care.

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(continued from Page 21: Winner of AM•EI Golden Apple Award 2019)

CM:
Can you share what are the essential components of a good and successful education programme? How do we evaluate and sustain such a programme?

LKH:
I do not believe in art for art's sake when it comes to education. Medical education and training must always have an end in mind and the product must be fit for purpose. "Purpose" itself changes with evolving needs of the patients we serve. The greatest challenge to successful programmes is when we become too enmeshed in our own theories which run the risk of becoming an idealized dogma of what family medicine should be. It then becomes de-linked with the needs of the community. Education should be based on the competency required to meet the healthcare needs of our population.

The acid test of a good and successful programme is the degree to which the product fit the purpose. I know it may be sound too mechanistic but it really is not, if we define purpose as the professional and compassionate care of patients.

The evaluation of education programmes should follow principles of implementation science. The outcome is the product of 3 factors:

The quality of the education programme, the way training is implemented/delivered and the support /resources available.

The best designed programme that is poorly implemented or given inadequate resources is doomed to failure. Educators must therefore consider less-interesting things like logistics and financial viability if they really want to have a good and impactful programme.

CM:
Can you share any advice for budding educators who want to go the extra mile, like what you have achieved?

LKH:
My best advice is don't aim for awards. Award is nice but correlation is poor. At best, awards are associated with being a good educator. There is no evidence of a causal relationship between awards and being a good teacher. Focus on the learners and focus on the purpose. Academic promotions and awards will eventually come your way if you persevere along the career path of an educator.

If you really want to be a truly excellent educator, then be careful. Life may be hard and you will face resistance at all levels. You are likely to be misunderstood by your seniors and peers. Promotions and awards will not be easy to come by. If you are true to yourself, you may even be passed over for promotions or awards. That itself might even be a sign that you are truly excellent.

History taught us that Confucius was humiliated by the Duke of Lu and went on a self-imposed exile. Socrates was not given an apple but a glass of hemlock after being found guilty by the establishment for corrupting the minds of the youth. Sometimes the exceptionally good teachers are not appreciated. Best strategy is to stay true to your values but live to fight another day. Follow your passion and what you believe in. Should the accolades come, just be thankful and carry on.

CM

Kind Intentioned Advice Misplaced

by Dr Angela Tan Qiuli, Family Physician in Home Care Practice

"Primum non nocere", aka, "first, do no harm".

It is an ethos that we doctors abide by. However, there could be cases that our kind-intentioned advice end up causing distress to patients. My recent breastfeeding journey (as a new mother) has allowed me to witness how some mothers became so distraught, after receiving inaccurate advice given by their doctors and started labeling these clinics as non-breastfeeding friendly.

Dr Angela Tan

Life for any new parent, is daunting. Evidence-based support is what will probably lead parents through this challenging period. Failure to breastfeed for mothers who intend to, causes an increase in the risk of post-partum depression[1]. Successful breastfeeding mothers have noted to have a decrease in the risk of post-partum depression[2]. Hence, to better enable ourselves to provide accurate care for breastfeeding families, we as a professional body need to be mindful of the 3 common misconceptions below:

1. *"Pump and Dump"*

As healthcare professionals, we often err on the side of caution. Hence, we are concerned of the effects of the medications prescribed causing harm

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(continued from Page 21: Winner of AM•EI Golden Apple Award 2019)

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Kind Intentioned Advice Misplaced

by Dr Angela Tan Qiuli, Family Physician in Home Care Practice

"Primum non nocere", aka, "first, do no harm".

It is an ethos that we doctors abide by. However, there could be cases that our kind-intentioned advice end up causing distress to patients. My recent breastfeeding journey (as a new mother) has allowed me to witness how some mothers became so distraught, after receiving inaccurate advice given by their doctors and started labeling these clinics as non-breastfeeding friendly.

Dr Angela Tan

Life for any new parent, is daunting. Evidence-based support is what will probably lead parents through this challenging period. Failure to breastfeed for mothers who intend to, causes an increase in the risk of post-partum depression[1]. Successful breastfeeding mothers have noted to have a decrease in the risk of post-partum depression[2]. Hence, to better enable ourselves to provide accurate care for breastfeeding families, we as a professional body need to be mindful of the 3 common misconceptions below:

1. *"Pump and Dump"*

As healthcare professionals, we often err on the side of caution. Hence, we are concerned of the effects of the medications prescribed causing harm

(continued on the next page)

(continued from Page 17: Kind Intentioned Advice Misplaced)

to the breastfed baby. We tend to advise mothers to "pump and dump". In fact, most medications especially those for common aliments are deemed safe for breast feeding due to the minute amounts that is transferred to breastmilk. As a general rule, most drugs are safe if they are prescribed to infants, are considered safe in pregnancy, not absorbed by stomach or intestines (e.g. IV routes) and not excreted into the milk (e.g. molecules too big to get into the milk). Breastmilk is also safe for mothers who has done plain X-rays, ultrasounds, CT scan with contrast media and MRIs[3].

"Pump and Dump" can be distressing for most mothers as they are likely to fall under the 1 of the following scenarios:

I) Mothers with "just nice supply". As the breast self regulate to produce just about enough for the baby 6-12 weeks post partum, every drop is deemed as "liquid gold". Hence, the distraught when asked to "pump and dump" and definitely worse for those who are low in supply.

II) Full time mothers. They usually provide breastmilk via direct latching as the pumping process takes up a significant portion of time (anytime from 30-60 minutes for 1 session, 4-8 sessions in a 24 hour period depending on age of baby), which equates to taking away a good portion of the 24 hours they have to care for their babies.

III) Direct-latched-babies. They have a strong preference for drinking milk only from the breast. They scream and cry murder when made to feed via a bottle which will inevitably add more anguish to the mothers.

Breastmilk is highly beneficial for babies, hence, it is most likely a better option to say "continue to breast feed" in most cases of common aliments than "pump and dump". If in doubt on the safety of treatment prescribed, useful resources such as Elactancia, InfantRisk and LactMed are available. Or simply prescribe a safer course of treatment.

2. *"Your baby's weight is on the lower percentile, please supplement with formula"*

In today's society where the ability to breastfeed is the epitome of a successful mother, this statement can bring a new mother to the rock bottom of her (potentially new) motherhood, worsening her postnatal blues. For newborns babies who has poor weight gain, it will be pertinent to check if breastfeeding is well established once pathological causes have been ruled out. Poor latch and low frequency of feeding are easily correctable causes and formula supplementation need not be the only solution. Referral to a lactation consultant will be highly fruitful in cases where breastfeeding is not well established.

For older infants, do check if baby is having good amounts of urine and bowel output, appropriate developmental milestones and behavior. If all seems well, and weight is not way off the chart, it is most likely not a major cause of concern. Some babies are just genetically smaller or put on weight later. Our comments might cause unintended distress.

3. *"You are having Mastitis, your milk will be filled with pus and should not be given to baby."*

Mastitis refer to the inflammation of the breast which may or may not involve bacterial infection. Clinical signs of mastitis include (a) tender, hot, swollen, wedge-shaped area of breast associated with temperature of 38.5C, (b) greater chills, flu-like aching, and systemic illness.

This is usually due to a duct/ area that is blocked/ plugged. Hence, the best treatment to relieve mastitis is to remove the clog, i.e., drain the milk. Did you know that the baby is by far the most efficient milk removing device ever known to date? Do encourage frequent latching[4] as prolonged milk stasis can trigger infective mastitis. Other methods to augment milk removal includes hand express or pump after feeding, applying heat pack prior to feeding and definitely referring to a lactation consultant for assistance.

May the above sharing help you better support breastfeeding families and evoke your interest and appreciation of this important phase for babies and their mothers.

REFERENCES

[1] New evidence on breastfeeding and postpartum depression: the importance of understanding women's intentions. Borra C, Iacovou M, Sevilla A. Matern Child Health J. 2015 Apr;19(4):897-907

[2] Breastfeeding and Postpartum Depression: An Overview and Methodological Recommendations for Future Research. Carley J. Pope and Dwight Mazmanian. Depress Res Treat. 2016

[3] Breastfeeding and radiologic procedures; Can Fam Physician. 2007 Apr; 53(4): 630–631

[4] ABM Clinical Protocol #4: Mastitis, Revised March 2014 Lisa H. Amir1,2 and The Academy of Breastfeeding Medicine Protocol Committee

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Family Practice Skills Course #84 (1 Day)

Contemporary Type 2 Diabetes Management - What's New?

POSTPONED TO 19 SEPTEMBER 2020
Please visit the CFPS website for updates.
Registration is open.

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

Dr Lim Choon Pin
Cardiologist, Mount Elizabeth Hospitals

Dr Khoo Chin Meng
Head & Senior Consultant. Division of Endocrinology, University Medicine Cluster, NUH

Dr Titus Lau
Senior Consultant, Divison of Nephrology, University Medicine Cluster, NUH

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

- ~~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.**

AstraZeneca

CUM SCIENTIA CARITAS

REGISTRATION

FREE REGISTRATION for College Members!

Contemporary Type 2 Diabetes Management - What's New?

Please tick (✓) the appropriate boxes

	College Member	Non-Member
Seminar 1 (Sat)	☐ ~~$32.10~~ FREE	☐ $32.10
Workshop 1 (Sat)	☐ ~~$32.10~~ FREE	☐ $32.10
Distance Learning (MCQs Assessment)	☐ ~~$85.60~~ FREE	☐ $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

You may send your completed form to: **sfp@cfps.org.sg** or by fax: 6222 0204.
Successful applicants will be confirmed by email.

Family Practice Skills Course #85 (1 Day)

Care of the older Patient with Diabetes, Person-Centred Care and Meal Planning

POSTPONED UNTIL FURTHER NOTICE
Please visit the CFPS website for updates.
Registration is open.

TOPICS

Unit 1: Treating Diabetes in Older Adults - Optimizing Glycemic Targets with Comorbidities in Mind
Unit 2: Shared Decision Making and Person-Centred Care in Diabetes Mellitus
Unit 3: Localising Structured Lifestyle Intervention for Dietary Management Success - Implementation + Outcomes

WORKSHOP - Case Studies

Case 1: Driving for Dietary Lifestyle Change In An Overweight Elderly Patient - Tools & Technique
Case 2: Shared Decision Making and Person-Centred Care in Diabetes Mellitus

SPEAKERS

Dr Khoo Chin Meng
Head & Senior Consultant, Division of Endocrinology, University Medicine Cluster - NUH

A/Prof Tai E Shyong
Senior Consultant. Division of Endocrinology, University Medicine Cluster, NUH

Dr Harvinder Kaur
Lecturer, International Medical University, Malaysia

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

- ~~SEMINAR (2 Core FM CME points)~~
  - ~~Unit 1 - 3: Sat, 09 May (2.00pm - 4.00pm)~~
- ~~WORKSHOP (1 Core FM CME point)~~
  - ~~Sat, 09 May (4.30pm - 5.30pm)~~

*Registration is on first-come-first-served basis. Seats are limited.
~~Please register by 04 May 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 **Abbott Laboratories Singapore Pte Ltd**, organised by **College of Family Physicians Singapore.**

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REGISTRATION

Care of the older Patient with Diabetes, Person-Centered Care and Meal Planning

FREE REGISTRATION for College Members!

Please tick (✓) the appropriate boxes

	College Member	Non-Member
Seminar 1 (Sat)	☐ ~~$32.10~~ FREE	☐ $32.10
Workshop 1 (Sat)	☐ ~~$32.10~~ FREE	☐ $32.10
Distance Learning (MCQs Assessment)	☐ ~~$85.60~~ FREE	☐ $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: _____

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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

You may send your completed form to: **sfp@cfps.org.sg** or by fax: 6222 0204.
Successful applicants will be confirmed by email.

Revisions in the MMed(FM) College Programme

by Dr S Suraj Kumar, FCFP(S), Honorary Secretary, 27th Council, College of Family Physicians Singapore

The MMed Family Medicine (FM) College Programme is a structured training programme that trains an echelon of family physicians to be on par with specialists in other disciplines and to prepare them as future leaders in Family Medicine. The programme undergoes regular reviews and enhancements to ensure that training provided is up-to-date and relevant. Following a wide-ranging review and comprehensive consultation process, the programme will undergo structural changes that will come into effect with the next course. These changes will enhance the current programme structure to allow for more effective training and better learning.

Programme Extension and Start Date

The current 16-month programme will be extended to a 22-month enhanced programme. This extension will now allow more evenly-paced learning as well as a gradual build-up of intensity in the preparation for the MMed(FM) examinations.

The programme will now follow the calendar year with the next course commencing in January 2021 and ending in October 2022. There will be an annual enrolment with 2 classes running simultaneously. There will thus be no intake in July 2020.

Programme Structure

The academic course itself is largely unchanged. It is designed for working doctors wishing to pursue further higher training in FM after their Graduate Diploma in FM (GDFM). The teaching sessions are conducted fortnightly in the evenings or Saturday afternoons, comprising tutorials, workshops, clinical bedside teaching, preceptorship and mock sessions with role play. These can be either centralised large group sessions or decentralised small group teaching with discussions and case based learning (see the table below). The log book of 40 cases examined during the viva examination and audit project are also unchanged.

	Components	Special remarks
1.	Centralised large group teaching	• Tutorials, Workshops, Clinical and Mock Sessions. • At least 75% attendance required
2.	Decentralised small group teaching	• Discussions, Mock Sessions • At least 75% attendance required
3.	Skills Courses	• To improve competence in various clinical skills • To revise the clinical and patient clerking skills • At least 75% attendance required
4.	Self-directed learning	• Learning through practice, homework assignments and on-line reading • Portfolio - based learning recorded in a logbook • The logbook forms part of the formative assessment
5.	Written Work	• 40 Cases – Submitted for the MMed examination • Audit Project – Assessed as part of the final formative assessment
6.	Preceptorship Sessions	• Observation of consultation by supervisors in the trainees own practice setting
7.	Practice audit	• To assess the trainee's practice management standard
8.	Clinic attachments	• May be necessary to make for the shortfall in prior experience in some specialties • To be arranged personally by the trainees and recorded in the logbook

Enrolment

To enhance the learning efficiency of the programme and to maximise teaching quality, the course will have a limited capacity each year. There will continue to be a selection process with pre-entry screening and interview.

More than Just Examination Preparation

The MMed(FM) programme is not just about preparations for the MMed examinations. Trainees passing through the programme, become better trained family physicians, learning new skills and enhancing their existing ones. There is great emphasis on upholding the principles and practice of family medicine encompassing proper duty of care, ethics and professionalism and treating patients holistically with empathy and compassion. Through the long hours of learning, practice and preparation, these skills become ingrained in our trainees as lifelong traits that will remain with them throughout their career.

CM

CFPS ACADEMIC PROGRAMMES 2020

REGISTRATION FOR
GDFM, CCHP & FCFPS
OPENS ON
4 MAY 2020
AND CLOSES ON
12 JUNE 2020

VISIT **CFPS.ORG.SG** FOR MORE DETAILS

GRADUATE DIPLOMA IN FAMILY MEDICINE

GDFM
GDFM is a structured training certification programme jointly organised by College of Family Physicians Singapore (CFPS) and The Division of Graduate Medical Studies (DGMS).

GDFM is a 2 years comprehensive and structured training programme for primary care doctors. It consists of 8 Family Medicine Modular Courses (FMMC), 1 elective and 3 compulsory Family Practice Skills Course (FPSC), 3 Practice Management Courses and Clinical Revision Course (Mock Exam).

The aim is to train primary care doctors to practise family medicine at an enhanced level to meet the needs of the child, adolescent, adult and elderly patient.

Eligibility
Candidates must possess the following in order to be eligible to register for the GDFM programme:
1. A basic degree of the MBBS or equivalent qualification registered with the Singapore Medical Council (SMC)
2. **Full** or **Conditional** registration with SMC; temporary registered practitioners must support their applications with a letter of recommendation from their HOD. Provisional registration doctors are not eligible to apply.
3. Must have 1 full year of working experience in Singapore at point of course application.
4. Must fulfil CME requirements
5. Must hold a current and valid practicing certificate.
6. Must have 20 active clinical hours per week

*For enquiries or details, please contact College Secretariat at **6223 0606** or email **gdfm@cfps.org.sg***

CERTIFICATE IN COMMUNITY HOSPITAL PRACTICE (CCHP)

CCHP
Certificate in Community Hospital Practice is a new programme organised by College of Family Physicians Singapore (CFPS).

It is a structured programme designed to train doctors to provide care to patients in the community hospital at an enhanced level. The training consists of:
1. 80 clinical hours
2. Compulsory FPSC on Complex Care
3. Formative assessments
4. Summative assessments

Eligibility
Candidates must possess the following in order to be eligible to register for the CH programme:
1. Present trainees currently under GDFM programme or GDFM certificate holders or doctors registered on the Family Physicians Register
2. **Full** or **Conditional** registration with the Singapore Medical Council (SMC). Provisional registration doctors are not eligible to apply.
3. Must hold a current and valid practising license issued by Singapore Medical Council (SMC)
4. Must fulfill CME requirements.

*For enquiries or details, please contact College Secretariat at **6223 0606** or email **gdfm_ch@cfps.org.sg***

MASTER OF MEDICINE IN FAMILY MEDICINE

**Please refer to Page 25 for more information on the revisions in MMed(FM) College Programme*

MMed(FM) College Programme
The MMed(FM) College Programme is a 22-month structured training programme tailored for GDFM graduates who wish to proceed to Masters level training. The course will consist of fortnightly sessions in the evenings and Saturday afternoons that comprise tutorials, workshops, clinical beside teaching and mock sessions with role play. This will involve both centralised large group and decentralised small group teaching. There will also be a preceptorship component and a practice audit. Trainees will find the practice audit useful in helping them formulate quality improvement processes to enhance patient care outcomes. Each trainee is attached to a supervisor assigned by CFPS.

Aims & Objectives
The aim of this course is to provide a comprehensive and structured training programme for doctors with at least 6 years' experience after graduation and have completed the 8 modules of the Family Medicine Modular Course (FMMC) to prepare them to sit for the MMed (FM) Examinations.

MASTER OF MEDICINE IN FAMILY MEDICINE (cont'd)

Eligibility

Registration with SMC	To have full or conditional registration with the Singapore Medical Council (SMC)
Training	Have passed the Graduate Diploma in Family Medicine (GDFM) examination not more than 5 years prior to application OR Have attained MRCGP(UK)
Work Experience	At least six years of experience after graduation of which at least one year must be in a Family Medicine setting. Make up attachments may be required to make up for the shortfall in this experience
Clinical Work during Training	The trainee is required to be in current practice of 24 clinical hours per week, of which 8 must be in an approved Family Medicine setting
Clinical Inspection & Interview	This may be conducted when required to assess the suitability of the practice and candidate for MMed(FM) training

*For enquiries or details, please contact College Secretariat at **6223 0606** or email **mmed@cfps.org.sg***

FAMILY MEDICINE FELLOWSHIP PROGRAMME (ADVANCED SPECIALTY TRAINING IN FAMILY MEDICINE)

Fellowship [FCFP(S)] by Assessment
The Fellowship [FCFP(S)] by Assessment is awarded to candidates who successfully completes the 24-month Advanced Specialty Training (AST) programme in Family Medicine conducted by the College and passes the Fellowship Summative Exit Examination. The programme is offered to doctors who have successfully completed basic structured family medicine training in an approved training programme, namely the Master of Medicine (Family Medicine) [MMed(FM)] at the National University of Singapore or its equivalent.

The structured programme serves to enhance and complement the trainee's own sphere of clinical experience and practice. It consists of didactic lectures, small group discussion and presentations, workshops and seminars, direct supervision and self-directed learning.

Aims
The aims of the programme are to:
- Provide structured advanced directed and self-initiated learning
- Provide supervision and mentorship for the advanced clinical practice of family/community medicine
- Provide a framework for the education and research in the practice of family medicine

On attaining the Fellowship (FCFPS) by Assessment, the candidate will be able to function as a consultant in the following essential roles of a family physician:
1. Family Medicine Expert
2. Communicator
3. Collaborator
4. Manager
5. Health advocate
6. Scholar
7. Professional

Eligibility
1) Professional & Academic Qualifications

The applicant must fulfil the following entry requirements:
- Possess the MMed (Family Medicine), Singapore and is a current Ordinary Member of the College of Family Physicians Singapore. [1, 2]

OR
- Possess the MCFP(S), and is a current Collegiate Member of the College of Family Physicians Singapore

2) Clinical Practice
- Currently in active clinical practice i.e. 24 clinical hours per week, of which 8 hours must be in a family medicine setting as defined by the College Constitution.
  a) Ambulatory care in the community
  b) Intermediate care in the community hospitals and rehabilitation centres
  c) Long term care in the nursing homes, residential care and home based care
  d) Hospice and home based end-stage diseases care
  e) Interface care which is care within acute hospitals in the interface with the other settings

3) Letter of Good standing
- Submit a letter of good standing from a Fellow of the College of Family Physicians Singapore together with the application form.

[1] Existing Non-Members can apply to be an Ordinary Member of the College of Family Physicians Singapore at the point of the programme application. Enrolment into the programme is subjected to the approval of the College Membership.

[2] Before admission to the Summative Exit Examination, a candidate with MMed (Family Medicine), Singapore will need to be a Collegiate Member of the College of Family Physicians, Singapore [MCFP(S)] by Election.

The trainee must apply and sit for the Summative Exit Examination after completing the advanced specialty training programme and not later than 4 years from the year of enrolment into the programme. If the trainee does not successfully pass the Summative Exit Examination by then, he/she is expected to re-apply and restart the AST programme.

*For enquiries or details, please contact College Secretariat at **6223 0606** or email **programmes@cfps.org.sg***