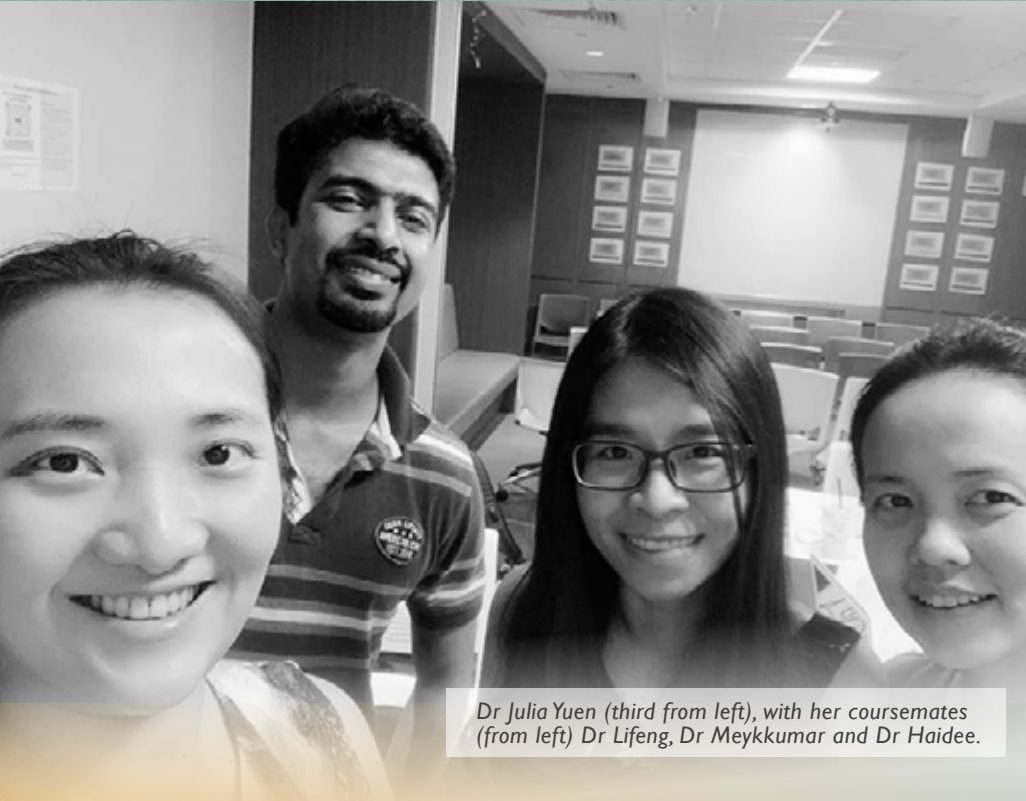




THE College Mirror

COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

VOL. 46 NO. 4 DEC 2020



Dr Julia Yuen (third from left), with her coursemates (from left) Dr Lifeng, Dr Meykkumar and Dr Haidee.

The College Mirror is delighted to have recent graduands of the Fellowship programme and MMed(FM) College Programme share their personal journeys and valuable insights that they have experienced during the course of the programmes.

We wish all graduands the best in their endeavours and hope that they continue to inspire!

My Fellowship Journey

Dr Yuen Sok Wei Julia

Looking back at the last 2 years of my Fellowship journey, I feel truly blessed and thankful for the numerous learning opportunities, friendships and kinship. I still recall the day I submitted my Fellowship application. I wanted to challenge and better myself as a Family Physician (FP). Yet concurrently, I heard of accounts from seniors and peers about the challenging journey ahead. I could not help but feel slightly intimidated. I bit the bullet, submitted my application and tried not to second guess my decision. Two years on, I'm glad to have made that decision. The Fellowship programme equips one with skills for clinicals, research and pedagogy. I felt that it also gave me opportunities to have a better world view of Family Medicine as a practice across the various settings through thought-provoking discussions and interactions with other FPs.

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JOURNEY

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DISRUPTION &
ADAPTATIONS

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THE LORONG NAPIRI
CORRIDOR OF HOPE

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At the beginning, I was very apprehensive when faced with journal critique. Attending the Asia Pacific Evidence – Based Medicine and Nursing (APEBMN) Workshop and Conference with other specialty trainees from various other institutions, I remember feeling stressed and anxious at knowing so little. However, with regular practice through self-directed and peer-learning, my confidence in journal critique began to grow. In writing up the complex cases, I revised and added to my medical knowledge. This was further built upon and strengthened through discussions with seniors and peers. Also, I saw my research project from start to end, picking up skills and knowledge along the way. I learnt about generating ideas from day to day problems encountered in practice, the importance of good literature review, the Institutional Review Board (IRB) and grant application processes, carrying out the research and collating the data, writing the report and finally aiming for publication. Each step was a learning experience in itself. I'm grateful to have many wonderful mentors who guided me along the way. They took time to conduct tutorials for EBM, clinical cases as well as for professionalism and ethics. A mock examination was also organised to help in our preparation. All their constructive feedback was very helpful in refining the logbook write-ups as well as improving presentation skills for the viva.

This journey would not have been possible without the support from family and my peers. My family was a constant source of encouragement, spurring me on through challenging periods. I could always look to my study group mates Haidee, Lifeng, Meykkumar and Rose for support and discussion of any doubts. We met regularly to practice clerking complex cases prior to the clinical exams. I also met up with my clinical group mate Aysha to practice in the community hospital setting. After clearing the clinical exam, we continued these regular sessions leading up to the final viva. We had to switch from physical meetups to Zoom sessions when the Covid pandemic hit. I will always remember the countless sessions we had pouring over the various types of papers, sparring and critiquing each other's research as well as clinical cases and finally, discussing ethical dilemmas and professionalism topics.

As much as it was a great learning experience, the more knowledge I gained, the more I realise there is to know. It has been truly humbling. This is just the beginning of another chapter as learning never ceases. It has certainly been a challenging journey, but I'm glad that I've gained knowledge for better patient care, built up resilience, forged relationships and created memories that will last a long time to come.

Dr Ngai Qian Yi

My fellowship journey was a rather atypical one and interrupted by a deferment. It was by God's grace alone that I completed it. It was difficult to keep the momentum going after the deferment, and being a polyclinic locum compounded the problem as I had to remain task-committed without official institutional support. I am thus grateful to my supervisors Dr Adrian Tan Kok Heng, Dr Angelia Chua Hwee Ling and Dr Derek Lim Chi-Kien for their unwavering support and encouragement. I am also indebted to many mentors, seniors and peers who helped me in their personal capacities, such as Dr Hu Pei Lin who gave me advice and logistical support for my research, and Dr Liu Changwei who faithfully practised the journal critique with me. I thank God for the many angels He sent my way.

The FCFP(S) is a significant milestone in our continuous journeys to improve as a family physicians. I had hoped to further my interests in home care and medical education through the systematic programme and professional

qualifications the FCFP(S) afforded. Although my career path took a bend midway, the clinical, research and pedagogical skills learnt would serve as a springboard to kickstart the next phase of my medical journey. The course also facilitated the intellectual exchange of ideas with family medicine colleagues and allowed the development of friendships that would last a lifetime.

To my other family medicine colleagues who may be thinking of embarking on this journey. I would encourage you to have a clear goal in mind that would keep you anchored to stay the course regardless of the storms. For those who may have a lack of formal institutional support, I would pass on the advice of Dr Ng Lee Beng, the former programme director. "Do not be afraid or embarrassed to ask for help." Many in our fraternity are willing to pay forward favours they have received themselves; and this is a reflection of the apprenticeship nature of our profession, as laid out in the Hippocratic oath.

Dr Grace Shu Hui Chiang



I currently practice at St Luke's Hospital and hope to be able to contribute as a change agent within the ILTC (Intermediate and Long-Term Care) sector. The mentorship embedded

in the Fellowship programme has been essential in enabling me to grow professionally as a better communicator, collaborator, manager and scholar. With the appreciation that the identification of care needs is driven by the individuality of the patient, I have been able to utilize the knowledge and skills learnt during the programme to encourage ILTC centres to take up an active role as ideal centres to promote multidisciplinary and cross-setting collaborations, to develop a distinct "outreach" philosophy, and to strengthen links between primary and secondary care to further Singapore's vision of ageing-in-place.

While the Fellowship journey was challenging, I was fortunate to have an amazing support system both professionally and personally. This achievement was through the collective effort of wonderful mentors, seniors and fellow FCFP compatriots. I would like to thank my inspirational mentors who have journeyed with me since the very first day of FM residency, A/Profs Tan Boon Yeow, Goh Lee Gan, Cheong Pak Yean and Dr Ong Chooi Peng. They laid the ground for my foundation in FM and continue to inspire me to be a better family physician. My dedicated FCFP supervisors Drs Meena Sundram and Low Lian Leng. My amazing seniors in St Luke's Hospital, A/Prof Tan, Drs Chong Tsung Wei and Linus Chua who sacrificed their time to tutor my awesome study buddy Andrea Tan and I during weekday evenings and even on weekends; and Dr Jeffrey Jiang for his invaluable FCFP advice and notes. My supportive bosses Drs Chia Tee Hian and Andrew Samson for their encouragement. And most importantly, thanks to God and my family for their unfailing support.

My advice to those currently going through fellowship or considering pursuing Fellowship is to persevere and "Just Do It". Though passing the fellowship exams is important, do not fear the exams; appreciate and enjoy the learning process instead.

THE 27TH COUNCIL WISHES ALL A

*Merry
Christmas*
AND
HAPPY NEW YEAR



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

Though family physicians in Singapore can and have made great strides within Singapore's healthcare ecosystem, we need a culture and a set of norms to support successful ageing. Perceptions such as specialists being better than family physicians or end-of-life discussions being taboo topics are norms in Singapore's healthcare that need to change. Active dialogue and public education will be needed to foster new norms in an ageing population. The fellowship experience can offer trainees a wealth of skills and knowledge in tackling adaptive challenges, pursuing a holistic approach to ageing, taking a systems approach to the organization and delivery of care, developing clinical research skills, and gaining a greater appreciation and understanding of patient-centric care. Armed with these skills, future family physicians can and will be able to continue to deliver quality healthcare and shape Singapore's healthcare ecosystem.

(continued on the next page)

(continued from Page 5: My Fellowship Journey)

Dr Cheah Ming Hann

I took up the Fellowship course hoping to develop myself further as a family physician. The patients today are more complex as our population ages and family medicine has been entrusted with the responsibility of maintaining health in the community as part of the government's 3 Beyonds. The programme offered a structured curriculum to train under esteemed mentors and I do feel better equipped as a family physician leader in advocating for my patients, communicating evidenced based care while coordinating various services as they navigate our increasingly complex health ecosystem.



Dr Cheah Ming Hann and his family.

Just like most people, I found it challenging to juggle family, work and learning. I didn't know how stressed I was till the exams were over and this huge weight was lifted off my shoulders. There was also the uncertainty that came with COVID but my wife and parents were huge pillars of support. Leisure time was well spent with family and friends (both

old and new ones made through this learning journey). I was blessed with dedicated tutors who encouraged me during difficult periods and helped immensely in meeting deadlines. Towards the weeks leading to the exam, we buddied up and studied/sparred together. My institution (NUP) also organized mock exam sessions and research tutorials to get us in shape.

Dr Wong Peng Yong Andrew

I pursued FCFP in 2017 after completing MMed(FM) when I joined Bright Vision Community Hospital. As a newly minted registrar then, I desired for higher and structured FM training so that I can acquire essential skillsets of a generalist leader to drive positive change for my patients, fellow FM learners and the public.



Dr Andrew Wong and his family

institution, sparring with fellow colleagues across Zoom® with face masks at unearthly hours and receiving pearls of wisdom from our seniors and supervisors during FCFP tutorials.

I was initially disappointed when I was unsuccessful in my first exam attempt. However, handling failures turned out to be an important quality which I realised was necessary as a leader. What made me decide shortly to reattempt were

Through FCFP, I learnt how to read (appraising articles), write (clinical cases, research manuscript), deliver effective presentations, plan projects (research, FM review course), craft pedagogical assessments and navigate difficult ethical and contemporary issues. Constant self-directed learning and reflection on what could be done better in my practice and the healthcare system proved to be very helpful to me as a junior leader.

Many memories I brought back include planning for the annual FM review course from scratch, conducting a research study on deprescribing rounds within my

the words of encouragement by A/Prof Lim Fong Seng (examiner at my first attempt), A/Prof Lee Kheng Hock (my boss) and A/Prof Goh Lee Gan (who conducted my first exam debrief). Prof Goh's words "This is not a failure - you are just not ready for success yet" had helped me greatly both in this FCFP journey, work challenges and allowed me to motivate fellow trainees and even patients who encounter initial difficulties in their trials.

My thank-you list is long. First, my wife has been a great pillar of support to me during the entire journey, caring

A huge shoutout to my wife Gladys, both my parents for holding the fort and my son Raphael for entertaining us with his endless antics. My clinic head Dr Franco for his insights on leadership, Drs Kelvin Koh and Alvin Ong from JCH for all those night Zoom sessions on ethics, and group tutors Drs Adrian and Angela for their tireless patience. A journey is best measured in friends and all this would have been many times tougher without awesome group mates to keep one another going.

Highlights and Memorable Moments

I thoroughly enjoyed my 6-month stint working in JCH as part of NUP's training programme. Firm friendships were forged with the wonderful colleagues there and I could better appreciate the role of a family physician in transitional care. The pedagogy segment was also over all too soon and I had a lot of fun trying to formulate questions that were stimulating yet relevant.

for our 3 boys and managing the home, especially during the exam preparations. Also, I am particularly appreciative of my colleagues, CFPS seniors, FCFP supervisors and my 2019 & 2020 course-mates who took time to scrutinize the written work and perform mock viva voce to enhance articulation, tenacity and personal reflection. Thank you everyone!

Looking back, without higher training, I may have remained a GP who was very comfortable with managing my patients in my own way and earning my keep within fixed hours. The journey from GDFM to FCFP, though long, enabled me to forge many close friendships and mentorships. This training also expanded my world view of FM, its importance in current affairs (e.g. Silver Tsunami, War on Diabetes, Emerging communicable diseases) and exposed me to its work in various (even less conventional) settings and at different levels of mastery. Stepping out my comfort zone and constantly seeking opportunities to use the skills I have learnt remains my greatest take-home from FCFP - be it at a disease, person or systems level.

On the Exams conducted via videoconferencing

To be honest, I was not sure how I did and the 1-hour interview flew by quickly. There were some unexpected questions though rigorous preparation helps one think quickly on your feet. Zoom also made it difficult to read the expressions of examiners and try to discern what they were looking for in my answers.

Otherwise I would say to enjoy the journey ahead and not focus too much over the exam as the skills gained will serve you (and your patients) in good stead regardless. The end will take care of itself.

One of the lifelong lessons I have learnt: To approach new experiences with an open, positive mind and be intentional in applying learnt skills in daily work rather than just for exams.

Dr Wong Wei Teen

A tough journey with narrow bends
Oh that does not cause us to swerve
Supported much by helping hands
Forgetting not the call to serve

True fellowship beyond a ring
Builds on relationships so deep
Go forth still, heartfelt joy to bring-
Mount Fellowship, thou not so steep

So comrades, upkeep thy spirits
Persevere in doing good works
Mentors rendered wisdom and wits
Humanities gave space for quirks

We are only human, indeed
Yet, privileged to care and give
Unto humanity in need
Let us with soul lenses perceive

In togetherness, we achieve
In solemn moments, undeterred
In family, hope and belief
Our banner of courage unfurled

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Editor's Words

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



As 2020 draws to a close, there has never been a greater need to reflect and be thankful for many things in our lives that we have often taken for granted, like our health, our families, our jobs and our future. Disruptions & Adaptations are profound words which resonates with many of us, to survive in a post-Covid world. Although we can postulate how long this pandemic will take to recover, we can never be sure. However one thing is certain, that is the need for us to live, work and play in the midst of uncertainty. Taking time for self-care, preventing burnout and developing mental resilience are key elements to help ourselves bounce back and even thrive in the face of adversities.

As a family medicine fraternity, we have definitely achieved much, standing behind our country in our fight against Covid-19, making personal sacrifices and putting patients before ourselves. Compassion and empathy are core elements of medicine and our family physicians in Bright Vision Hospital worked hard to reach out to our migrant patients to cope with their physical ailments and their psychological distress. Going forward, we need to incorporate biopsychosocial holistic care to every patient we meet.

On the clinical level, we have improved in our approach to tackle infectious diseases, adhere to infection prevention and control guidelines, organise workflows, implement appointment system and hasten progression of telemedicine. These interventions have been associated with improved healthcare outcomes and it is important to continue all these good efforts even after Covid-19 has left our shores.

On the education front, we have pressed on in virtual training and novel ways of assessment and examinations. To our surprise, remote learning has succeeded in reaching out to a larger group of learners with greater convenience and efficiency. As a result, our faculty has proposed a hybrid of virtual and face-to-face learning in our curriculum. We are proud to have two gold medalists in our fellowship exams, who despite the odds, excelled beyond expectations. Our MMED trainees did us proud to achieve a remarkable performance and we are grateful to many who agreed to pay forward by coming back to serve. Our faculty has decided to strengthen the mentor-mentee partnership in our training programmes, to provide support and self-directed learning.

It is timely for primary care to advocate for preventive care in the form of vaccination as our country roll out the National Adult Immunisation Schedule. Covid-19 has shown us the need to protect everyone, especially our healthcare workers and vulnerable groups and the perils of neglecting this critical aspect of preventive care. As our patients' trusted family doctors, we need to persevere in encouraging and reminding our patients to receive relevant vaccinations to protect themselves and their families.

As family doctors, we can play an important role in our patients lives as we press on to educate, train and adopt evidenced-based medicine in our practice, together with a heart of compassion. 2020 has been a memorable year and we hope that 2021 will bring family medicine to greater heights, for our patients!

■ CM

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FAMILY PRACTICE SKILLS COURSE

Contemporary Type 2 Diabetes Management – What's New?

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #86 on "Contemporary Type 2 Diabetes Management – What's New?", held on 19 September 2020.

Expert Panel:

Dr Lim Choon Pin
Dr Khoo Chin Meng
Dr Titus Lau

Chairperson:

Dr Ben Ng

Person Centred Diabetes Care and Meal Planning for the Older Person

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #87 on "Person Centred Diabetes Care and Meal Planning for the Older Person", held on 26 September 2020.

Expert Panel:

Dr Khoo Chin Meng
A/Prof Tai E Shyong
Dr Harvinder Kaur

Chairperson:

Dr Moses Tan

Family Practice Skills Course #91 (1 Day)

Osteoporosis: A Growing Primary Care Concern

Sat, 13 March 2021: 2.00pm - 5.30pm

In view of the current COVID-19 situation, FPSCs will be conducted on the online platform "ZOOM".
A Zoom registration link will be sent to participants who have registered.

TOPICS

- Unit 1: Postmenopausal Osteoporosis: Screening, Diagnosis based on FRAX[®] and BMD
- Unit 2: Patients Risk Stratification in the Management of Osteoporosis: the Latest International Guidelines
- Unit 3: Current Challenges in Osteoporosis Treatment Discontinuation

WORKSHOP

Panel Discussion: Role of Primary Care in Managing High Risk Patients

SPEAKERS

Dr Vivien Lim
Endocrinologist, Gleneagles Hospital

Dr Chionh Siok Bee
Senior Consultant, Division of Endocrinology, University Medicine Cluster, NUH

Prof Lau Tang Ching
Senior Consultant, Rheumatology, University Medicine Cluster, NUH

■ **SEMINAR** (2 Core FM CME points)
DAY 1 • Unit 1 - 3: Sat, 13 March (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)
DAY 1 • Sat, 13 March (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 8 March 2021 to avoid disappointment.

■ **DISTANCE LEARNING MODULE**
(3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)

• Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

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

AMGEN[®]



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REGISTRATION

Osteoporosis: A Growing Primary Care Concern

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

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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).



Online Registration Available

Scan the QR code or access the link below to register online

<http://cfps.org/fpsc-91/>

Name: Dr _____

MCR No: _____ Clinic HCI Code: _____

Mailing Address: (Please indicate: Residential Practice Address)

E-mail: _____ Tel: _____

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.

GDFM Enhancement Programme (FPSC#92) (2-Day)

Mental Health 2021 Update

Course is compulsory for GDFM 2019-2021 and 2020-2022 intake.

*GDFM trainees who have already passed the compulsory FPSC in 2020, are not required to retake.

Sat, 27 March 2021: 2.00pm - 5.30pm

Sun, 28 March 2021: 2.00pm - 5.30pm

In view of the current COVID-19 situation, FPSCs will be conducted on the online platform "ZOOM".
A Zoom registration link will be sent to participants who have registered.

TOPICS

Unit 1: The Patient with Anxiety: Assessment and Management

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 Alvin Lum

Dr Tina Tan

A/Prof John Wong

Dr Ong Kian Chung

Dr Wong Tien Hua

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, 27 March (2.00pm - 4.00pm)

DAY 2 • Unit 4 - 6: Sun, 28 March (2.00pm - 4.00pm)

WORKSHOPS (1 Core FM CME point)

DAY 1 • Sat, 27 March (4.30pm - 5.30pm)

DAY 2 • Sun, 28 March (4.30pm - 5.30pm)

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

Please register by 22 March 2021 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

Mental Health 2021 Update

Please tick (✓) the appropriate boxes

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E-mail: _____ Tel: _____

	College Member	Non-Member
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Workshop 2 (Sun)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
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	TOTAL	

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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).

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:

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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.

My MMed(FM) Journey

Dr Shen Fengli Sharon

I have always enjoyed being a GP and hoped to be able to gain more knowledge to provide the best care possible for my patients. Hence in 2019, I felt that it was the best time for me to embark on the MMed course as my youngest kid no longer needed attention at night, and my oldest child did not have to take any major national school examinations.

Initially, it was a tremendous challenge for me juggling work, family, and the course load. Many times, I felt as though I was going to drop all the balls and fall flat on my face. However, when the COVID-19 pandemic hit, I took the opportunity to re-calibrate and go back to basics:

- 1) Eat healthy
- 2) Exercise lots
- 3) Get adequate sleep
- 4) Embrace spirituality.

Nonetheless, I could have not been able to journey in this alone. There is an African saying: "If you want to go fast, go alone; If you want to go far, go together." Before 2020, I used to do annual mountain treks and relied on my

expedition mates to lug me up to the top. This year, I had to count on my study group mates to help ascend Mountain MMed. We had to undergo rigorous training sessions in the months leading up to the exams to ensure that we were all at our optimum "fitness" levels. It was tedious, but we managed to get through most sessions with the aid of bubble tea. Thankfully, all of us conquered the summit successfully together!



Bubble Tea Study Group (from left) Drs Jonathan Foo, Sharon Shen, Jeremy Mong, Wong Nyuk Shiew, Sze Kai Ping

In addition, I am very mindful of the support that we have received from the training faculty, our seniors, our friends in other specialties, and the sacrifices of our families. Many individuals have given us hundreds of hours (literally) of their precious time to coach us, rally behind us, and I do believe most will continue to be our life-long mentors. It was particularly draining on my husband and extended family, having to pick up my slack on the family front while I was pursuing this goal. My husband said he would only give me this one chance!

For those who are considering this course, I would urge you to dedicate yourself to learning and be assured that you will be enriched at the end of this journey.

Dr Jonathan Tan Wei Jian

“Doing MMed is worthwhile, it makes you a better Doctor.” This was the advice given to me by my mentor, teacher and friend,

Dr Valerie Teo, when I first set out years ago on my Family Medicine journey as a junior Medical Officer at the polyclinic. As I progressed in my career, I discovered my passion for teaching and knew that I had to equip myself with proper training before I could become a better teacher. Thus, after completing my GDFM, I seized the opportunity to apply for the MMed College Programme the first instance I was eligible.

Looking back, I liken the MMed journey to a crucible. This process of refinement has put me in better stead to help my patients and juniors. In a short span of time,

it had forced me to plug my knowledge gaps, improve my diagnostic competency and most importantly, treat a patient holistically.



However, the road to success was not a bed of roses. Being committed to the cause meant sacrificing time with family and friends, health and my interest in cooking. It was also mentally draining as I was often greeted with self-doubt and inadequacy (what with the setbacks from my audit project and being on a constant lookout for the "ideal" case for the logbook). To top things off, there was also the additional stress of dealing with the restrictions COVID-19 had imposed and stepping up to serve at the Swab Isolation Facility.

Despite the struggles, the most pleasant memory would ironically be the weeks preceding the examination where some of us would meet weekly to practise and share our knowledge. This also happens to be, for a rather self-reliant person like me, one of the most humbling revelations, in that no man is an island and that community is important. One can only achieve so much but with the collective wisdom and camaraderie, we can accomplish so much more.

I do owe a debt of gratitude to the community that has supported me through this gruelling journey and constantly reassured me that I could do it. This includes:

- Tutors and supervisors from the College, some of whom have selflessly inconvenienced themselves so that I could reap the benefits of additional preparation.

- Bosses from Ang Mo Kio Polyclinic who have been supportive in granting me the leave I require.
- Tutors from Ang Mo Kio Polyclinic who have sacrificed many lunches, that we may have additional tutorials.
- NHGP tutors in the various preparatory sessions who have imparted their wisdom.
- Above all, my loving wife who has been my pillar of strength, and God, who has sustained me.

Finally, to those considering the MMed Course, it is certainly not for the faint-hearted. I reckon what would help though is speaking to others about what the course entails and arming yourself with the appropriate expectations. The journey is arduous but I would certainly echo the same advice that it was worth it and that I've become a better Doctor!

Dr Tan Lye Yoong

When I was 15 years old, I decided I wanted to be a doctor to help people because it was a noble profession. I was the first doctor in my family and I had no idea of on-calls, the long hours of work and sacrifice or the never-ending training involved. I remember the keen interest I had in every posting as a House Officer, thinking, "Hmm, I think I can train to be an Orthopedic Surgeon/ Gynaecologist/ Paediatrician/ Endocrinologist/ General Surgeon." Obviously, I could not be all that... or maybe I can. In Family Medicine, knowledge of all the specialties are needed minus the major surgery bits.

After GDFM, MMed Fam Med Programme B was a natural next step of post graduate training. While I was comfortable with my daily work and am always trying to learn more on my own to better the care I provide to my patient, MMed training really upskilled me to a whole new level. It helped to cover the massive grounds of all the specialities, from head to toe and from womb to tomb.

During the training, I had a lot of doubts as to why am I doing this, inflicting pain and suffering upon myself, my husband and my daughter as to attend training and studying takes time away from them. As class rep, I had spent time helping others with hopes that as a class, we can all pass together (note to future class reps, it is not your responsibility to help everyone pass). Failing exams last year was difficult.



(from left) Dr Cheryl Christine Chandra, me, my daughter and Dr Ong Ai Li

Residency training takes 3 years, here we are trying to do magic with a 15-month training programme.

I am reminded that God has His reasons and plans. He has brought me through many storms in my life. I have conquered greater challenges with His strength and help. I will not let this "hiccup" define me. I am thankful for my husband, daughter, friends and colleagues who believed

in me and rallied to support me in my retake.

This year, Cheryl and I spent many hours perfecting the art of passing MMed over Zoom study sessions. I also had many friends and colleagues who ran practice cases with me. It does take a village to support people studying for exams. I counted I have done at least 100 consult practices this year to pass the exams.

Although it was tough trying to cramp all that learning on top of a full-time job, while juggling my roles as a wife and mother, it was still worth the journey. I have met many wonderful people and learned from tutors and mentors, some who have become dear friends. A special thank you to all who are involved in the College MMed Programme B teaching whether directly and indirectly. All your effort and sacrifices are raising the standard of care of family physicians in Singapore. I am proud to have become a better family physician because of the programme.

(continued on the next page)

President's Column

December 2020

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

Just last month the NUS Department of Family Medicine (DFM) held its yearly Thanksgiving Dinner celebration. In previous years, we met over dinner, and there was always a lovely programme put together to thank our GP trainers who contribute so much to teach our undergraduate students. This year it was held virtually; dinner was delivered to our homes, and the programme was brought online. We even played the DFM version of "Wheel of Fortune" which was a great success. One of the phrases that came up in the competition was:

"M _ _ _ F _ M _ L _ _ E _ I _ _ _ _ G _ _ T _ G _ I _ _".

"MAKE FAMILY MEDICINE GREAT AGAIN." Indeed we must!

It was a battle cry, resonating with all of us who had been engaged in family medicine training and advocacy over the years. Historically, family doctors were the bedrock on which Singapore medicine was built on. That status had slowly eroded with the advent of sub-specialisation and specialist care. The focus on hospital based care has enabled Singapore healthcare to be at the cutting edge and forefront of medical technology and expertise. All these advancements have come at a cost, a cost that would be difficult to sustain in the longterm.

(continued from Page 13: My MMed(FM) Journey)

Dr Cheryl Christine Chandra

My MMED journey initially began with my decision to take on the GDFM course. This was borne out of my desire to improve my clinical skills to better manage my patients in the polyclinic. Thankfully, I was able to clear the GDFM exams in 2017 but despite the added knowledge acquired during the course of my studies, I still want to learn more, and this spurred me on to move on to the MMED(FM).

To be honest, the MMED experience as a Programme B candidate was quite challenging. I started the journey shortly after I completed my GDFM and I was startled at how much more knowledge, and commitment in time and effort was expected in the MMED program compared to GDFM. It was admittedly tough juggling a full day of work in polyclinic and then come home for a quick dinner followed by my nighttime revision for MMED. However, in that regard, I was fortunate to be supported by an entire 'kampung' of people – my colleagues who graciously covered some of my duties so I could attend teaching courses, my study buddies who moaned and groaned with me but still kept to the discipline of regular study/practice sessions and a very understanding husband who doubled as a driver/cook/cleaner/reluctant mock patient.

Unfortunately, I was not successful in my first attempt in clearing the MMED but thanks to the encouragement of the people around me, I decided to push on and give it

another go. A fellow study buddy of mine was in the same predicament and I remember the both of us meeting up for dinner with our respective husbands shortly after our MMED results were released to promise each other that we would persevere and reattempt the exam together. We came up with a regular study plan, gathered our notes and continued to push each other on.

However, COVID-19 struck and online meetings, tutorials, and lectures became the norm. Physical examination teaching sessions were cancelled. Deep down, I became more doubtful of my chance of passing MMED the second time round. Thankfully, we were fortunate to have dedicated seniors and friends who made time over countless Zoom sessions to practice OSCE scenarios with us and many a night was spent in front of the computer hurriedly flipping through our notes. Together, my friend and I took on the MMED again in 2020 and to my immense relief, we both finally cleared the exam.

The MMED journey is not an easy one but with the support of great friends, colleagues and loved ones, it is a journey that I do not regret embarking on. The knowledge and experience gained in preparing for the exam has given me a greater sense of confidence in dealing with the patients who walk through my door in the clinic and that sense of assurance is the greatest reward from the MMED journey.

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■ CM

Do we have a solution to these challenges? The longterm goal of "One Singaporean, One Family Doctor" may hold the answer, a goal that has become even more urgent in the light of our rapidly ageing population. We are beginning to see the focus back to Family Medicine (FM), with more recognition that good high quality primary care is key to better health outcomes and reduced healthcare costs. In order to meet these needs and achieve our national objectives, family medicine and family physicians will need much help and recognition. With such a pivotal role in the health of our nation, will family medicine finally be recognised as a specialty in its own right? The College has been very much involved in family medicine training since 1971. Our training programmes have evolved over the years to meet the needs of our community, with our family physicians having to take care of ever increasing numbers of patients with complex chronic conditions. Our Fellowship programme, the College equivalent to advanced specialty training, aims to address such needs as one of its training goals. Timely recognition of FM as a specialty will strengthen the national commitment to establish the foundational role of family medicine in the health of our nation, and attract more of our young doctors to train in FM.

I recently met with a GP friend I hadn't seen for over a year. We were supposed to meet in Australia to celebrate his birthday but Covid19 put paid to those plans. We had a wonderful time catching up, reminiscing on those carefree days when we would just simply jump on a plane for a short trip overseas. 2020 changed all that. Global air travel has been greatly reduced. Travel restrictions has many implications for healthcare professionals, so much so that in person conferences are at present no longer possible, and many meetings and conferences are now on a virtual platform. For the College, our courses are also now conducted virtually. This move to training in cyberspace,

although presenting many challenges, has been very well received by our trainees and trainers alike.

Covid19 has insinuated itself into every facet of our lives. Whether it be in the home, the workplace, our educational programmes, places of worship, and recreational activities. It brought with it much stress to many on the frontline. To support our doctors during this time, the first series of Resilience webinars was held in April. A/Prof Cheong Pak Yean and A/Prof Goh Lee Gan report on the second series of Resilience in the Time of Covid webinars held in October.

The Vaccination and Child Development Screening Scheme (VCDSS) was launched on 1 November 2020. Vaccinations are now subsidized for vaccines covered under the National Adult Immunisation Schedule (NAIS), and the National Child Immunisation Schedule (NCIS). Dr Leong Choon Kit writes on the temporary suspension of a couple of influenza vaccines following reports of adverse reactions from Korea, and useful lessons we can learn from it.

2020 has been most eventful. Covid19 has been the major focus throughout the year, and this has had myriad effects on all of us. It has affected how we deliver care to our patients. It has affected patient attendances at our clinics and polyclinics. Our economy has been challenged as never before. Circuit Breaker came and went, and now we are waiting expectantly for phase 3 and air travel bubbles. With all these dark grey clouds, there are silver linings as well. Circuit breaker was a timeout for many of us. We had time to ourselves to reflect on our lives and how best to go forward. We had time to reevaluate what is truly important to us, time to better appreciate our loved ones, and the value of true friendship and comradeship. In this period of relative calm, I wish everyone this holiday season goodwill, peace and joy, and that 2021 will bring new hope and fresh beginnings for all.

■ CM

COVID-19 RESILIENCE WEBINARS II OCTOBER 2020 *Disruption & Adaptations*

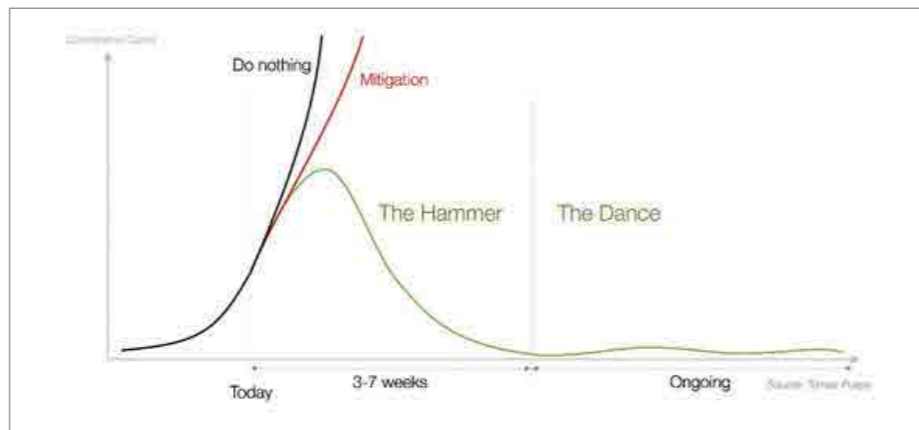
by A/Prof Cheong Pak Yean & A/Prof Goh Lee Gan, Past Presidents, College of Family Physicians Singapore

A series of 4 seminars was successfully staged by the College in April 2020 during the Circuit Breaker (CB) period with an average of 400 doctors attending each session. The first series Identified the enemies and our friends in the pandemic, explored the tension between being safe and being lonely, examined how to manage anxious moment and to live with the uncertainty. The proceedings are now published in the Singapore Family Physiciansⁱ. Using the metaphors of Mr Tomas Pueyo of the fight against Covid-19 pandemic, that CB period was the 'Hammer' (See Figure 1)ⁱⁱ.

A different strategy of 'Dancing' is now in place with the second series of four webinars in October 2020, to address in the 'Dance' steps - reflections on the disruptions & how we have coped. We also examine both the state of the doctor and that of family medicine practice (see Figure 2). The proceedings would be published in another special Covid-19 edition of the Singapore Family Physician.

The first session of the Resilience webinars series II **The Present State of the Pandemic** began with College President Asst Adj Prof Tan Tze Lee drawing attention to the disruption of epic proportion. A/Profs Hsu Li Yang and Jeremy Lim from the NUS Saw Swee Hock School of Public Health delved into the tremendous impact on many aspects of health care and the economic impact beyond the healthcare arena.

In the second webinar highlighting **The State of Disruptions and Coping**, A/Prof Goh lamented the dormitory migrant workers' infections, the unexpected turn that made Singapore fall from being an exemplary success to a cautionary tale of fast spread in crowded dormitories. He concluded



▲ Figure 1: The Hammer and the Dance (Reproduced with permission obtained by Dr Ng Lee Beng who spoke in Webinar 1 I October 2020)

with the positive note on how we coped and righted. NUS Psychiatrist Dr Cyrus Ho spoke on the psychological impact on our healthcare workers and its management. Senior SGH FM consultant Dr Ng Lee Beng emphasised the simple and inexpensive measures that are everyone's responsibility that continue to be of utmost importance after the CB. Good understanding of the basis for these health advisories is key to reducing "COVID fatigue", and ensuring continued self-led protection against a second wave of infection the 'whys' behind the 'whats'.ⁱⁱⁱ

Three Covid-19 warriors from the frontline then shared their experience. Dr Julian Lim shared how he innovated in his solo practice to safely see and do nose swabs on Covid-19 suspect patients while Dr Chng Shih Kiat medical director, Raffles Medical Clinic spoke of how he mobilised teams of family physicians and nurses to set up primary care and swab stations using whatever resources he can find in various foreign workers dormitories. Dr Vincent Tok of Shalom Medical Group then told us how connectivity was maintained using social media, to share information amongst colleagues and with the Ministry to combat rapidly changing scenarios in the trenches.

Webinar 3 focused on **The State of the Doctor**. A/Prof Cheong Pak Yean spoke of resilience needed in reframing for the 'new normal', to face our own loss with equanimity and that of our patients with compassion. He asserted that it is better to frame our predicament as a marathon instead of a sprint as in SARS epidemic of 2003. Prof Thirumoorthy emphasised the potency of the 'Doctor as the therapeutic Agent' and advocated reviving and enhancing the role of the physician as a healer and therapeutic agent using clinical skills, competencies, reflective practice, self and social awareness techniques. Dr Tan Yew Seng, consultant palliative and family physician discussed the 'Human Dimension of attending to loss' be described by the acronym ABC: an Attitude of "not knowing"; Being present and Bearing witness; and Compassionate action. He ended the session by leading the participants in an experiential mindfulness session.

The 4th and last seminar in Webinar II, **The State of Family Practice** began with Dr Wong Tien Hua consultant family physician and vice-president College discussing the drastic reduction of patients thus far. He examined some factors that led to the drastic drop in patient load,

4 Oct 2020 COVID-19 RESILIENCE II: Webinar 1
The Present State of the Pandemic

- Disruptions of Epic Proportions
- Present State of COVID-19 Pandemic
- Economic Impact on Medical Practice & Nation

11 Oct 2020 COVID-19 RESILIENCE II: Webinar 2
State of Disruptions & Coping

- Psychological Impact on Singapore Healthcare Workers & Coping Strategies
- Dancing with COVID-19
- PHPC Clinic; Migrant Workers' Dormitories; Connectivity in the Frontline

18 Oct 2020 COVID-19 RESILIENCE II: Webinar 3
State of the Doctor

- It's Not a Sprint!
- The Doctor as the Therapeutic Agent in The Pandemic
- Human Dimension -Attending to Loss

25 Oct 2020 COVID-19 RESILIENCE II: Webinar 4
State of Family Practice

- "Where Have All the Patients Gone?"
- Reinventing FM Practice
- Round Table: Family Practice Post-COVID-19

▲ Figure 2: College Covid-19 Resilience Webinars II

which include Public Health measures, pandemic effects, patient behaviour and practice profile. Dr Wong Chiang Yin related an on-line survey conducted during the CB period that showed 77% of respondents saw their incomes decrease by more than 50% due to COVID-19. This number decreased to 72.8% after taking into account various grants, rebates and assistance schemes. 44.3% of respondents experienced more than 75% loss in incomes; after this number dropped into 38.3%. About 60% of respondents are GPs.

Adj Prof Thiru then spoke about the need for family practitioners to reinvent themselves in the 'New

Normal'. Webinars Series II concluded with a round table chaired by Dr Wong Tien Hua with Adj. Asst. Prof Tan Tze Lee, Dr Nelson Wee, Dr Kenneth Tan and other participating.

'Collegiality, professionalism and trust amongst colleagues and staff became the defining weapons against the SARS virus'. Like SARS, like Covid-19, 'it is the collective human spirit that triumphs over deadly microbes on the march, not just medicine, and not just technology'^{iv}. The sharing and active participation in the two series of Resilience Webinars harnessed that collective spirit.

■ CM

ⁱ <https://www.cfps.org.sg/publications/the-singapore-family-physician/issue/188>





ⁱⁱ <https://tomaspueyo.medium.com/coronavirus-the-hammer-and-the-dance-be9337092b56>

ⁱⁱⁱ <http://www.cfps.org.sg/publications/the-singapore-family-physician/article/1543>

^{iv} Being Human: stories from Family Medicine' Chapter 2.15 The Plague of Epidemics page 50-51

UPCOMING CHANGES to Graduate Diploma in Family Medicine (GDFM) Examination	Existing Format	Year 2022
	Part I: Written Paper (Applied Knowledge Test)	
Items:	100 MCQs + 10 Key Featured Problems	150 MCQs
Duration:	120 mins + 60 mins	180 mins
Passing Mark:	50% Pass in part 1 not a pre-requisite to part 2	Criterion Referenced There will be no 50% pass mark. Standard setting will be done using modified angoff method to determine the passing standard for the MCQ A pass in GDFM part 1 is pre-requisite to part 2
Part 2: Clinical Examination (OSCE)		
No. of Stations:	10	10
Test Time:	3 mins reading + 8 mins assessment (11 mins)	3 mins reading + 10 mins consultation (13mins)
Passing Mark:	6 out of 10 stations	Criterion Referenced Candidates would need to pass 6 out of 10 stations and obtain minimum total pass mark to pass the exam. Borderline regression will be used to determine the minimum pass mark per station

(continued on the next page)

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^{iv} Being Human: stories from Family Medicine' Chapter 2.15 The Plague of Epidemics page 50-51

UPCOMING CHANGES

to Graduate Diploma in Family Medicine (GDFM) Examination

GDFM trainees who have completed all course components at the end of the 2-year training are eligible to apply and sit for the GDFM examination conducted by National University of Singapore, Division of Graduate Medical Studies (NUS, DGMS).

With effect from Y2022, the following changes will be applied to the GDFM examination.

	Existing Format	Year 2022
Part I: Written Paper (Applied Knowledge Test)		
Items:	100 MCQs + 10 Key Featured Problems	150 MCQs
Duration:	120 mins + 60 mins	180 mins
Passing Mark:	50% Pass in part I not a pre-requisite to part 2	Criterion Referenced There will be no 50% pass mark. Standard setting will be done using modified angoff method to determine the passing standard for the MCQ A pass in GDFM part I is pre-requisite to part 2
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Passing Mark:	6 out of 10 stations	Criterion Referenced Candidates would need to pass 6 out of 10 stations and obtain <u>minimum total</u> pass mark to pass the exam. Borderline regression will be used to determine the minimum pass mark per station

(continued on the next page)

(continued from Page 17: Upcoming Changes to Graduate Diploma in Family Medicine (GDFM) Examination)

Should a candidate pass the MCQ (Part 1) and fail OCSE (Part 2), the candidate does not need to retake the MCQ next year. They would only need to attempt part 2 of the exam.

Written Paper (Applied Knowledge Test)

The objective of this test is to assess the candidate's breadth and depth of applied knowledge of medicine relevant to the practice of Family Medicine in Singapore. The level of applied knowledge to be assessed in this paper is required to enable family physicians to practice Family Medicine at an enhanced level to meet the needs of the child, the adolescent, the adult and the elderly.

Skills Assessment by OSCE (Objectively Structured Clinical Examination)

The objective of the GDFM OSCE is to assess applied knowledge, clinical skills, communications skills and professional attitudes in the context of office consultation and patient examination in the family practice setting.

There will be a series of 10 OSCE stations, each station lasting 13 minutes. Each OSCE station is designed to simulate an office consultation and will focus on one of several aspects of a consultation (e.g. communication, counselling, clinical reasoning, data interpretation, management, therapeutics, ethics etc.) They are, however, not designed to represent whole consultation compressed into 13 minutes. Therefore, there is no intention to promote 'ten minutes medicine'.

The candidate is expected to exhibit a 'whole patient' approach by demonstrating family practice skills during the examination. One examiner and a standardised patient will be involved in the assessment. A station specific checklist will be used to assess candidate performance and a standardised marking sheet will be used for marking.

■ CM

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Temporary suspension of Flu vaccination – Lessons FPs should learn

by Dr Leong Choon Kit, FCFP(S)

“2 flu vaccines linked to deaths in South Korea should be ‘temporarily ceased’: MOH”¹

“Use of two flu vaccines should stop temporarily after deaths in South Korea: MOH”²

The news first broke out on the 25th October 2020, six days before the launch of the Ministry of Health Vaccination Subsidies Program (VSP).

First thing on my mind was not whether the news is true. It has never crossed my mind that this would ever happen to a tried and tested vaccine.

The influenza vaccine is most likely the most administered vaccine in terms of frequency and volume. Given that kind of volume, the rate of adverse events from the influenza vaccine has been few and far in between.

In fact, many studies have shown that the complication rate from the naturally acquired infection is far higher than that from the vaccine.³

Impact of the News

My concern after reading the headings was the impact it has on the going to be launched Vaccination Subsidies Program (VSP).

Over the next few days, my fear was proven right. My patients started to question about the safety profile of all vaccines. Not just that of the Influenza vaccine, not even the specific brands.

In our private GP WhatsApp group chat, some of our colleagues are starting to doubt the safety and usefulness of vaccination. They are worried about the backlash by their patients should they push hard for the VSP. I can sense that our colleagues are even losing self confidence in advocating any vaccine.

Gathering information

The next thing I did was to look for more information. I started contacting all my contacts working in the various pharmaceutical companies which manufacture vaccines. I also contacted my medical mission counterparts in Korea and seek more information.

Press Release from Korea CDC

As a background, it is imperative to know and understand how the flu vaccination program works in South Korea.

“The Korean influenza national immunization program was first established as an interim program in 1997, administering the influenza vaccine to low-income elderly adults. In 2005, the program assumed its present form of providing free influenza vaccination to adults aged ≥ 65 years. ... in 2015, the influenza vaccination coverage rate among this population increased to $>80\%$ By reaching a 75% vaccination coverage rate in the target groups, it was possible to put an end to the influenza pandemic ...”⁴

Interpretation

South Korea has a national influenza vaccination program reaching past 80% coverage of their population. Based on the latest census done in 2018, South Korea population is 51.64 million. In other words, 41 million South Koreans would have received the Influenza vaccine.

At the time of the news on the 25th October 2020, it was reported that there were 48 deaths reported by medical practitioners as part of their adverse reaction surveillance system. This works out to be 0.00011707%.

According to US CDC report for 2018-2019, among the 35.5 million people who contracted influenza naturally, 34,200 died. This data works out a case fatality rate of 0.096%.⁵

Even if the death in South Korea is really related to the vaccination, the case fatality rate between the vaccine and the natural disease is clearly significantly less.

Examining the press release⁶ by the South Korean authority further, it revealed that 41 out of 48 of them are above 70 years old. There was almost equal distribution between the two gender.

Autopsies were performed and completed among twenty of the deaths at the time of the press conference. Thirteen of them died of cardiovascular causes. None of them were related to anaphylaxis secondary to administering the vaccination.

Another interesting point to note in the statistics that were released was the geographical distribution of these deaths. The deaths occurred almost evenly in 14 out of the 17 provinces, ranging between one to six deaths in each province.

(continued on the next page)

(continued from Page 19: Temporary suspension of flu vaccination - Lessons FP should learn)

The medical facilities used 7 different brands of flu vaccines in South Korea and the number of deaths were also distributed more or less equally among the brands.

Examining these data show that it is not brand specific, not district specific and there seems not to be any correlation between the deaths and the vaccine.

However, it is noted that there was mentioned about some white particles floating in some flu vaccines. This was later rectified and found to have no safety concerns.

Beyond South Korea

Looking beyond South Korea, we should note that this entire phenomenon was not seen anywhere else in the world. This is despite that some of these brands are also used in other countries. For instance, Singapore uses two of the brands, namely SKYCellflu Quadrivalent and Sanofi's Vaxigrip Tetra.

“Doctors in S'pore who gave vaccine linked to South Korean deaths say no patients have reported complications”⁷ Other than the usual side effects associated to most vaccination which resolved spontaneously, there were no major adverse reactions reported locally.

Modern Healthcare system

The modern healthcare system is evidence based and grounded in science and physiology.

It is a system that makes medicine and treatment safe. Understanding how each medicine or biologics like vaccine is studied, undergo trial and implemented will help one gain confidence in the healthcare system we practise in.

Added to the safety is the transparency of the modern healthcare system as well as the speed of transferring and sharing information in this internet connected world.

Data are shared openly, freely and quickly. Analysis can then be done worldwide at the first instance when trouble or suspicion of trouble is identified.

After a therapeutic has passed through phase III trial, there is still a system of post market surveillance which some will call it Phase IV trial. It is this post market survey that picks up the 48 deaths.⁸

In the modern healthcare system, we always err on the side of caution. That makes our system safe. For the uninitiated, they may feel that the system is dangerous. As doctors, we need to be know this very well so as to help the public understand.

In addition, we should also be watchful of any potential adverse events or effects post vaccination and report these to our local equivalent which is the Health Science Authority (HSA). The Family Physicians and General Practitioners are all part of this safe healthcare system we have created.

SUMMARY OF INFLUENZA VACCINE SCARE IN SOUTH KOREA 2020
(when the news first broke on 25th Oct 2020)

South Korea has a nationalized influenza vaccination program with high uptake	48 deaths occurred throughout the 17 provinces
Majority of the deaths were associated with cardiovascular conditions	Almost all the deaths were among those above 60 years old with the majority in their 80's
7 different brands were used and the death were evenly distributed among the brands	Some of the vaccines were found to have white particles which were confirmed to be safe but removed from use.

Response is always illogical

The public response to such sensational news is always irrational and exaggerated. This is understandable. The main reason is because the vaccine involves one's body and life. Besides, vaccination is a preventive measure and is seen largely as elective by the public.

It is hard to expect the public to understand that the risk of contracting and dying from an influenza

infection when there was no outbreak. In fact, the current Covid19 pandemic has distracted many to focus on the Covid19 virus and largely ignore all other outbreaks such as influenza and dengue.

Importance of Influenza vaccination in the current Covid19 Pandemic

It is very important to protect the elderlies and the immunosuppressed among us this season. Having vaccinated against influenza will reduce the noise of diagnosis during the Covid19 outbreak.⁹

Covid19, influenza, pneumococcal and other infections are not mutually exclusive. There were reports that in some centres such as the emergency department at Stanford, it was observed that 21% of those who were tested positive with Covid19 had concurrent other respiratory viruses infection.

From a physiological point, the risk of dying is much higher when one contracts more than one infection concurrently. This would be particularly so if the patient also suffers from chronic diseases¹⁰

Lessons Learnt

Family Physician / General Practitioner's role

As Family Physicians, our patients will look towards us for guidance and advice. It is also important for us as clinicians to adhere strictly to MOH directives. Thus, we have to be careful to convey the correct message to our patients.

In that case, it becomes apparent and important for FP / GPs to take the initiative to search for answers. FP / GPs should also use our training in basic sciences and research methods to understand the facts placed in front of us.

When we the Family Physicians / General Practitioners are clear about the issues, we will lend confidence to the vaccine and the public when vaccination is resumed.

In the days of antivaxxers hiding and masking themselves behind many healthcare articles and websites, the job to advocate for a good vaccination program is made that much more difficult and challenging.

The job of the doctors would then be the guiding light. Therefore we need to be well versed with the most updated information. The General Practice today is also made more difficult by the many new aspects of medicine we are required to be familiar. It is almost impossible for a single GP to know enough breadth and depth of medicine.

Hence, we must learn to divide and conquer the fields of medicine. Family Physicians must come together and take on the role of specialists in their respective areas of interests. That way, we will be able to help guide our fellow GPs and the junior FPs along.

Ultimately, the more unified the discipline of Family Medicine, the healthier our population.

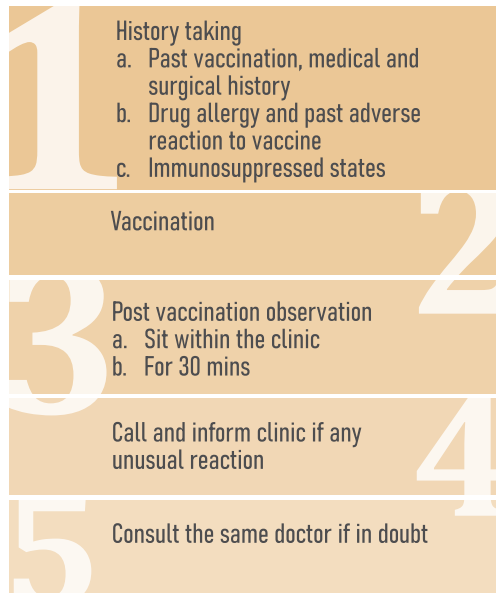
Suggested vaccination protocol Consultation before vaccination

Before administering any vaccine, it is important to have a detailed and properly conducted and unrushed consultation.¹¹ The vaccines advised should be customised to the risk factors faced by the recipients.

A detailed history is needed to be taken and it must include but not limited to past history of medical and surgical history, any adverse events or allergies post vaccination and any conditions or therapies that may suppress the recipient's immunity.

The public may not be aware that immunosuppressed states like HIV, poorly controlled diabetes mellitus, those who have recently completed chemotherapy as well as those on immunosuppressive therapies after organ transplant or treating autoimmune diseases are contraindicated.

Suggested protocol for VACCINATION IN PRIMARY CARE



During the consultation, the physician should also answer any queries that the recipient may have and addressed their concerns. If the recipient is in doubt, it is advisable to postpone the vaccination.

After administering the vaccine, it is also important to look out for immediate post vaccination reaction. This can range from the mild reaction in the injection site to pain, fainting spells caused by vaso-vagal reaction to severe anaphylaxis.

With that in mind, it would be wiser to keep the recipient in the clinic for at least half an hour after vaccinating. That would also mean that patients

requiring vaccination should not be seen too close to clinic closing hours.

It is important to advise the recipient to return to the clinic should they feel unwell or experience any signs and symptoms post vaccination.

With a proper protocol in place, it will ensure safety and build confidence among our public and our patients.

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