



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

THE College Mirror

VOL. 47 NO. 1 MAR 2021

Primary Care in a Pandemic

by How Jin Wei (NTU Lee Kong Chian School of Medicine) and Eugene Tan (NUS Yong Yoo Lin School of Medicine)

On behalf of the Family Medicine Extravaganza 2021 Organising Committee

After a year's hiatus due to the Covid19 pandemic, the annual Family Medicine Extravaganza saw a return in the virtual space in the form of a Zoom webinar. Jointly organised by the Joint Committee of Family Medicine Singapore (JCFMS) and medical students from the NTU Lee Kong Chian School of Medicine, NUS Yong Loo Lin School of Medicine, and Duke-NUS Graduate Medical School, the 7th run of the Extravaganza expounded on the unique position of family medicine being the bridge between the community and healthcare with aptly themed 'Primary Care in a Pandemic'. An evening aimed to reflect the local impact of the global pandemic on primary care, participants tuned in on the 29th of January on their devices from all across Singapore to this enriching Extravaganza of personal sharing and informative discourse.



Our speakers, (Clockwise) Dr Dale Lim, Dr Angela Tan, Dr Loo Yuxian and Dr David Ng shared about their experiences.

Opening the event, Dr Dale Lim set the tone for the evening with a call back to the days at the start of the outbreak; from the first case on local shores, on to his own experience setting up and adopting outdoor consultations, Dr Lim showed us what it truly meant to be working on the frontlines. His sharing of the rapidly evolving situation and his own experience with Covid19 cases set a precedent of what it meant to be an adaptable and vigilant physician, to think ahead of the curve and anticipate what will come next.

Dr Angela Tan continued on the theme, speaking on the impact on home care services. Despite only a video feed, her passion for the homebound patients

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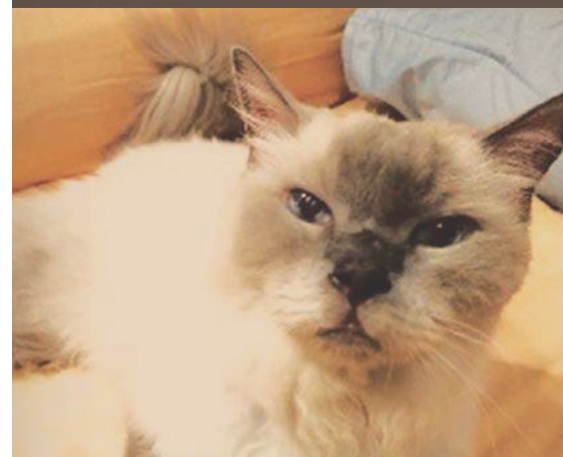
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FAMILY PRACTICE SKILLS COURSE

Chronic Disease Management 2021 Update

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #89 on "**Chronic Disease Management 2021 Update**", held on 30-31 Jan 2021.

Expert Panel:

A/Prof Goh Lee Gan
Dr Tan Seng Kiong
Dr Benjamin Lam
Dr Joanna Leong
Dr Desmond Wai
Dr Rohit Khurana

Chairperson:

Dr Jason Chan
Dr Kenneth Tan

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was tangible, and many participants were greatly touched by her sharing on how simple changes can lead to drastic impact on the patient's life.

Looking ahead, Dr David Ng highlighted how the rapidly evolving medical landscape was able to tackle various considerations in the pandemic through telemedicine programmes. He shared on the existing schemes within our local landscape, and showcased telemedicine's role in complementing the care for certain groups of patients. While the personal touch of face-to-face consultations still remains a cornerstone of family medicine, it was heartening to learn about the positive impact this had on our patients lives.

Last but not least, addressing a recurring question from the past years, participants were brought through the various pathways to becoming a family physician by Dr Loo Yuxian. Dr Loo's simple diagrams demystified the various routes one could undertake to become a primary care physician, as well as further training options that are available.

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◀ Our esteemed panelists, and our emcee Tangming facilitating the discussion.

▼ Our lucky draw winners with their brand-new stethoscopes sponsored by College of Family Physicians Singapore (CFPS).

The second segment of the Extravaganza saw a lively discourse between the programme directors, residents, and trainees of various programmes in the form of a panel discussion. The wide selection of esteemed panellists hailed from the National Healthcare Group, SingHealth, National University Health System residencies, and the College of Family Physicians. This year’s panel discussion drew on the advantage of a webinar in addressing the attendee’s questions, whereby participants were able to poll questions and hear their highest voted queries be fielded by the panel. Despite the limitations of video conferencing, the discussion saw light-hearted, candid, enlightening responses, from delving into sharings of trainees’ personal experiences, to frank answers to hotly pondered speculations surrounding the speciality.

The evening concluded with a lucky draw event, sponsored by the JCFMS. The organising committee would like to thank our esteemed speakers and panellists for taking time out of their busy schedules to grace our event, as well as the support of the JCFMS in the successful conduct of this year’s Extravaganza. We hope all participants were able to take away a little something for themselves!



images courtesy of DGMS NUS

CM

Telemedicine in SingHealth Polyclinics during the COVID-19 Pandemic

by Dr Emily Lee, Family Physician, SingHealth Polyclinic’s Remote Care Workgroup Deputy Clinical Lead

Contributions from: Dr Gary Kang, SingHealth Polyclinic’s Remote Care Workgroup Clinical Lead, and Dr Gilbert Tan, SingHealth Polyclinic’s Remote Care Workgroup Chairman & Clinical Services Lead

With the advancement of technology and increasing digitalisation of health services, the practice of medicine has significantly changed in the last 20 years. ‘Telemedicine’ is used interchangeably with ‘Telehealth’, which refers to the systematic provision of healthcare services over physically separate environments via

Information and Communications Technology. It consists of four main domains: Tele-collaboration; Tele-treatment; Tele-monitoring and Tele-support. Video Consultations fall under Tele-treatment, where healthcare professionals and patients/caregivers interact remotely for the purposes of direct clinical care.

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Editor's Words

by Adj Asst Prof Low Sher Guan Luke, FCFP(S), Chief Editor, The College Mirror

On 11 Mar 2020, WHO officially announced that COVID-19 is a pandemic, ringing the alarm bell loud and clear and calling for all countries and healthcare systems to swift action to deal with this pandemic. Now on 11 Mar 2021, this marks the one year anniversary. It is a significant milestone for us in Singapore, where many of us are called to arms to fight this pandemic.

There is a saying that there are some decades that felt like months, and there are some months that felt like decades. The past year of COVID-19 fighting felt like decades to many of us who put in our heart and soul in tandem with our national efforts in bringing COVID-19 infection under control. As a nation, we have rallied to the call and have set up operations centre, dormitory operations, large scale swabbing stations, community care facilities, and now, COVID-19 vaccination centres. Thanks to a coordinated approach between the government, the scientific community and industry partners, Singapore was the first nation in Asia to receive doses of the Pfizer-BioNTech COVID-19 vaccine on 21 December 2020. This is a strong testimony to the robust system that Singapore has taken decades to build!

Before COVID-19 hit, the community hospitals have all along been taking in business as usual (BAU) patients that required subacute care, rehabilitation or palliative care. But when of COVID-19 hit our shores and the numbers were surging, many of the community hospitals had to rise up to the occasion and help to manage the of COVID-infected patients as well. At its peak, we were managing large groups of migrant workers. Just 2 weeks into opening our 3 wards, we were full house with nearly a hundred patients. But the migrant workers were a lovely bunch. Even though many went through period of uncertainty, fear of job loss, isolation from their families and loved ones, they were still encouraging each other, cheering each other up. When we organised exercise activities for them, they gladly joined in and danced inside the wards! When they were healthy enough to be discharged, our staff would wave them good bye and they would reciprocate back with huge smiles and cheers. It was their deep appreciative and gratitude that really made our days and added spark to our work! That is why we keep doing what we do!

However, it was not healthcare alone that fought the war. The entire nation, our government, the supporting infrastructure, the public and private sectors, all came together to play different but vital roles in keeping Singapore going. Yes, we

have been through tough times, setbacks and challenges, but we have fought the good fight and emerged stronger through it all. This test has forced us to put aside personal differences and to come together to support and complement each other in our national efforts. Friendships have been built. Working relationships have been strengthened. And many Singaporeans have been kept safe through our combined efforts.

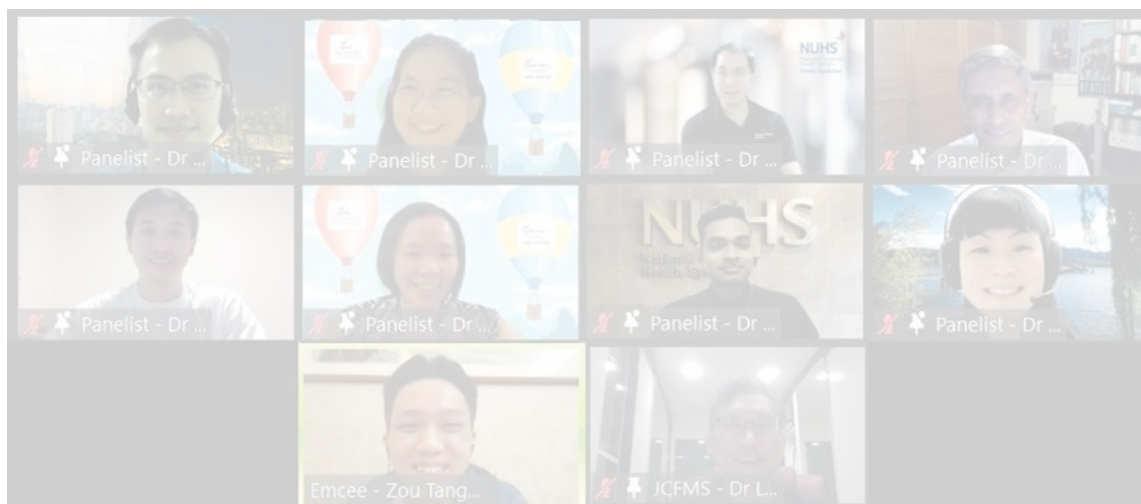
But now is not the time to rest on our laurels. As our government seeks to procure sufficient vaccine stocks, it now comes down to each and every single person's responsibility to receive the vaccine and do our part to help build up our population's herd immunity. Yes, it requires the herd mentality, to not only think about personal good, but to consider the bigger collective good for our population, to ensure that we break the chains of transmission by receiving the vaccine and be protected against COVID-19. Our nation's leaders have taken the lead to receive the vaccination and this has resulted in heightened trust in Singaporeans to receive the vaccine likewise. Many healthcare professionals, doctors and nurses, are coming forward to run vaccination centres all over Singapore, to ensure that all of us receive our vaccine in an orderly and timely fashion. It looks smooth like clockwork, but any clock-smith will tell you that when you open up a clock, buried inside is an intricate mesh of cogs and gears and moving parts, moving in unison and harmony to produce a singular clock movement.

So, in this issue, we are bringing many stories from our family physicians, on their experience in fighting against COVID-19 from various perspectives. One of the strategies to maintain safe distancing measures is telemedicine, and we received an article on that. Many family physicians also joined in the Swab-And-Send-Home (SASH) program. Of course, running a GP clinic during a pandemic poses great challenges as well as a certain satisfaction, so we will be hearing from that as well.

Not all our articles are COVID-work related, just so as to give some mix to the spread. We also covered how family physicians can benefit from training in mental health so as to better help such patients in the community. GPs also partner with community hospitals to provide continued and integrated care to the elderly patients after discharge. Vincent also wrote an article in loving memory of his dad. And we have two more articles on pet ownership. Our team hope you will enjoy this issue!



(continued from Cover Page: Primary Care in a Pandemic)



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images courtesy of DGMS NUS

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Telemedicine has existed in Singapore for some years across various medical disciplines, with the National Telemedicine Guidelines being first issued by the Ministry of Health (MOH) in 2015. With the COVID-19 pandemic as a catalyst, Telemedicine emerged into the limelight in both public and private healthcare sectors as a platform to provide accessible healthcare services that allow for safe distancing, continuity and accessibility to medical care, and medication delivery through digital innovations.

During Singapore’s partial lockdown (‘Circuit Breaker’) from 7 April to 1 June 2020 to contain local COVID-19 transmissions, SingHealth Polyclinics (SHP) provided suitable patients appropriate top-up of their chronic medications with medication delivery, as well as re-scheduling of appointments and providing tele-support. This was the short-term solution as SHP prepared to provide Video Consultation services for the care of patients with chronic conditions.

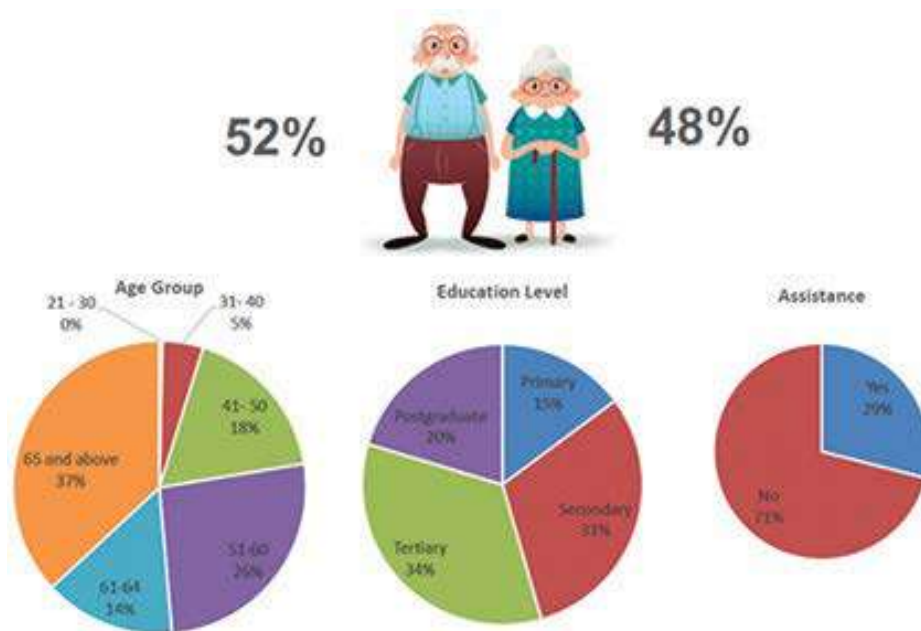
A great amount of effort and time were invested to engage and prepare the multi-disciplinary teams and clinicians across the eight SingHealth polyclinics to be equipped with clinical and operational materials, and to ensure our doctors undergo the ‘Licensing Experimentation and Adaptation Programme (LEAP) MOH Regulatory Sandbox’ Telemedicine course to safely provide tele-consultation.

From June 2020, Video Consultation was progressively launched in SHP. Within three months, the service was successfully rolled out in all eight polyclinics (Bedok, Bukit Merah, Marine Parade, Outram, Pasir Ris, Punggol, Sengkang, and Tampines) for adults with chronic diseases via the Zoom Video Conference platform, sanctioned by the Integrated Health Information Systems (IHIS).

As of January 2021, SHP doctors trained to provide telemedicine have conducted over 1,000 Video Consultations. The service is further supplemented with video-teledispensing by trained pharmacists to ensure safe dispensing, providing clarifications for medication queries and delivery of medications. Wound reviews, which are conducted by our nurses, are also available via video consultation. In July and October 2020, THESS (TeleHEalth Service for Seniors), a Telemedicine service in collaboration with community nurses, was launched at Marine Parade Polyclinic and Bedok Polyclinic respectively to provide Video Consultations at Senior Activity Centres or at the elderly patients’ homes. Further plans are in place to extend video consultations to other clinical services such as the Allied Health.

Adopting the use of telemedicine services does come with its challenges, as patients, care-givers and healthcare providers are accustomed to the traditional model of face-to-face consultations. In spite of the initial challenges, the enthusiasm for innovation and perseverance of the SHP team to test, learn and adapt, strengthen our organisational readiness for long-term success.

SHP’s initial uptake for Video Consultations was slow, but improved with increased awareness and recruitment efforts. The number of patients consulted by Video Consultations are small in comparison to face-to-face clinic visits. However, Video Consultation proves to be an effective, efficient and convenient platform that benefits patients with poor mobility or busy lifestyles, as well as reduce the risk and exposure to infection during this pandemic.



Patient feedback surveys on Video Consultations since our launch have been overall positive and encouraging. As of January 2021:

- 93.2% were satisfied with the service.
- 94.5% were satisfied with the interaction quality.
- 95.5% found it easy to use.
- 97.2% found the arrangement of the appointment was convenient.
- 97.6% felt at ease speaking to the doctor over video consultation.
- 95.9% felt that the doctor was able to adequately assess their medical condition over video consultation.
- 97.6% felt their privacy was respected.
- 92.8% found that their experience of a video consultation was comparable to face-to-face clinic consultation.
- 95.5% will likely use video consultation for future consultation.

In terms of demographics, 52 per cent were male and 48 per cent were female. Over one-third were age 65 and above,

education levels varied, and nearly one-third required some technical assistance by caregivers to use the Zoom platform.

Telemedicine may not be the mainstream method of providing care in the polyclinics at present, but it has huge potential to advance and mature, and gain more widespread acceptance by both patients and care providers. With the government predicting the possibility of the current COVID-19 pandemic lasting 4-5 years, leveraging on the possibilities of Telemedicine is a valuable modality to extend our care capacity beyond the physical confines of a clinic.

We acknowledge that Telemedicine does have its limitations and cannot completely replace the face-to-face experience, but the future of medicine will undeniably involve technology to augment our clinical practice. SHP's experience of launching Video Consultations was a progressive and promising advancement into Telemedicine, and we look forward to apply new technological advances and explore possibilities in primary care as we support Singapore's initiative towards building a Smart Nation.



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SingHealth Polyclinics aims to provide holistic care to optimise the delivery of healthcare outcomes for patients. We also provide opportunities for those who have keen career interests in the area of research and education. If you aspire to provide quality care to patients and help Define Tomorrow's Medicine, abundant exciting challenges await you right here at SingHealth Polyclinics!

You can be considered for a position in any of our polyclinics to provide primary care, which includes managing acute and chronic medical conditions, and providing preventive care and medical care for women and children.

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Job Requirements

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- Relevant clinical knowledge and skills in managing patients at the primary care level
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If you are interested, please email your resume to hr_admin@singhealth.com.sg

Visit <https://polyclinic.singhealth.com.sg> for more information



GDFM Enhancement Programme (FPSC#90) (2-Day)

Geriatric Care 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, 6 March 2021: 2.00pm - 5.30pm
Sun, 7 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: BPSD in dementia - Assessment and Management
- Unit 2: Mental capacity assessment update - LPA certification; and court appointed deputy application for patient
- Unit 3: Insomnia in the Elderly - Assessment and Management
- Unit 4: New Geriatric Giants: Frailty, Sarcopenia, and Falls
- Unit 5: End stage Parkinson's disease
- Unit 6: Stroke rehabilitation principles

WORKSHOPS

Day 1 & 2: Case studies

SPEAKERS

Dr Vanessa Mok Dr Ong Eng Hui
Ms Lim Hui Min Dr Christopher Lien
Dr Ng Beng Yong Dr Sherry Young

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

- **WORKSHOPS** (1 Core FM CME point)
DAY 1 • Sat, 6 March (4.30pm - 5.30pm)
DAY 2 • Sun, 7 March (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 1 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**.



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

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REGISTRATION

Geriatric Care 2021 Update

Please tick (✓) the appropriate boxes

**FREE
REGISTRATION
for College
Members!**

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Seminar 1 (Sat)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Workshop 1 (Sat)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Seminar 2 (Sun)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Workshop 2 (Sun)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQs Assessment)	<input type="checkbox"/> \$85.60 FREE	<input type="checkbox"/> \$85.60
	TOTAL	

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

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Cheque number: _____

We also accept payment via PayNow

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*Registration is confirmed only upon receipt of payment.
The College will not entertain any request for refund due to cancellation after the registration is closed OR after official receipt is issued (whichever is earlier).



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

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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.

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**.



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

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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

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

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Cheque number: _____

We also accept payment via PayNow

PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

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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.

Interview with Dr Nelson Wee – *Early Pioneer in Swab-And-Send-Home (SASH) Programme*

Interviewed by Dr S Suraj Kumar, Honorary Secretary, College of Family Physicians Singapore

During the recent COVID-19 Resilience II Webinar 4 Round Table discussion, one of the panellist (Dr Nelson Wee) spoke about the Swab-And-Send-Home (SASH) Programme. We have since received some enquiries about the SASH Programme and took this opportunity to catch up with Dr Nelson.

College Mirror (CM): Can you share with our readers about your current practice?

Dr Nelson Wee (NW): I am currently practicing in a multi-doctor family medicine practice in Holland Village area. The clinic was set up in 1997 and has been providing primary care to the community since. In addition, we are a designated Public Health Preparedness Clinic (PHPC). As soon as we received the invitation to provide SASH in early

2020, we understood the importance of this service and quickly signed up for the programme.

CM: Why did your clinic sign up for the SASH Programme?

NW: In the early days of the pandemic, COVID-19 testing was only available at National Centre for Infectious Disease (NCID) and the hospitals, patients requiring testing had to wait for dedicated ambulances to convey them to testing

Dovetailing Mental Healthcare and Family Medicine for Holistic care

by Dr Low Cheng Hong, Charity, Family Physician, Editorial Team Member (Team B)

I have been a General Practitioner for 20 years. Though well trained in many aspects of Family Medicine, I knew that I was not confident in diagnosing and managing mental health conditions. The myths that hinder me are: treatment of mental health patients is discouraging because no matter what is done for them, it is perceived that they would not recover; and that medications will not help much. After enrolling in GDMH, I realise these myths are untrue.

I would like to thank IMH and our lecturers for their dedication and commitment in planning this systematic and comprehensive program. There are lectures, tutorials, role-plays and clinic attachments. I like the free interaction where we could ask all the questions puzzling us and the role-plays which portray realistic clinic scenarios. There is a range of normality beyond which mental conditions present themselves. I learn how to assess this threshold. I learn which are the conditions which require mainly psychotherapy and counselling, which are those requiring medications right from the start and when to refer patients to the psychiatrists. I learn what my place is, as a GP, in the management of mental patients and I become confident in fulfilling this role. The course has also familiarised me with psychiatric medications, I learn the basic principles and skill to adjust these medications to achieve the best efficacy with the least side-effects. With proper management, many mental health patients can live a normal life in the community. One of my patients was a depressed, suicidal

young man. After counselling and tiding him through that darkest tunnel of his life, he recovered fully and was most grateful.

The 2016 Singapore Mental Health Study shows that 1 in 7 people in Singapore has experienced a mental disorder in their lifetime; and that majority (more than three-quarters) of people with a mental disorder in their lifetime did not seek any professional help. General Practitioners in the community, being the first point of contact with patients, play a pivotal role in early detection of diseases. Mental health patients and their families in distress need to be given a chance. I took up GDMH as I am willing to be a part of their hope. I have also formed a team with other GDMH doctors to crystallise mental health concepts in videos and propose these videos for the Continuing Medical Education (CME) of doctors. We hope that this initiative will go hand in hand with GDMH through IMH to bridge the gap in primary care. I would strongly recommend GDMH to doctors in every discipline

Registration for Graduate Diploma in Mental Health (2021 intake) opens 29 March – 5 July 2021.

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80% Government subsidy is available (subject to terms and condition).

■ CM

facilities. We recognized the importance of providing our patients the convenience of having immediate testing on first presentation. This is especially important as the testing criteria had subsequently expanded to include all patients aged 13 and above who has acute respiratory symptoms on first presentation.

CM: Tell us some of the challenges that you faced when you first launched the SASH service in your clinic.

NW: We first had to identify a suitable area that has good ventilation, patient privacy and is easy to clean. Our clinic is located on the second floor of an old shop-house so we converted the small stairwell at the back into our swab area. We

were also quite fortunate that we were already actively performing nasopharyngeal swabbing for point-of-care influenza testing even before the COVID-19 pandemic started, so our doctors and staff quickly adapted to the new work-flow.



Dr Nelson Wee

CM: Did you have any concerns about the SASH service?

NW: Naturally I was concerned about the exposure risk when I first started and especially so during the height of the pandemic. It really helped that Ministry of Health (MOH) provided us with ample supply of protective equipment. Now

with the low community cases and ongoing COVID-19 vaccination exercise, we feel a lot more confident and at ease.

CM: What are the benefits of having the SASH service?

NW: For a primary care clinic, there are many benefits of having SASH service. Firstly, patients really appreciate the convenience of having access to immediate testing

as opposed to travelling to the Region Swab Centres (which may not be near to one's clinic). Most patients also much prefer SASH with a short stay-home period over serving a full 5 days stay-home notice. Secondly, our own doctors and staff who fall sick with respiratory symptoms can

(continued on Page 13)

image courtesy of Dr Nelson Wee

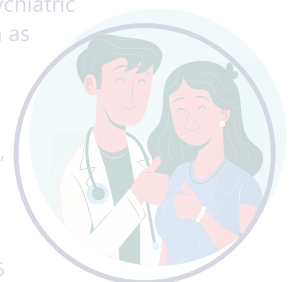


Graduate Diploma in Mental Health

One in 7 people in Singapore has had a mood, anxiety or alcohol use disorder in their lifetime*. Most of them did not seek professional help and one reason could be their inability to recognise the symptoms of such disorders.

As doctors in the frontline, you can make a difference in patients' lives by identifying probable signs of mental disorders and providing early intervention. For those with both physical and mental illnesses, you can give holistic patient care by also managing their psychiatric condition.

The Graduate Diploma in Mental Health is specially tailored to equip you with the knowledge and skills to assess, identify and manage psychiatric conditions. It covers topics such as psychosis, mood & anxiety disorders, addictions, child & adolescent mental health (e.g. learning disabilities), psychogeriatrics, and personality disorders.



* Singapore Mental Health Study 2016

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(continued from Page 11: Interview with Dr Nelson Wee - Early Pioneer in Swab-And-Send-Home (SASH) Programme)

have access to testing. Healthcare and frontline workers staying in the neighbourhood also appreciate the ease of testing. Thirdly, MOH does provide a fair remuneration and strong support for clinics providing SASH. Moreover, with the Patient Risk Profile Portal (PRPP) and automated patient notification via SMS, the whole process is now very streamlined and efficient.

CM: Will you continue to provide this service to your patients?

NW: Absolutely! We intend to keep doing this until the pandemic is over, and the pandemic won't be over unless we all play our part. SASH is a vital part of this fight against COVID-19. I feel disappointed whenever I read

about community cases which were not swabbed on first presentation. The delay in swabbing carries the risk of further community spread, and we really need to work together to win this fight. We certainly don't want to go back to another circuit-breaker.

CM: Any other thoughts or ideas that you would like to share?

NW: I would like to thank all the frontline workers for the sacrifices made during this long battle against COVID-19. I firmly believe that we will be able to overcome this pandemic and emerge stronger. I hope everyone can continue to work together to keep our nation safe.

■ CM

FAMILY PRACTICE SKILLS COURSE ON BASIC OBESITY MANAGEMENT

– A Sneak Preview

Interviewed by A/Prof Goh Lee Gan, Past President, College of Family Physicians Singapore

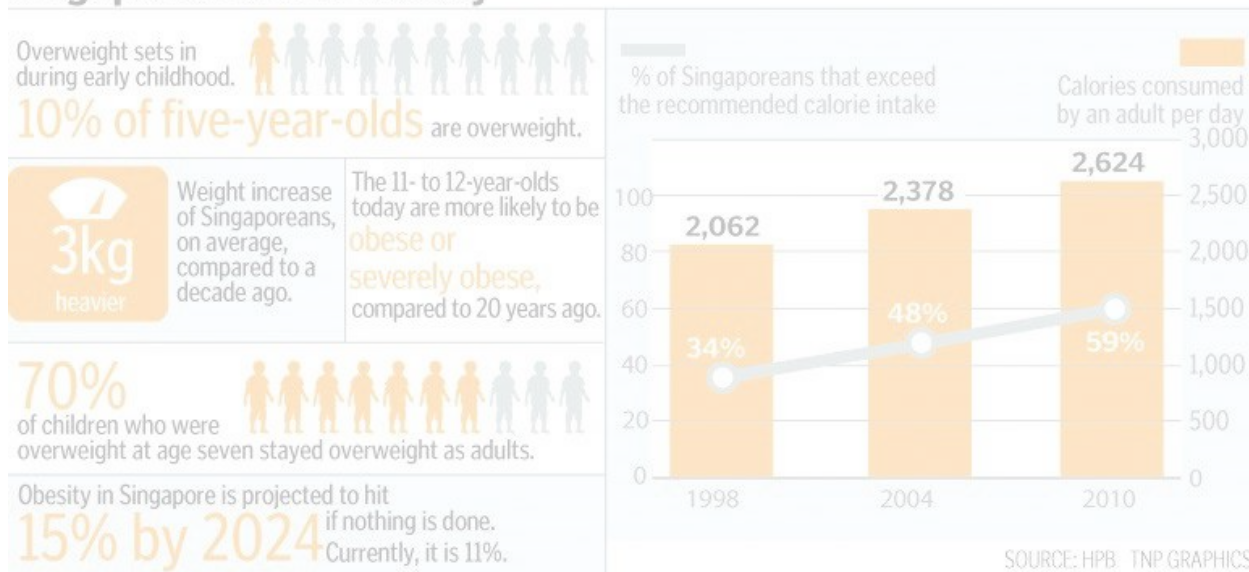
Introduction

Obesity is a rising problem in Singapore and worldwide. Our Health Promotion Board warns of the rising obesity. If nothing is done, obesity in Singapore is projected to hit 15% by 2024 from the present figure of 11%. See Figure 1.

In this context, College is working with Dr Tham Kwang Wei (TKW) and Dr Benjamin Lam (BL) from the

Singapore Association for the Study of Obesity (SASO) and Novo Nordisk to conduct a Family Practice Skills Course on Basic Obesity Management Accreditation (BOMA) Course for Family Physicians to help to prevent the obesity prevalence in Singapore from rising further. A/Prof Goh Lee Gan managed to connect up with the two course organisers for a sneak preview.

Figure 1
Singaporeans and obesity



Source: Health Promotion Board, Singapore

(continued on the next page)

Interview with Dr Nelson Wee – *Early Pioneer in Swab-And-Send-Home (SASH) Programme*

Interviewed by Dr S Suraj Kumar, Honorary Secretary, College of Family Physicians Singapore

During the recent COVID-19 Resilience II Webinar 4 Round Table discussion, one of the panellist (Dr Nelson Wee) spoke about the Swab-And-Send-Home (SASH) Programme. We have since received some enquiries about the SASH Programme and took this opportunity to catch up with Dr Nelson.

College Mirror (CM): Can you share with our readers about your current practice?

Dr Nelson Wee (NW): I am currently practicing in a multi-doctor family medicine practice in Holland Village area. The clinic was set up in 1997 and has been providing primary care to the community since. In addition, we are a designated Public Health Preparedness Clinic (PHPC). As soon as we received the invitation to provide SASH in early

2020, we understood the importance of this service and quickly signed up for the programme.

CM: Why did your clinic sign up for the SASH Programme?

NW: In the early days of the pandemic, COVID-19 testing was only available at National Centre for Infectious Disease (NCID) and the hospitals, patients requiring testing had to wait for dedicated ambulances to convey them to testing

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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**.



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

REGISTRATION

Mental Health 2021 Update

Please tick (✓) the appropriate boxes

FREE
REGISTRATION
for College
Members!



Online Registration Available

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

<http://cfps.sg/fpsc-92/>

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.

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.10
Workshop 1 (Sat)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.10
Seminar 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.10
Workshop 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQs Assessment)	<input type="checkbox"/> \$85.60 FREE	<input type="checkbox"/> \$85.60
	TOTAL	

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

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

Cheque number: _____

We also accept payment via PayNow

PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

*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).

(continued from Page 11: Interview with Dr Nelson Wee - Early Pioneer in Swab-And-Send-Home (SASH) Programme)

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FAMILY PRACTICE SKILLS COURSE ON BASIC OBESITY MANAGEMENT

– A Sneak Preview

Interviewed by A/Prof Goh Lee Gan, Past President, College of Family Physicians Singapore

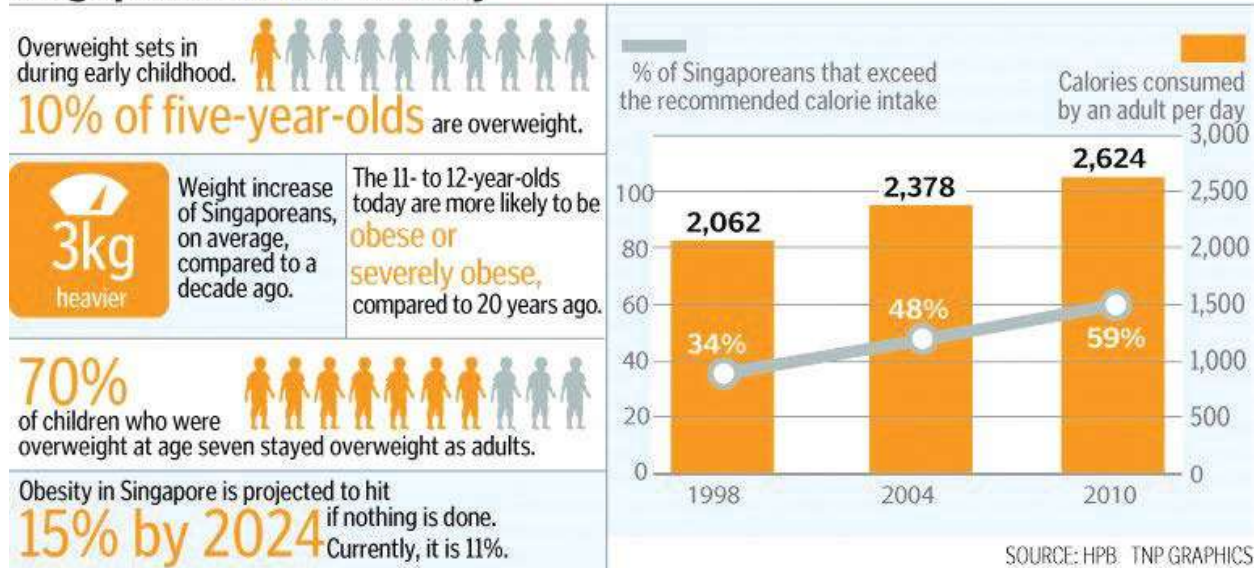
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Figure 1
Singaporeans and obesity



Source: Health Promotion Board, Singapore

(continued on the next page)

(continued from Page 13: FPSC on Basic Obesity Management - A Sneak Preview)

College Mirror (CM): Hi Kwang Wei and Benjamin. Thank you for agreeing to this interview on the forthcoming Skills Course being conducted on Saturday and Sunday, 3-4 April 2020. Can you share with our readers on the role of SASO in addressing the rising prevalence of obesity in Singapore and worldwide?

Dr Tham Kwang Wei (TKW): Thank you, Prof Goh, for this opportunity to share with the readers and members of the College regarding the purpose and work of SASO.

Globally, 800 million people live with obesity (PwO). It is a costly issue, with the medical consequences of obesity estimated to cost over \$1 trillion by 2025. Layering on to the ongoing global epidemic of obesity is the current COVID-19 pandemic, with further health and economic impacts.

This is where SASO comes in. Established in 2001, SASO aims to promote the study of obesity in Singapore including its causes, manifestations, prevention and treatment and to provide a better understanding of obesity to HCPs and to the general public.

Recognizing that there is a lack of structured CMEs in obesity locally, we have been active in organizing a series of CMEs over the years, and also co-organising the annual Obesity, Bariatric & Endocrine Societies (OBES) Congress since 2016, where experts in this field come together to share their work and learn from each other. This year, we are also launching the Rooting Out Obesity: Training & Skills (ROOTS) program and the upcoming BOMA with the College on 3-4th April 2021.

SASO, as an affiliate of both the Asia-Oceania Association for the Study of Obesity (AOASO) and the World Obesity Federation (WOF), participates in global consensus meetings on education and policy-making, while leaning on them for resources to further our cause in obesity work in Singapore. For example, WOF does a lot of work and research in preparation for every year's World Obesity Day, giving us a wealth of resources for our campaign locally. We also collaborate with other countries in the region to share information and conduct CMEs and conferences.

CM: Thank you, Kwang Wei. How big is the obesity problem in Singapore? What can we do with our patients to bring this figure down?

TKW: Indeed, overweight and obesity are serious public health issues. In just a short span of 18 years, the prevalence of obesity in Singapore had more than doubled to 10.8% in 2010 (i.e. about 1 in 9 adults), with 40% of Singaporeans having a BMI of >25kg/m².

In 2004, WHO recognized that Asian populations have a high percentage of body fat for the same BMI and that the risk of diabetes and cardiovascular disease can be high at a lower BMI. Hence, a lower threshold of BMI for Asians was recommended where a BMI of 23 kg/m², 27.5 kg/m² and 32.5 kg/m² reflected 'moderate', 'high', and 'very high' risk respectively.

If we apply these thresholds to the 2010 data, then 23.0% of Singaporeans (1 in 4 adults) had high or very high risk, and more than half of Singaporeans (55.3%) had an elevated risk (moderate or higher) of developing diabetes and cardiovascular disease based on their BMI.

Need to do more

Dr Benjamin Lam (BL): Observational and self-report evidence suggest that less than half of patients with obesity are advised by their physicians to lose weight. Primary care physicians often cite lack of motivation by the patient as the main reason with other barriers following the main themes of limited understanding about obesity care, concern about negative consequences of raising a sensitive topic, and limited time and resources.

On the other hand, studies on patients with obesity suggest that patients do believe that it is the responsibility of their family physicians to initiate the conversation about weight management and would like them to do so, and only 3% were offended by such a conversation, according to an online survey conducted in 11 countries, involving 14,502 participants.

This survey also showed that nearly half of them said they were motivated to lose weight, with >80% of the total participants saying they had made at least one serious weight loss effort in the past. These results should reassure the primary care physician that there is a sizable population with obesity willing to be helped with their weight. Hence, apart from public health measures, primary care physicians play a pivotal role in the tackling of overweight and obesity in Singapore, and we need to help our primary care physicians to fulfil this role.

Course objectives

CM: Thank you, Benjamin. Can you tell us a bit about the objectives of the BOMA course obesity and beyond this skills course? How do participants get accreditation and what is the benefit of this accreditation?

TKW: As Benjamin has mentioned, SASO strongly believes that one of the pillars to tackle obesity is the HCPs in the community. Primary care physicians are the first point of contact for most patients, interacting with them across the spectrum of life events and often with their entire family as

(continued on Page 17)

(continued from Page 14: FPSC on Basic Obesity Management - A Sneak Preview)

well. Hence, they are poised to make one of the greatest impacts in the management and prevention of obesity and we value them as our partners in tackling the overweight and obesity problem in Singapore.

The BOMA skills course aims to equip primary care physicians to manage patients with obesity. In general, obesity, as a topic, does not receive much emphasis in our medical school curriculum or even post-graduate training. We often feel ill-equipped to manage the many patients we face daily who are overweight/obese or suffer from weight-related medical complaints.

Beyond excess caloric intake and reduced physical activity, there are other complex roots of obesity that can interplay to aggravate obesity or make the patient “resistant” to weight loss. Additionally, there are so many different diets or fitness regimes that can be conflicting and confusing to both us and the patients.

The BOMA skills course will provide participants with a systematic approach to obesity and practical tips on how to manage patients with obesity in their practices. It will also provide the evidence behind the latest and emerging therapies, “fad” diets and use of IT in weight loss.

Course features

Some of the features of the course are:

1) Faculty consisting of specialists and fellow primary care doctors who have experience in obesity management

and who understand the challenges of primary care physicians.

2) Case studies using audience polling and interactive panel discussions to engage the audience, with ample time for questions and answers.

3) Practical formulae and “quick tips” for the busy physician that are relevant and localised.

BL: To achieve accreditation after this course, participants need to complete the online MCQ assessment within 90 minutes after the Day 2 session and attain a score of 60% and above. The 150 accredited participants with the highest scores will also receive a starter pack for obesity management.

Accredited participants will receive free membership to SASO until the end of 2021 to encourage ongoing engagement in obesity CMEs. Members receive priority to attend our local CMEs and get discounted rates for international conferences and courses. In conjunction with our public awareness campaign, SASO will offer accredited doctors from the BOMA to be listed on our website for the public to seek professional help.

Looking forward

CM: Thanks, Kwang Wei and Benjamin. We look forward to attending this BOMA Skills Course.

■ CM

Same place, Same time, Everyday

- In loving memory of dad, Dr Paul Chan Swee Mong

by Dr Chan Hian Hui Vincent, FCFP(S)

“He was a good man.” “We will not have another doctor like him.” “He was a kind doctor, very caring to his patients.” These were the words said by dad’s old patients to me in the clinic. My father, Dr Paul Chan Swee Mong was a modest man, and many of his good deeds were only known to me after his passing last year on 02 October 2020. My father never boasted about his good deeds, but to hear patients describe how he would often waive charges for the genuinely poor (in the pre-CHAS era), to how he went all the way to encourage a patient who did badly in school and was in despair, would leave me in awe.



Dr Paul Chan Swee Mong

He once told me about how in the first few days of opening his clinic, he charged an elderly lady a total fee of \$4. That elderly lady later knocked on his door and asked in Teochew “are you sure you have enough to use?” There were many other small deeds here and there, and to me, that would be like “do(ing) small things with great love” as mentioned by Mother Teresa.

The importance of the village GP

I am sure there must be many similar stories among our Pioneer Generation

(continued on Page 19)

President's Column

MARCH 2021

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

As 2020 wound to a close, PM Lee announced on 14 Dec that Singapore would be getting its first batch of the Pfizer-BioNTech Covid-19 vaccine. The medical community was ecstatic on hearing this good news, the long awaited and much needed morale booster for us all. Many waited with bated breath as we anticipated our turn to get our jabs. We dutifully submitted our names for vaccination, made appointments to take our vaccinations at the various designated hospitals, polyclinics, GP clinics and vaccination centres.

For some, there was uncertainty about eligibility for the vaccine because of a past history of allergies. This caused them much distress and disappointment as there were significant numbers with such issues who still wanted to be considered for the vaccination. MOH was informed about this situation, and we are grateful for their expeditious response. Together with AIC, another portal for registration for such individuals was set up to reassess their risk status and eligibility. This is a godsend to many of us who see the value of timely and early vaccination in our ongoing fight against Covid-19.

The first person to receive the vaccine was NCID senior staff nurse Sarah Lim on 30 Dec 2020. By the end of January 2021, some 155,000* have been vaccinated, with a reported anaphylaxis rate of 2.6% (all of whom have recovered).

Vaccine hesitancy remains a real concern. Despite the government making the vaccine free and voluntary for all Singaporeans and long-term residents, there remain a significant number (10.9%) in a recent online survey who disagreed or strongly disagreed to get themselves vaccinated.¹ "Doc, Should I take the vaccine?" This question has been asked of me and many other doctors these couple of months.

There have been all sorts of concerns on the ground:

1. concerns about potential allergies, anaphylaxis and other side effects,
2. concerns about whether vaccine safety had been compromised as the testing and approval process was so rapid,
3. concerns about the various conspiracy theories which clog up the internet.

The benefits would appear to far outweigh the risks, as can be seen by the great reduction of infections in countries with comprehensive vaccination programmes.² Have I had my vaccination? Indeed I have as well as my clinic colleagues. We have all had our 2nd doses and are none the worse for it! As we gain more experience with Covid-19 vaccination, and with the recent approval by HSA of the Moderna Covid-19 vaccine, let's hope for and work towards better acceptance and improved vaccination rates.

SASH. Swab and Send Home. This has been one of the cornerstones of our fight against the pandemic. By having clinics offering SASH conveniently located in the community, it has greatly increased the uptake of SASH, as well as improved detection of positive cases. PHPC clinics across the island have been part of MOH's massive effort to bring this service nationwide. In the early days, there was great fear and reluctance to undergo SASH. However when the service is offered by GPs that the patients are familiar and comfortable with, the acceptance rate can be very much better, in some cases almost 100%! Since offering SASH to our patients, we have likewise found that the acceptance to be very high especially as it is being performed inhouse. I would encourage those of us who have yet to offer SASH to consider offering this service. And well done to all those who are already on the scheme!

As we continue down this road to recovery, many of us will face different challenges in our various roles. We need to remind ourselves to take some time out for self-care, and also find ways to support each other in this time of need. Every little act of kindness and concern will go a long way to make tomorrow a better day.

No act of kindness, no matter how small, is ever wasted.

Aesop

*At time of print, the latest figures for Covid-19 vaccination on 8 March 2021 are:

Received 1st dose: 392,620
Completed 2 doses: 218,694
Total doses administered: 611,314

¹ <https://www.channelnewsasia.com/news/commentary/covid-19-coronavirus-conspiracy-misinformation-fake-news-13935382>

² <https://www.timesofisrael.com/vaccine-found-92-effective-in-israel-in-first-controlled-result-outside-trials/>



Family Practice Skills Course (FPSC#93) (2-Day)

Basic Obesity Management Accreditation

Sat, 3 April 2021: 2.00pm - 5.00pm
Sun, 4 April 2021: 2.00pm - 5.00pm

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.

DAY 1 TOPICS

- Understanding Obesity: How and Why?
- Starting the Conversation on Obesity
- Getting the Essence in the History & Goal Setting
- Understanding Matters of the Mind in Obesity
- Dietary Interventions for Weight Loss
- Moving it for Weight Loss

DAY 2 TOPICS

- Pharmacotherapy in Weight Management
- Intensifying Treatment: Bariatric Surgical Interventions
- Monitoring and Support for Weight Loss and Maintenance
- The Next Steps: Follow-up, Further Interventions & Strategies for Weight Maintenance

WORKSHOPS

Day 1 & 2: Panel Discussion and Case studies

SPEAKERS

Tham Kwang Wei	Ivy Lim	Donna Tan
Benjamin Lam	Nataile Koh	Suraj Kumar
Amanda Lim	Shanker Pasupathy	Tan Kok Kuan
Adrian Toh	Irene Chu	
Izabela Kerner	Lee Ying Shan	

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

- **SEMINARS** (2 Core FM CME points)
DAY 1 • Sat, 3 April (2.00pm - 4.00pm)
DAY 2 • Sun, 4 April (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)
DAY 1 • Sat, 3 April (4.00pm - 5.00pm)
DAY 2 • Sun, 4 April (4.00pm - 5.00pm)

*Registration is on first-come-first-served basis.
Please register by 29 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 8 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **Novo Nordisk Pharma Singapore Pte Ltd** and organised by **College of Family Physicians Singapore and Singapore Association for the Study of Obesity**.



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

REGISTRATION

Basic Obesity Management Accreditation

Please tick (✓) the appropriate boxes

FREE REGISTRATION for College Members!

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.10
Workshop 1 (Sat)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.10
Seminar 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.10
Workshop 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQs Assessment)	<input type="checkbox"/> \$85.60 FREE	<input type="checkbox"/> \$85.60
	TOTAL	

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

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

Cheque number: _____

We also accept payment via PayNow

PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

*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 QR 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.sg/fpsc-93/>

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.

(continued from Page 14: FPSC on Basic Obesity Management - A Sneak Preview)

well. Hence, they are poised to make one of the greatest impacts in the management and prevention of obesity and we value them as our partners in tackling the overweight and obesity problem in Singapore.

The BOMA skills course aims to equip primary care physicians to manage patients with obesity. In general, obesity, as a topic, does not receive much emphasis in our medical school curriculum or even post-graduate training. We often feel ill-equipped to manage the many patients we face daily who are overweight/obese or suffer from weight-related medical complaints.

Beyond excess caloric intake and reduced physical activity, there are other complex roots of obesity that can interplay to aggravate obesity or make the patient “resistant” to weight loss. Additionally, there are so many different diets or fitness regimes that can be conflicting and confusing to both us and the patients.

The BOMA skills course will provide participants with a systematic approach to obesity and practical tips on how to manage patients with obesity in their practices. It will also provide the evidence behind the latest and emerging therapies, “fad” diets and use of IT in weight loss.

Course features

Some of the features of the course are:

1) Faculty consisting of specialists and fellow primary care doctors who have experience in obesity management

and who understand the challenges of primary care physicians.

2) Case studies using audience polling and interactive panel discussions to engage the audience, with ample time for questions and answers.

3) Practical formulae and “quick tips” for the busy physician that are relevant and localised.

BL: To achieve accreditation after this course, participants need to complete the online MCQ assessment within 90 minutes after the Day 2 session and attain a score of 60% and above. The 150 accredited participants with the highest scores will also receive a starter pack for obesity management.

Accredited participants will receive free membership to SASO until the end of 2021 to encourage ongoing engagement in obesity CMEs. Members receive priority to attend our local CMEs and get discounted rates for international conferences and courses. In conjunction with our public awareness campaign, SASO will offer accredited doctors from the BOMA to be listed on our website for the public to seek professional help.

Looking forward

CM: Thanks, Kwang Wei and Benjamin. We look forward to attending this BOMA Skills Course.

■ CM

Same place, Same time, Everyday

- In loving memory of dad, Dr Paul Chan Swee Mong

by Dr Chan Hian Hui Vincent, FCFP(S)

“He was a good man.” “We will not have another doctor like him.” “He was a kind doctor, very caring to his patients.” These were the words said by dad’s old patients to me in the clinic. My father, Dr Paul Chan Swee Mong was a modest man, and many of his good deeds were only known to me after his passing last year on 02 October 2020. My father never boasted about his good deeds, but to hear patients describe how he would often waive charges for the genuinely poor (in the pre-CHAS era), to how he went all the way to encourage a patient who did badly in school and was in despair, would leave me in awe.



Dr Paul Chan Swee Mong

He once told me about how in the first few days of opening his clinic, he charged an elderly lady a total fee of \$4. That elderly lady later knocked on his door and asked in Teochew “are you sure you have enough to use?” There were many other small deeds here and there, and to me, that would be like “do(ing) small things with great love” as mentioned by Mother Teresa.

The importance of the village GP

I am sure there must be many similar stories among our Pioneer Generation

(continued on Page 19)

(continued from Page 17: Same place, Same time, Everyday)

General Practitioners (GPs) who live and serve though a time when Singapore was not as affluent. My father was born into a humble family with 5 brothers and 1 sister, and they lived in the Hougang area, in a place they call “Tapioca Garden” in Teochew. From young, dad would often recount how they would study at night with the kerosene lamp, a lamp that sometimes caught fire. And it would seem that their idea of a good time, was climbing trees and digging ditches. Dad also had difficult to control asthma, and would often have to visit the local village General Practitioner, who would usually administer intramuscular adrenaline and he would complain of the side effects, especially frequent urination that bothered him most. Probably, it was dad’s humble background and frequent visits to the local GP that shaped his world view and convinced him of the good the local GP can do.

Dad’s many small good deeds, as told by patients to me fill me with pride and inspiration. Truly, there must be some value being at the same place, same time, everyday. Being a GP in a housing estate, day in day out, we become part of the local eco system with the opportunity to contribute not just to the health of the estate, but also to the psychosocial aspects of the community. Local knowledge of the community often provides context to the patients’ various medical issues. Even as recent as early last year, I would often marvel at how my father would seem to know everyone in the estate. But I suppose this local knowledge can only come by being in the area for a really long time, and taking the trouble to take a good social history and construct an extensive family tree for patients.

Uniqueness of each GP

In an era of great competition, when “Singapore’s largest polyclinic” can suddenly appear one block and one road

away from me. It is heartening to know that there is still a place for us GPs in the community. These few months, a few of dad’s old patients suddenly returned to see us after a lapse of several years, only to find dad gone forever. Some would express regret, but though the institutions remain, the GP is **the** institution. Once gone, is gone forever. So, I hope our patients treasure and see us, while we are still alive and here for them.

Building Ties with Local Organisations

Not just people to people. My father would also build links with organisations in the area. Of them, I’m proudest of his work assisting the Singapore Buddhist Federation, especially with their early work founding Bright Vision Hospital. This wonderful relationship continues today. My dad also found himself absorbed into St Joseph’s Dying Aid Association, whom we sought help for his sending off last year. I am greatly honoured when dad’s old patients who are pastors, priests, monks and nuns come to see us. Dad also understood the importance of building our own Family Medicine community, and he was proud to have dedicated time and energy to College (CFPS) and Health Maintenance Office Pte Limited (the precursor to our modern-day Primary Care Networks).

Constancy

I still ponder and wonder about how dad came to build and maintain such wonderful relationships. Maybe it is the constancy, of being a GP at the same place, same time, everyday, doing small things with great love. For dad always reminds me that money in itself would not make one happy. Rather it is the service of others and the community that makes one happiest. And we are privileged to be local GPs, a great place to serve.

■ CM

My Experience Running a GP Clinic During a Pandemic

by Dr Quah Soon Wee, Director and Family Physician (MMED(FM)), Crossroads Family Clinic

“Dear Dr Leong,

You have not met me before but I have heard of you through the various SMA articles and newspaper forum articles you have contributed. I also sat in one of the sessions in the College auditorium where you shared about your journey in medicine and the various mission trips you went for. I have also a couple of friends and their family members who rave about your professionalism and kindness in your practice at Missions Medical Clinic.

.....

Despite being in the public sector for a number of years, it has always been my wish to set up my own practice. I firmly believe that the best primary care is best served by good competent GPs in the heartlands, looking after generations, having long term relationships with them and following them up. This is what I have been taught in my Family Medicine training and I want to practise family medicine that way. And hence my long term desire to set up my own practice, shape it and be a blessing to the community. I recently chanced upon an article you wrote

(continued on the next page)

(continued from Page 17: Same place, Same time, Everyday)

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(continued on the next page)

(continued from Page 19: My Experience Running a GP Clinic during a Pandemic)

for SMA news in May 2016, called "GP Incubating: Building the Next Generation of GPs" and you made an invitation to family physicians who want to set up their clinics to contact you, so here I am boldly writing you an email out of the blue. I have identified a suitable clinic space - a new estate in Tampines North, and I have put aside sufficient capital. I have done little else, other than talk to some friends who are in the private GP sector. I am keen to get some advice, tips and guidance from you, knowing that you are a leader in this field, and you are keen to guide younger GPs starting out on this journey. I am also especially keen to hear from you because you are a fellow Christian. And one of my main aims in setting up my own practice is also to be a godly doctor and GP, serving in the community and being a blessing to the community.

I will be most glad if you can be my mentor or advisor in one way or another. Hope to hear from you!

Best regards,
Soon Wee"

An email written to Dr Leong Choon Kit on 23 May 2019 kick started the process of starting a new General Practitioner (GP) clinic from scratch. My journey as a private GP is a unique one, since I have had close to zero experience in the private sector after graduating from medical school. It is with a big leap of faith and much guidance from other GPs (not least Dr Leong) that I embarked on this adventure.

Preparation phase

First things first – a clinic space. I had in mind a Housing Development Board (HDB) shop space in Tampines North. The only reason I knew that this place existed was that I used to drive past it every day on my way to work at the polyclinic. It is situated among this cluster of HDB blocks which were the first blocks to be completed in this huge new HDB estate in Tampines North. I reckoned it might be easier to set up shop in a brand new estate. Furthermore, across the road lies an existing mature HDB estate and the road is well plied by a number of bus services. That should provide the clinic with a comfortable stream of patients.

I subscribed to the E-alert system on the HDB commercial bidding website and waited for the shop space to be available for bidding. Meanwhile, I had arranged to meet up with Dr Leong to discuss my plans. But before we could set up a meeting date, the email alert came. There would be 2 clinic spaces up for bid in the estate. That Thursday morning, I parked myself in front of my laptop, filled with excitement

and trepidation. Bidding was fierce for the 2 clinics. I thought to myself: I should have just studied traditional Chinese medicine (TCM). The TCM shop had closed for bidding at about \$3K. One of the clinics was finally closed for bidding. The winning bid was \$11+K. I felt a bit demoralized as I was not prepared to pay such a high rent. The bidding for the remaining clinic continued to inch upwards to the magic \$10K mark. At about 12 noon, I got it, just under \$10K. I had mixed emotions. The rent was higher than I had expected. I wondered whether the clinic would survive. I managed to convince myself it was a good location and I could make this work.

That very night, I met Dr Leong for the first time in his Serangoon clinic, and he gave me a one-hour summary of what I needed to do to get things running. We also discussed a whole range of topics that night, ranging from setting consultation charges to third party administrators (TPAs) to buying of medications. I had the privilege of sitting in one of his clinic sessions a couple of months later, and witnessed first-hand how he practised family medicine. Much of his advice and wisdom continues to shape the practice that I am running today. Among the many pearls of wisdom he shared, the one that he emphasized the most was to not take any contracts or TPAs, to spend quality time with every single patient that walks into the consult room, and to treat the patient and the family holistically.

The next two to three months were hectic. In between morning and afternoon clinic sessions as well as after work, I busied myself meeting the accountant, contractors and interior designers, clinic management software personnel, pharmaceutical representatives and potential clinic assistants. One of the things Dr Leong helped me a great deal was to link me up with other GPs who had just started their clinics (also under his guidance). Through the group chat discussions, I was able to draw on these GPs' experiences and to freely ask questions whenever I ran into difficulties during the setup of my clinic. I also visited some of these clinics and had a better sense of spatial planning for the new clinic, what equipment I needed, and continued to draw on these GPs' experiences and expertise in running a GP practice.

Open for business!

Fast-forward to November 2019, the clinic was ready for its opening. The renovation was completed, internet broadband had been setup, clinic management system was ready and



Dr Quah Soon Wee

(continued on Page 22)

(continued from Page 20: My Experience Running a GP Clinic during a Pandemic)



images courtesy of
Dr Quah Soon Wee

the basic medications had arrived. Crossroads Family Clinic finally opened its doors on 11 November 2019. Business was slow during the first two months of clinic operations. The number of patients seen a day was often a single digit, sometimes less than what I saw in one hour in the polyclinic. I vividly recalled one Thursday morning when I had a grand total of one patient the entire morning. Those were days of self-doubt and anxiety.

I soldiered on despite the difficulties. I told myself and my staff that we shall treasure every patient that comes through the door. I had time during those initial months to write down every single patient's name and medical condition. I sometimes followed up on my patients with a phone call to find out how they were doing. I also had time to pick up new skills and learn new things along the way. I realised that I could do more than just prescribing symptomatic medications after spending 15-20 minutes with a patient with upper respiratory tract symptoms. By performing an influenza point-of-care test, I could pick up influenza and prescribe anti-virals. My patient could potentially recover faster and avoid further complications. Interestingly, I picked up dozens of influenza cases during those couple of months, including in myself and my daughter! Those were pre-COVID days when mask wearing and personal protective equipment (PPE) donning were not the norm. On New Year's Day, I was having high fever, chills and upper respiratory tract symptoms (and positive contact history). I promptly got tested, treated for influenza, and was back at work the next day.

COVID struck

The COVID pandemic arrived on our shores during the Chinese New Year period in 2020. There was a sudden shortage of masks, PPE and alcohol hand rub. Not expecting the situation to escalate so quickly, I was caught off guard and had to scramble to get these supplies. Thankfully, I was able to source for some surgical masks from Indonesia. I had also joined Dr Leong's Class primary care network (PCN) and GP+ Co-operative (Co-op), and was able to get some

of the medical supplies through them. Of course, Dr Leong himself was always availing himself to help. There was one day when I was down to my last 2 bottles of alcohol hand rub. I had to drive down to his clinic to borrow 2 more bottles while waiting for my own stock to arrive.

When the first few cases surfaced in January last year, COVID was still somewhat an unknown entity. Many were worried that it would be as deadly as SARS. I had to enforce new standard operating procedures (SOPs) and infection control measures in the clinic. At home, I also had to stick to strict infection control measures to prevent myself from potentially passing any viruses to my family. I had to go straight to the shower after reaching home. I was also advised to wash and disinfect my clothes separately. I remembered when I had to send a suspect case to National Centre for Infectious Diseases (NCID). Before the results were out, I had to quarantine myself from my wife and my kids for a day.

Thankfully, the sole case of COVID-19 that I "picked up" was a patient that I did not actually come into direct contact with. This was during late March. He was a university student who came back from the United Kingdom and was on stay home notice (SHN). He called to ask about his symptoms and whether he should come down to the clinic to be examined. His sole symptom was anosmia – "the curry I ate tasted like plain water". At that time, anosmia was not one of the symptoms that fit the case criteria for suspect COVID-19. However, reports about the link between anosmia and COVID-19 were surfacing in Europe and China. I promptly activated the dedicated ambulance and he was sent to the hospital and confirmed to have COVID-19.

COVID-19 also brought along rapidly changing guidelines, criteria and protocols. There were numerous Ministry of Health (MOH) guidelines and suspect case criteria that GPs had to keep updated with. There were guidelines for the issuing of medical certificates (MCs), guidelines for swabbing and guidelines for activating the ambulance. Then

there was the Public Health Preparedness Clinic (PHPC) scheme / Flu subsidy scheme to administer, with its own set of guidelines. And not too long ago, Safe Entry protocols and Patient Risk Profile Portal (PRPP) was introduced. It was once again helpful to be in a community of GPs in the PCN. The WhatsApp group was a platform for ideas to be shared, concerns to be raised and quick solutions and answers to be found.

The circuit breaker that stretched from late March to early June, and the months that followed, was a difficult period for most GPs. Patient load was very low as people stayed home and shunned clinics. Health screenings, regular medical examinations and vaccinations were disallowed during the circuit breaker period. Many clinics including mine were able to survive only because of the rental subsidies and wage subsidies doled out during that time.

Opportunities

Despite the many challenges due to COVID-19 pandemic, there were also opportunities abound in learning and trying new things. In April 2020, MOH invited PHPC clinics to perform swabs for suspect cases that fit the swab criteria. After some initial hesitation, I decided to take up the role and have been swabbing cases that fit the criteria in my clinic till today. Testing for COVID-19 in the clinic is a tedious process. There are infection control protocols to adhere to, PRPP forms to fill, and of course the unenviable task of convincing the patient to get the swab done. However, many patients do appreciate the convenience of being able to see a doctor and getting a swab done in the same clinic.

Being a PHPC clinic that does COVID-19 swabs also opened up an opportunity to do pre-departure swabs in August when essential travel was permitted. My clinic was one of a few pilot clinics to offer pre-departure COVID-19 swabs. My clinic assistants had their hands full during those 2 months answering a lot of phone queries and emails relating to pre-departure swabs. That also provided the clinic with a steady stream of income while waiting for the usual patient load to pick up.

Looking forward

It has been about one year and three months since Crossroads Family Clinic opened. I can only thank God that the clinic has survived thus far. There is something truly satisfying about running a clinic and being rooted in the community. I am grateful that there is a steady stream of patients now. It is deeply fulfilling to look after patients and families, gaining their trust and forming long term therapeutic relationships. It is also a privilege and a duty to look after the foreigners in our midst, in particular the domestic foreign workers and the construction foreign workers. In November last year, I was busily managing a dengue outbreak in the construction site nearby. There were over a hundred dengue cases in the cluster and I was managing and following up close to a third of them. The problem was so acute that the diagnosis could be made at the triage just based on patient profile and symptoms alone.

I have come to learn that being a GP in private practice, I have to be nimble and adaptable. There will be new challenges in future. I will have to adapt again when the PHPC/Flu subsidy scheme is withdrawn. I will have to find new opportunities when there is no longer any need for pre-departure COVID-19 tests. I will have to find ways to collaborate when the new polyclinic behind me opens its doors in a couple of years' time.

It is with this spirit of adventure, willingness to learn and adapt, and a big dose of help from Dr Leong and fellow GPs that I have survived thus far. And God willing, I will hang on to these, and continue to serve the community here.

PS. Dr Leong Choon Kit and myself are happy to guide and journey alongside any new/young GPs who want to venture out and start their own GP clinics. We can be contacted at our emails – choonkitaims@hotmail.com, quahsoonwee@gmail.com

■ CM

A Day in the Life of My Roommate and I

by Dr Tay Tsang Yew, Family Physician, Tampines Polyclinic

It is seven o'clock in the morning.

My alarm has yet to go off and I am still in my bed, drifting in and out of sleep. My roommate, though, is already wide awake. I hear her scurried footsteps as she goes about her morning routine. I try to ignore the noise as I bury my head in the pillow, hoping to catch a few more precious minutes of sleep before I get ready for work.

Suddenly, a loud rattling metallic sound pierces the silence and jolts me from my slumber. I groan with mild annoyance as I get out of bed and direct my gaze towards the source of the commotion. Our eyes make contact and that's when I start contemplating my life choices.

You see, my roommate is a rabbit. A Netherland Dwarf rabbit to be exact.

(continued on the next page)

GP-Community Hospitals partnership

in providing continued and integrated care for our elderly in the community

by Dr Andrew Wong (Associate Consultant)
Adeline Kwan (Senior Manager, OCEAN)
Joanne Lee (Executive, OCEAN)
(OCEAN: Office of Community Engagement and Education)

Primary care is the bedrock of our healthcare system. As one such provider, General Practitioners (GPs) are uniquely sited in the community to provide holistic care to all walks of life, spanning different age groups. This includes the elderly whose multiple biopsychosocial comorbidities renders them a higher risk of healthcare utilisations such as emergency visits and hospitalisations, further worsening their frailty and accelerating the disease trajectory. A dedicated approach is therefore required to break this vicious cycle.

In 2017, Bright Vision Hospital started a pilot project named Integrated Primary Care for At-Risk Elderly (iPCARE). This programme augments long term primary care by supporting GPs with community hospital (CH) resources to GPs such as case managers and allied health professionals, in managing elderly patients with complex needs. Indeed, this pilot demonstrated that many patients and GPs are receptive towards the efforts of the community hospitals in establishing GPs as the patient-centred medical home in the community.

“I was introduced to this programme by Andrew Wong and Sara Chan when a couple of patients who live near my clinic were being discharged from Bright Vision Hospital. Our detailed communication allowed the conjoint care and management of complex chronic medical conditions. I am grateful whenever different parts of the health system collaborate and communicate because when that happens, patients and families are blessed with holistic care. Working with this team allows for enhanced motivation of patients to comply with treatment, more touch points for families to allay fear, and early detection of deterioration.”

Dr Tan Poh Kiang, PJ Clinic

Having received encouraging feedback through this pilot, SingHealth Community Hospitals (SCH) will continue to implement iPCARE at its two other sites further to Bright Vision Hospital, namely Sengkang Community Hospital and Outram Community Hospital by 2021.

Key features of the iPCARE programme include:

- Recruitment of CH inpatients before discharge, who are interested to receive primary care from GPs, facilitated by case managers who are registered nurses
- Case management work which includes matching a suitable GP to the patient, and co-developing care plans with the GPs

- Provision of home visits and safety assessments, medicine reconciliation, allied health consultations, specific care procedures and coordinating community social services

“I support my elderly patients and GP partners with wound care, health and medication counselling, medications delivery and collaboration with our community partners. I also conduct home visits, help my patients to receive coordinated care at a GP near their home and regularly update our GP partners on the health status of our patients. This encourages consistent, continued and personalised primary care for our frail patients.”

Sara Chan, Case Manager, SCH

“Working as a case manager is unique from my previous inpatient work. I engage my patients and caregivers at a deeper level and convey these concerns to my GP partners for greater effective and patient-centric care. My patients now better appreciate the role of their GP in chronic disease management and see them for both long-term and acute care needs.”

Tristen Ong, Case Manager, SCH

“Having just to see one doctor for my father has been a seamless experience for me, as he has multiple conditions. Before we knew about this programme, we had to go to various doctors for follow-up appointments, and it was tough for me to balance work at the same time. Having to see the same doctor who is familiar with my father’s condition has also been very useful as he truly understands what my father is going through from a holistic point of view.”

Mr Jeffrey, son of iPCARE patient



Join us in the seminar “Complex Care by GPs” with GPs involved in iPCARE and Dr Andrew Wong, Associate Consultant, SingHealth Community Hospitals in May 2021! Stay tune to our Facebook post for more details: <https://m.facebook.com/SingHealthCH/>.

■ CM

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Being a PHPC clinic that does COVID-19 swabs also opened up an opportunity to do pre-departure swabs in August when essential travel was permitted. My clinic was one of a few pilot clinics to offer pre-departure COVID-19 swabs. My clinic assistants had their hands full during those 2 months answering a lot of phone queries and emails relating to pre-departure swabs. That also provided the clinic with a steady stream of income while waiting for the usual patient load to pick up.

Looking forward

It has been about one year and three months since Crossroads Family Clinic opened. I can only thank God that the clinic has survived thus far. There is something truly satisfying about running a clinic and being rooted in the community. I am grateful that there is a steady stream of patients now. It is deeply fulfilling to look after patients and families, gaining their trust and forming long term therapeutic relationships. It is also a privilege and a duty to look after the foreigners in our midst, in particular the domestic foreign workers and the construction foreign workers. In November last year, I was busily managing a dengue outbreak in the construction site nearby. There were over a hundred dengue cases in the cluster and I was managing and following up close to a third of them. The problem was so acute that the diagnosis could be made at the triage just based on patient profile and symptoms alone.

I have come to learn that being a GP in private practice, I have to be nimble and adaptable. There will be new challenges in future. I will have to adapt again when the PHPC/Flu subsidy scheme is withdrawn. I will have to find new opportunities when there is no longer any need for pre-departure COVID-19 tests. I will have to find ways to collaborate when the new polyclinic behind me opens its doors in a couple of years' time.

It is with this spirit of adventure, willingness to learn and adapt, and a big dose of help from Dr Leong and fellow GPs that I have survived thus far. And God willing, I will hang on to these, and continue to serve the community here.

PS. Dr Leong Choon Kit and myself are happy to guide and journey alongside any new/young GPs who want to venture out and start their own GP clinics. We can be contacted at our emails – choonkitaims@hotmail.com, quahsoonwee@gmail.com

■ CM

A Day in the Life of My Roommate and I

by Dr Tay Tsang Yew, Family Physician, Tampines Polyclinic

It is seven o'clock in the morning.

My alarm has yet to go off and I am still in my bed, drifting in and out of sleep. My roommate, though, is already wide awake. I hear her scurried footsteps as she goes about her morning routine. I try to ignore the noise as I bury my head in the pillow, hoping to catch a few more precious minutes of sleep before I get ready for work.

Suddenly, a loud rattling metallic sound pierces the silence and jolts me from my slumber. I groan with mild annoyance as I get out of bed and direct my gaze towards the source of the commotion. Our eyes make contact and that's when I start contemplating my life choices.

You see, my roommate is a rabbit. A Netherland Dwarf rabbit to be exact.

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About three years ago I started thinking that it might not be such a bad idea to share my room with an animal. I looked at some listings online and found this cute little rabbit. Upon meeting with her, I decided that we would make great roommates and that was the beginning of our love-hate relationship.

She is not just some rabbit though. Her petite size and golden furry exterior belies her true nature – a destroyer of all things, one who wields perhaps the most fearsome weapons of mass destruction known to man... her teeth.

Almost nothing within her environment has been spared. Everything, from rubber linings to wooden furniture, has been gnawed on. Even my hands have fallen prey to her ferocious bite. She has destroyed no less than three ear phone cables and had once singlehandedly severed the internet connection to my room.

I decided to install some baby fence before she completely demolishes my room. Worry not, for she gets one-third of the room to herself, within which she is free to roam. Her furry paws do not find enough traction on the wooden flooring so I placed a bunch of rugs, on which I sprinkle an assortment of random objects to occupy her (and her teeth). She was quick to stake her claim to the rug by marking several spots with her.... excrement.

I call her Buttercup. But she never ever responds to her name.

She stares back with her large adorable eyes and I heave a sigh, before getting out of bed and giving her a handful of pellets. Buttercup has learnt to use noise to wake me by sinking her teeth into the baby fence and shaking it violently if I do not serve her breakfast on time.



Buttercup is one of the most gluttonous creatures I know, second only to me. She would sometimes charge around the room in anticipation of food. In her zeal to eat from my hands, they have been bitten a few times. Though, thankfully, her bite usually just leaves superficial teeth marks. After preparing a big pile of timothy hay that would sustain her for the rest of the day, I get ready and leave for work.

When I return from work in the evening, I find Buttercup lounging in a corner of a rug, seemingly not paying attention to my presence. However as soon she hears the crinkling bag of treats, her short stubby ears perk up and she springs into action. She watches me like a hawk as I reach into the bag to grab a piece of treat.

She grunts in excitement and darts around as I tease her by holding the treat just a little out of reach. I relent after a while and watch her gobble up the treat like she has not eaten in days. She is never content with only one piece though so I sometimes also give her a small slice of fruit. She particularly enjoys eating the banana. While savouring it, her rear would twitch rhythmically, a behavior some rabbit parents dub the “banana butt”.

I pet her head as she is eating and some fur comes loose. Uh-oh, it is shedding season. Buttercup absolutely detests being brushed so I coax her with more treats. Unusually, she does not struggle as much today and I seize the opportunity to brush her as much

images courtesy of Dr Tay Tsang Yew

as I can. After a few minutes I can tell that her patience is wearing thin and I let her wriggle free.

Later in the evening, I lay a piece of cloth on the floor where I would place her daily serving of fresh vegetables. Buttercup would stand on the cloth in anticipation of her dinner. I set a healthy serving of romaine lettuce on the cloth (which I dubbed her tablecloth) and she wastes no time munching on a leaf. She also enjoys the occasional sprigs of thyme or coriander.

Just before I retire for the night, I catch a glimpse of Buttercup “washing her face”. She lifts her front paws to her face, and repeatedly sweeps them across her eyes and cheeks before licking them clean. Rabbit owners would know what I am referring to. It is truly one of the cutest sights to behold.

It is finally time for bed. I switch off the lights and close my eyes, and hopefully Buttercup will let me snooze a bit more the next morning.

■ CM

Your Favourite Spot is Empty Now

by Adj Asst Prof Low Sher Guan Luke, FCFP(S), Chief Editor, The College Mirror



*“Your favourite spot is empty now, where you would lie and sleep.
But the memory of our happy times is mine to always keep.”
– Luke and family, your loving owners*

It was in 2004 when you entered our lives and touched us with your love. You did so much to show us how important we were to you and how much you loved us. Every evening without fail, you would patiently wait for me in the living room to return home from work. When I was in Sweden for 1 month, I was told you stayed in the living room and refused to go elsewhere for fear that you would not be there when I returned. You faithfully waited for me to come back even though I had kept you waiting for 29 straight nights before that. When I got home, you would always ask me to feed you biscuits. When the kids were turning in for the night, you would come in meowing and purring, as if to wish them goodnight. When I retired to my room, you would pursue me relentlessly. When I tried to lie down on my bed, you would be one step ahead of me, jumping up and lying on where I was supposed to lie. When I was watching TV, you would sit on my remote controls and deny me the pleasure of switching channels just so I could pay more attention to you. The next morning, you knew I had to get



up for work and you would jump up on my bed and start meowing at me like an alarm clock. When I refused to respond to your morning calls, you would start by gently licking me, followed by sitting on my head before resorting to more drastic means like chewing on my toes! The only trouble was that you could not tell the difference between a weekday and a weekend and you still try to meow me awake at 5am on a Sunday morning when I was trying to sleep in.

Looking back, I had taken you for granted. I assumed you were always trying to irritate me by sleeping at my spot. I thought you were always a greedy cat and coaxing me to feed you. I believed you were a broken alarm clock without a snooze button who refused to be silenced on a Sunday morning at 5am, and the only way was to shoo you out of my room and closed the door on you. Despite that, you scratched the door nonstop until you were tired and gave up. I used to find your pee and poo disgusting and

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images courtesy of
Adj Asst Prof Low
Sher Guan Luke

stinking up the house. I was so caught up with finding fault with you that I forgot to see how every action of yours were done in love for me. Yes indeed, you love me and our family in your own special way. A large part of us died with you when you departed. Even in the last week when you struggled, you clang onto life just to be with us a little while more. You hung on till the very last day when you could see my parents-in-law before your breath finally became air. Looking back, how could we not have felt your love and warmth for us? How could we have taken all these for granted?

We were glad we kept you comfortable in your last walk with us, instead of subjecting you to unnecessary pain and suffering. You never liked to go to the vet or stay in hospital. You always choked on and spat out your medicines and struggled to lick away any topical



creams we applied for you. The moment we brought out the cat carrier to ferry you to the vet, you would tremble with fear and try to run away from us. After coming back from the vet, you would hide from us for the rest of the day. So, it was a painful decision to keep you at home instead of instinctively bringing you to the hospital. But we knew that was what you would have wanted – to be with your loving family members at home, and not be in a hospital or clinic that smells of antiseptic in the air.

Rest well, my beloved Georgie. Yes, his name is Georgie. The one and only Georgie who came into our lives in 2004, brought us so much joy and love and departed on 1 Jan 2021 after surviving the new year countdown. May you rest in peace and not suffer anymore. You will forever live in our memories!



Family Practice Skills Course #94 (1 Day)

2021 Update: Malnutrition, Muscle Loss and Sarcopenia

Sat, 8 May 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: Sarcopenia: Update on Diagnosis and Treatment in an Asian Community Setting

Unit 2: Nutrition Intervention on Clinical, Nutritional, and functional outcomes in Singapore

Unit 3: Singapore Multidisciplinary Expert Consensus Statement on Muscle Health in Older Persons: Assessment and Multimodal Targeted Intervention Across the Continuum of Care

WORKSHOP

Addressing Sarcopenia, Malnutrition and Muscle Loss in the Community Setting - Case Series

Skill 1: Sarcopenia Assessment in the Community

Skill 2: Malnutrition Screening and Assessment

Skill 3: Intervening Early with Exercise & Nutrition

SPEAKERS

Adj Assoc Prof Lim Wee Shiong

Dr Tey Siew Ling

Adj Assoc Prof Samuel Chew Teong Huang

■ **SEMINAR** (2 Core FM CME points)
DAY 1 • Unit 1 - 3: Sat, 8 May (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)
DAY 1 • Sat, 8 May (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 3 May 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 **Abbott Laboratories Singapore Pte Ltd**, organised by **College of Family Physicians Singapore**.



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

REGISTRATION

2021 Update: Malnutrition, Muscle Loss and Sarcopenia

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

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

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PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

*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

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Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:
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Successful applicants will be confirmed by email.