



COLLEGE OF FAMILY PHYSICIANS  
SINGAPORE

# THE College Mirror

VOL. 47 NO. 4 DEC 2021

## AN EVENING TO *Celebrate*

50<sup>th</sup> Anniversary of the  
COLLEGE OF FAMILY PHYSICIANS SINGAPORE

The virtual celebration for the 50<sup>th</sup> Anniversary of CFPS was held on 3<sup>rd</sup> December 2021. Among the distinguished guests who graced the event were Prime Minister Lee Hsien Loong, Minister for Manpower and Second Minister for Trade and Industry, Dr Tan See Leng and Immediate Past President of CFPS, A/Prof Lee Kheng Hock.

We present to you the transcripts of their insightful speeches.

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OF CFPS

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Guest-of-Honour, Prime Minister Lee Hsien Loong with calligraphy scroll gifted by the College of Family Physicians Singapore to commemorate the College's 50<sup>th</sup> Anniversary.  
Photo credit: MCI

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Its Raining Raincoats:  
MIGRANT WORKER WELFARE  
AND MEDICAL SUPPORT

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TRIBUTE TO  
DR AGNES KOONG

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## ADDRESS TO CFPS by Prime Minister Lee Hsien Loong

Adjunct Associate Professor Tan Tze Lee, President,  
College of Family Physicians Singapore,  
Distinguished Guests,  
Ladies and Gentlemen,

Good Evening

I congratulate the College of Family Physicians Singapore on your 50<sup>th</sup> Anniversary. This is a significant milestone. I am glad that many past Presidents of the College, the Councils and Family Physicians members are present today. The College's many achievements would not have been possible without your efforts and contributions.

Over the past 50 years, the College has played an important role in Singapore's healthcare system. It has raised the professionalism of our primary care practitioners, and helped to establish primary care as an indispensable pillar of our healthcare system.

### Combating the COVID-19 pandemic

The importance of primary care is most apparent in our nation's ongoing battle against COVID-19. Primary care providers play critical roles at the frontline, identifying and treating patients with acute respiratory infections, administering swab tests and vaccinations, taking care of COVID-19 positive patients under the Home Recovery Programme. These are demanding tasks, but you displayed commitment and professionalism at every step of the way. Your efforts have contributed to the early detection, treatment, and isolation of cases, which is all the more important now as we deal with the uncertainty of the Omicron variant.

You have made a key difference to keep our COVID-19 situation under control, prevent our healthcare system from being overwhelmed, and hold deaths from COVID-19 down.

Thank you for your service.

### Primary Care as Backbone of Healthcare

COVID-19 or not, one of the key goals of our healthcare system is to keep as many patients out of hospitals as possible. We do this first by preventing people from falling sick, and if they do fall sick, we want to intervene early, before their conditions worsen. And where possible, look after them within the community.

This is what primary care does best. As family physicians, you are specialists in your own right. Hospital specialists see patients for a specific condition, but you see patients

holistically, as a person, across their range of conditions. You are their first point of contact for healthcare matters; you know their medical history, habits, lifestyle, even social environment; you build trust and develop relationships with patients over the long-term, and often also with their family members. You thus deliver key health outcomes for your patients, including by encouraging them to go for regular screening, and to adjust lifestyles to avoid complications. And during COVID-19, this also meant wearing masks and going for vaccination. You diagnose their condition or illness accurately when they present with complaints. You provide comprehensive care throughout the person's life cycle, and within the comfort of their community.

We must continue to build up primary care as the foundation of our healthcare system. This is especially important as our population is ageing.

Two broad areas we should work on.

First, to strengthen the relationships between family physicians and patients. Today, people see different doctors on each visit to the polyclinics, and it is the same for some of the bigger GP clinics too. It would be more effective if patients are always seen by the same care team. The National Healthcare Group has piloted a team-based care model across its polyclinics. Patients are assigned to a regular team of doctors for their primary care needs. The results from this pilot have been encouraging. More of the patients have good control of sugar, cholesterol, and blood pressure levels. Hence, we are keen to explore ways to expand this pilot across all healthcare clusters, and not just in the polyclinics, but also within the wider GP community. This will get us closer to the vision of Family Medicine: "One Singaporean, One Family Doctor".

Second, we need to shift our mindset on how primary care services are provided. Instead of just providing healthcare services that are available in the clinic, we should tap on the expertise and resources available in the broader community to expand the range of support that family physicians can provide, particularly for chronic conditions and complex care needs. This means forging relationships with a wider network of partners and professionals, even beyond the healthcare sector. For example, with social service agencies to better support vulnerable families. This is not so easy for GPs who operate in small solo practices to do this, but we will support you in doing so. Under the Primary Care Network scheme, more than 600 clinics have organised themselves into 10 networks to share resources and operate in teams. We will expand these networks, and build closer partnerships between GPs and healthcare clusters.

This will allow more GPs to make use of the full range of clinical capabilities and assets of the healthcare clusters, thus bringing high quality community healthcare to every individual.

### Role of College

What is the role of the College in all this?

It is to raise the standard of Family Medicine to provide continuing professional education, including postgraduate training, to our practitioners; to keep family physicians up-to-date with developments in the ever-advancing field of healthcare. Also, just as importantly, to nurture the next generation of family medicine practitioners.

The College can also lead efforts to bring primary care to the fore. Partner our regional healthcare systems, shape a national healthcare system that is primary care-centric and anchors care within the community.

### Conclusion

The College has done well over the past five decades to build the foundation of Family Medicine so Singaporeans can enjoy better primary care.

I look forward to your continued leadership to strengthen the practice of primary care to better meet the needs of our population in the decades ahead.

Thank you all once again, and happy 50<sup>th</sup> anniversary!

■ CM

## WELCOME ADDRESS by CFPS President, Adj Assoc Prof Tan Tze Lee

Good evening!

Prime Minister Mr Lee Hsien Loong, Minister of Manpower Dr Tan See Leng, distinguished guests and members, ladies and gentlemen,

It is my greatest honour to welcome you to our 50<sup>th</sup> anniversary celebration! We are very privileged to have PM Lee grace our event this evening, and have Minister of Manpower Dr Tan See Leng delivering the Sreenivasan Oration for 2021.

2021 has been a year that we will remember for generations to come. This is the second year of the COVID-19 pandemic, and our community has had a roller coaster ride as we continue to battle the virus. We have been blessed by a government that has helped steer the good ship Singapore through these stormy unknown seas, and as we plumb the depths of these waters, we can be confident that our leadership has always planned first and foremost with the welfare of the people in mind. We have achieved vaccination rates of more than 85 percent! If we account for children under the age of 12 who are at present ineligible for vaccination, this represents in excess of 95 percent of the eligible population! Do the people of Singapore trust the government and their doctors? Absolutely!

2021 marks the 50<sup>th</sup> year since the College was inaugurated in 1971. Fifty years is a significant achievement. A half-century, two score and ten years, golden anniversaries; such



Adj Assoc Prof Tan Tze Lee

momentous events are celebrated the world over. They mark a waypoint in an organisation's journey and give us an opportunity to reflect on the achievements of the past while looking forward to the future.

2021 is the second year of our fight against COVID-19. In the early days of the pandemic in

January 2020, the College stepped up and provided much-needed support with a hotline for our general practitioners (GPs) on the frontline. This was manned by our council members over the Chinese New Year weekend and proved to be a godsend for many of our GP colleagues who needed advice and a listening ear. The activation of Public Health Preparedness Clinics (PHPCs) was timely in getting the PHPCs the backup and equipment they needed, and the College was strongly supportive of this. The College organised a good number of town halls and webinars for our GPs who were thirsty for information regarding this new disease, as well as resilience webinars to help our colleagues weather the storms of working in pandemic times. These resilience webinars proved to be very popular and attracted both GPs and specialists alike. To this day, the College is committed to supporting our members and GPs through this crisis.

This 50<sup>th</sup> anniversary has been an opportunity to showcase what our doctors have been able to achieve over the years. Through the efforts of our council member Dr Tan Wei

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## FAMILY PRACTICE SKILLS COURSE

### Updates in DM and CKD management: Are SGLT2 Inhibitors the answer?

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #96 on “**Updates in DM and CKD management: Are SGLT2 Inhibitors the answer?**”, held on 2 Oct 2021.

#### Expert Panel:

A/Prof Goh Su-Yen  
A/Prof Teo Boon Wee Jimmy  
Dr Yeo See Cheng  
Dr Kwek Jia Liang

#### Chairperson:

Dr Phua Yiyong

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First Batch of MMed(FM)

College of Family Physicians Singapore



First Batch of GDFM

College of Family Physicians Singapore



First Batch of Fellows by Assessment

College of Family Physicians Singapore

Beng, the College was able to work closely with SingPost on a series of stamps that showcase the contributions and achievements of our family doctors over the last 50 years. This series of six stamps depict our family doctors in various settings; in acute medicine, chronic disease management, community hospital care, pandemic response, medical education, and research and health promotion, and show the breadth and depth of family medicine. We are indeed very proud of these milestones and achievements and look forward to making even more contributions to the development of our healthcare services.

Just six years after Singapore was founded in 1965, the College was inaugurated on 30 June 1971. This was the culmination of the efforts of a determined group of visionary general practitioners (GPs), who foresaw the need for Singapore to better train GPs to address the healthcare needs of the nation. Looking back, the form and direction the College took was in many ways serendipitous. A chance meeting in a Sydney backyard with Dr Richard Gieves of the RACGP and Dr Wong Heck Sing resulted in a series of meetings that led to the “founding of our College.”<sup>1</sup> Our fledgling College received much advice and goodwill from the Royal Australian College of General Practitioners, and this close relationship continues to this day. These first steps eventually led to the “recognition of general practice as a separate discipline”.<sup>2</sup>

The College organised the first local postgraduate qualification in general practice, with the inaugural College Diplomate examination being held in 1972.<sup>2</sup> The external examiners were Professor Wes Fabb and Dr Richard Bank Gieves of the RACGP.<sup>1</sup> In those early days, candidates’ own practices were their “training ground” and examination preparations were run by specialist colleagues.

In 1988, a structured vocational training for family doctors, which was a tripartite collaboration between the Ministry of Health, the College, and the National University of Singapore,<sup>3</sup> was mooted. Monthly rotations in different hospital postings for junior medical officers were introduced to train new FM trainees under the new Masters of Medicine (Family Medicine) [MMed(FM)] traineeship programme (A).<sup>3</sup> In 1995, in order to cater to the needs of doctors who were already in independent practice but were still keen to undergo training and accreditation in the MMed(FM), the

College introduced an alternative programme that became known as “Programme B”.<sup>3</sup>

The Graduate Diploma in Family Medicine (GDFM) was later introduced in 2000 to meet the needs of GPs who wished to receive training and accreditation in Family Medicine but were unable to invest the time and commitment required by the MMed(FM) programme. This course, consisting of distance learning programmes and small group tutorials, has proven to be very popular amongst practitioners.<sup>3</sup>

In that same year, the College introduced the Fellowship by assessment programme,<sup>4</sup> which is a 24-month Advanced Specialty Training (AST) programme in Family Medicine conducted by the College.<sup>5</sup> Candidates who complete the AST successfully and pass the Fellowship Summative Exit Examination are conferred the FCFP(S). The programme is offered to doctors who have successfully completed basic structured family medicine training in an approved training programme, such as the Master of Medicine (Family Medicine) [MMed(FM)] at the National University of Singapore or its equivalent.

The Fellowship programme is rigorous, and successful candidates can register their FCFP(S) with the Singapore Medical Council as a postgraduate medical degree. Fellows are recognised by the College and various institutions as having been trained to practise the medical speciality of Family Medicine at the level of a consultant family physician. Consultant family physicians are able to provide a wide range of services, such as comprehensive care, continuing care, preventive care, and personal care, as well as coordinating care needs, such as advice and referrals to tertiary centres, and liaising with other family physicians for primary care at other settings. The fellows have achieved the highest level of FM training, and with this comes great responsibility. We are grateful for our fellows who have stepped forward to be leaders in their work settings and contributed to the fraternity in the areas of training and leadership. In this way, we will be able to pay it forward for future generations.

Since 2011, when the Primary Care Masterplan was first mooted, there have been many initiatives to transform primary care in order to better right-site healthcare resources in the community, such as the Community Health Assistance Scheme (CHAS), Pioneer Generation,

Merdeka Generation, family medicine clinics, and primary care networks. These initiatives have made primary care the focus of healthcare delivery in Singapore. In each and every step, the College was consulted and involved, with family physicians instrumental in helping with the conceptualisation, setting up, and delivery of these services.

In the past five years, it became apparent that we needed to look at the health of our nation from a different perspective. Our healthcare system is highly skilled and well-trained to treat disease. We needed to go one step further and find novel ways to nip illness and disease in the bud. In 2016, the Ministry of Health adopted the 3 “Beyonds” strategy to future proof our healthcare system:

- 1) to move beyond hospital to the community;
- 2) beyond quality to value; and
- 3) beyond healthcare to health.

These goals resonate with the College, and we strive to continue training and upgrading our FPs to fulfil the nation’s health needs well into the future.

Today, family physicians play an increasingly pivotal role in our healthcare system. They are found in GP clinics across the island (over 2,000 to date), in our polyclinics, community hospitals, transitional care, intermediate and long-term care facilities, community psychiatric services, the list goes on. We serve in countless settings, but one thing that binds us is the holistic and patient-centred care that is at the core of family medicine. We develop deep and trusting relationships with patients over many years. What if they were in a position to freely choose a primary care doctor of their choice, who is able to help them to navigate their complicated healthcare journey? The late Professor Barbara Starfield of Johns Hopkins University famously said, “There are lots of evidence that a good relationship with a freely chosen primary-care doctor, is associated with better care, more appropriate care, better health, and much lower health costs.”

Family doctors do work very hard, and during this pandemic we have certainly been working much harder than during “peacetime”. What we are experiencing now is in fact a war against a virus. Some of our older patients have quipped that it feels just like how Singapore was during the Second World War!

We have to make clinical judgements that have lifesaving consequences. We are our community’s medical Sherlock Holmes, searching for the clinical truth. Our patients are now well-equipped and educated by the University of the Search Engine, and oftentimes they have already done copious research as to their symptoms. They then come for consultations to discuss the research that they have conducted. They often ask very pertinent questions and may have consulted several doctors before they arrive

in our consultation room. We may find these encounters challenging, but when done well can be very enriching to the doctor-patient relationship.

Patients seek care that is friendly, accessible, and affordable; care that is holistic; care that is able to treat the whole person in all its complexities and life experiences. They are often perplexed by the many appointments in hospitals to see various specialists. They often wish they could just see one clinician who is able to take care of all their problems. As family physicians, we are in the best position to coordinate their care and be the key person to deliver this continuity of care. We are ideally suited to be the guardian and guide of a patient’s healthcare needs: overseeing the many treatments, watching out for drug interactions and contraindications, and working out the best and most appropriate regime for them.

The College has been working hard to advocate and support family medicine for the last 50 years. One of our aims is to achieve specialist recognition of Family Medicine as a discipline. We are very glad for the strong support from the Ministry of Health for this and for the affirmation from our Permanent Secretary, Mr Chan Yeng Kit during our convocation ceremony in November. We have made much progress here and I am happy to announce that our proposal for Family Medicine Specialist recognition has been approved at the Family Physician Accreditation Board (FPAB). This has been the culmination of a massive effort by all at the FPAB, and we are especially grateful for the support and leadership of our chair, Director of Medical Services, Professor Kenneth Mak.

We are grateful to all who have contributed over the years to family medicine, and we thank all who have worked so hard to make family medicine what it is today. I am confident that being accorded this recognition will further spur the FM fraternity to continue the accelerated evolution of our primary care services.

1. College Mirror, Dec 2003 pg. 4-15.
2. <https://www.cfps.org.sg/assets/Sreenivasan-Oration/1978-Sreenivasan-Oration-Dr-Wong-Heck-Sing.pdf>
3. Wong, Teck & Koh, Gerald & Lee, Eng & Cheong, Seng & Goh, Lee Gan. (2008). Family medicine education in Singapore: A long-standing collaboration between specialists and family physicians. *Annals of the Academy of Medicine, Singapore*. 37. 132-5.
4. Thomas SL. Family medicine specialty in Singapore. *J Family Med Prim Care*. 2013 Apr;2(2):135-40. doi: 10.4103/2249-4863.117402. PMID: 24479066; PMCID: PMC3894041.
5. <https://www.cfps.org.sg/programmes/fellowship-programme-fcfs/>

# A SHORT HISTORY OF CFPS

by *CFPS Immediate Past President, A/Prof Lee Kheng Hock*

Dear Mr Lee Hsien Loong, Prime Minister and Guest-of-Honour, Dr Tan See Leng, Minister for Manpower and Second Minister for Trade and Industry, Professor Tan Tze Lee, President of the College, Council Members, Distinguished Guests, Ladies and Gentlemen,



A/Prof Lee Kheng Hock

## Where do we begin?

It is often said that history repeats itself and that one must learn from history. However, it is unclear how we should do that. The most practical advice that I have come across was from our founding Prime Minister, Mr Lee Kuan Yew. He said the following: "History does not repeat itself in the same way each time, but certain trends and consequences are constants. If you do not know history, you think short-term. If you know history, you think medium- and long-term." We should therefore look for recurring trends in history and their consequences. This will help us to not be reactionary but instead think of building a better future.

The history of the College is the history of family medicine in Singapore. This history took place against the backdrop of a larger world movement that was trying to restore balance in medicine and overcome the fragmentation brought on by the excessive specialisation of medicine. Let us explore the trends and consequences of medicine and let them help to guide our thinking.

## The Changing World of Medical Training

The rise of organ and disease specific specialisation began in the years after World War II. This was driven by the rapid advancement of science and technology in medicine. While this enabled rapid advancements in medicine, it soon became apparent that it was attained at a price. Doctors who continued to provide generalist care became neglected both in resourcing and training. Consequently, the rapid improvement of skills and knowledge was accompanied by the adverse effects of depersonalisation of care, rising costs, and the inefficiency of managing problems in their respective parts.

In 1964, the World Health Organisation was sufficiently concerned to convene an Expert Committee to make recommendations on the role of general practitioners in relation to the community and the healthcare system. The committee applauded the establishment of Colleges and Academies to support professionalism and to raise

the standard of practice among general practitioners. It also called for the integration of general practice with hospitals to conduct comparative studies of outcome, when hospitalised patients are managed by either specialists or general practitioners.

In 1966, the American Medical Association (AMA) was so concerned about the negative impact on the training of physicians that it formed the Citizens' Commission on Graduate Medical Education – also known as the Millis Commission – to study the issue and make recommendations to ensure that the training of doctors would continue to be relevant to the needs of the community. It raised the alarm that we were training too many specialists and neglecting the training of those who chose to work in general practice, which the community has greater need of.

Independently and in the same year, the Folsom Report developed by the US National Commission on Community Health Services was published. The report advocated that "the planning, organisation, and delivery of community health services by both official and voluntary agencies must be based on the concept of a 'community of solution'." It called for the provision of high-quality comprehensive personal health services to all people. Most poignantly, the report asserted that every individual should have a personal physician who would be the central point for integration and continuity of all medical and related services. That was in 1966; those words still resonate to this very day.

In 1969, the AMA's Council on Medical Education and the American Board of Medical Specialties granted approval to form a certifying board in family medicine. Family Practice came to be recognised as a specialty and the first batch of family medicine specialists graduated in 1971.

In the United Kingdom, specialists are recognised through the system of Royal Colleges of each specialty. Whilst the Royal College of General Practitioners (RCGP) was formed as early as 1952, it was only in 1965 that a call for special training in General Practice was made. A document on postgraduate training entitled "Special Vocational Training for General Practice" was published calling for equal recognition and reward for general practitioners who had completed postgraduate training in general practice. In 1968, it was supported by the Royal Commission on Medical Education (The Todd Report), which recommended postgraduate vocational training and admission to the RCGP

upon successful completion of such training. Specialised training in general practice thus gained recognition and admission to the RCGP.

### The Tide of Change Reaches Singapore

The 1960s also saw the global movement advocating for specialised training in general practice as a counterbalance to disease or organ-specific specialisation reaching the shores of Singapore.

The Academy of Medicine Singapore (AMS) was formed in 1957 as the body representing all specialists in Singapore. The vision of the organisation was to advocate for postgraduate training of all specialists. It was modelled after the Royal Colleges; however, instead of having multiple institutions, all the recognised specialties come under one national body.

In 1966, the AMS began to form Chapters of Specialists to support and recognise the specialised training of doctors following their graduation from medical school. The earliest were the Chapter of Physicians (1966), the Chapter of Surgeons (1966), and the Chapter of Obstetricians and Gynaecologists (1968).

As early as 1962, a Society of General Practice (subsequently renamed the Society of Private Practitioners) was formed under the Singapore Medical Association. However, this was not an academic body but functioned as an association of private practitioners who were mainly general practitioners at that time. (In those days, many specialists became general practitioners when they left government service.)

In 1969, the Singapore Medical Association formed a committee to look into the feasibility of creating an academic body for general practitioners and how it might be structured. The committee was chaired by Dr Koh Eng Kheng (Past President, CFPS) with Dr Lee Suan Yew (Past President, CFPS) as one of the committee members. The momentum gained ground when Dr John Hunt, President of the RCGP, visited Singapore and joined the call for the formation of an academic body representing general practice. There were extensive discussions with the leaders of the professional bodies.

The committee eventually came up with three options. The first was to form a Chapter of General Practitioners under the AMS. The second was to form a faculty under either the RCGP or the Royal Australian College of General Practitioners (RACGP). The third was to form an independent College of General Practitioners. The second option was rejected as it was considered unacceptable for an independent country, and the first option was preferred.

However, the Master of the Academy at that time rejected the idea of a Chapter of General Practitioners within the Academy. The only option then was to go it alone. In February 1970, a pro tem Committee chaired by Dr Wong Heck Sing (Past President, CFPS) with the inclusion of Dr Koh Eng Kheng was created to work on the formation of the College of General Practitioners Singapore.

Dr Wong Heck Sing made a private visit to the RACGP to seek technical advice on the establishment of a College and to learn about their system of training and assessment for general practitioners. Upon his return, he conferred with the leaders of the professional bodies. The consensus was that a Singapore College of General Practice was of critical importance and that such a College should focus on raising standards of practice and the academic development of general practice. Matters such as GP welfare should be delegated to the Society of Private Practitioners and the SMA. Membership should be open to all GPs but only those who had passed examinations could be recognised as Collegiate members.



On 29 March 1971, the inaugural meeting of the College was held. The first Council of the College was appointed, with Dr B R Sreenivasan as President, Dr Wong Heck Sing as Vice-President, and Dr Koh Eng Kheng as one of the five Council Members. The constitution was approved by the Registrar of Societies and the College was

officially registered on 30 June 1971.

The first Censor-in-Chief Dr Wong Kum Hoong and his team immediately started work on the MCGP examinations, which were benchmarked to the examinations of the Royal Colleges of United Kingdom and Australia. The first MCGP examinations were held on 5 November 1972. Dr Richard Geeves and Dr Wes Fab, censors from the RACGP examinations, were invited as external examiners to ensure that the candidates met the highest standards of general practice at that time. The MCGP was recognised by the SMC as a registrable postgraduate qualification in 1974.

Concurrently, work was done to publish an academic journal for the College titled *The GP*, which was later renamed as the *Singapore Family Physician* in 1975. The first issue was launched on 1 March, 1973.

Guided by the clear vision laid down by our founding members, successive councils rallied our members who donated resources and volunteered their time to fulfil our mission. Over the next 50 years, our College succeeded in placing the Singapore brand of family medicine on the

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(continued from Page 9: A Short History of CFPS by CFPS Past President A/Prof Lee Kheng Hock)

world map and elevated the standard to training of family medicine to parity with other specialties in Singapore. Let us take a quick look at what happened on these two fronts.

### **Putting Singapore Family Medicine on the World Map**

The effort to place Singapore Family Medicine on the world map started in the 70s. In 1972, Academies and Colleges of Family Medicine around the world came together to form The World Organisation of Family Doctors (WONCA) and our College was actively involved in promoting family medicine on the world stage from its inception.

On 20 May 1983, the College hosted the 10<sup>th</sup> WONCA conference. At that time, it was the largest international medical conference ever held in Singapore. Delegates from around the world came to Singapore and were impressed by the quality of a world conference delivered by a small, young College. Financially it generated a good surplus that was able to fund College activities for the next decade.

15 August 1987, the College premises were moved to the College of Medicine Building. It was officially opened by the former Minister of Health, Mr Howe Yoon Chong. The facilities included a mock consultation room for training, a computer lab, and a library of family medicine books and journals. This allowed our College to host the Office of the Secretariat of WONCA in 2001.

On 24 July 2007, the College hosted the 18<sup>th</sup> WONCA World Conference. Colleges around the world vied to host the world conference, which only takes place once every three years. The team led by Dr Tan See Leng pressed on against great odds and setbacks over the 10 years to secure the bid. It was the first time that an Asian College had been given the privilege of hosting the World Conference twice within such a short period of time. The conference, attended by more than 2,000 delegates from 50 countries, was a resounding success. Financially it was also one of the most successful WONCA conferences. It contributed \$1.59 million dollars to our College Funds and enabled the College to continue to expand our training programmes.

In 2010, 2012, and 2017, the College hosted the 2<sup>nd</sup>, 4<sup>th</sup>, and 6<sup>th</sup> Asia Pacific Primary Care Research Conference (APPCRC) respectively. This was part of the concerted effort of the College to promote research in family medicine. A good number of family physicians who participated in these conferences are now accomplished and respected researchers in family medicine.

### **Advancing Standards in Training and Practice of Family Medicine**

Advancing standards and advocacy for recognised training in Family Medicine was an even harder journey. In those days, it was still a widely held belief that there was no need

for special training for a doctor to go into general practice. Medical school training alone was deemed to be more than adequate.

On 11 December 1986, the College and the Department of Social Medicine and Public Health submitted a "Joint Memorandum on the Academic Recognition of the Discipline of Family Medicine in the Faculty of Medicine, National University of Singapore". This was well received. On 13 February 1987, Family Medicine was recognised as a distinct academic discipline in medicine after much persistence and hard work by College members. The Department of Community, Occupational and Family Medicine was formed in the National University of Singapore.

In 1988, the Steering Committee on Family Medicine Training was formed. This was a tripartite body comprising the College, the Ministry of Health, and the university. The need for specialised training in family medicine was recognised and came into effect after almost 20 years of perseverance by the College. In February 1991, a Memorandum proposing the institution of a Master's degree in family medicine was submitted to the School of Postgraduate Medical Studies and accepted.

In 1992, the 15<sup>th</sup> and final MCGP examination and conferment were held. This programme became the Master of Medicine (Family Medicine) programme. A traineeship programme similar to the basic specialist training programme of the other specialties was initiated. On 12 July 1993, the first Master of Medicine (Family Medicine) examination was held.

Following that, on 26 November 1992, a memorandum proposing an advanced training programme for family medicine was presented to the Singapore Medical Council and the School of Postgraduate Medical Studies. It called for the recognition of specialist status for candidates who successfully completed such an advanced specialist training (AST) programme that would follow on from the MMed(FM). Unfortunately, this did not receive support and the effort to establish the AST was unsuccessful despite the advocacy efforts in the years that followed.

In 1995, the College started the Private Practitioners Stream, also known affectionately as "Programme B" of the Master of Medicine (Family Medicine) programme. This programme enabled family physicians who were already in private practice to re-enter the training system. The initiative grew out of the concern that the training capacity of the public health institutions were very limited and the numbers required by our healthcare system would not reach critical mass. There were also large numbers of highly effective GPs already in private practice who aspired to improve their competency and practice standards through structured training and formal assessment. It is worth

(continued on the next page)

(continued from Page 11: A Short History of CFPS by CFPS Past President A/Prof Lee Kheng Hock)

noting that our current Minister of Manpower, Dr Tan See Leng is a distinguished alumnus of this programme.

In 1998, the College started a 2-year Fellowship by Assessment programme, which became the de facto equivalent of advanced specialist training. The first cohort of successful candidates graduated in 2000. Many of this first and subsequent cohorts went on to serve in leadership roles in the College, academia, and public health institutions. Graduates of the programme were recognised as consultant clinicians.

On 1 July 2000, the College launched the first course in the Graduate Diploma in Family Medicine. This was to fulfil the vision of the College that all medical practitioners who work in the settings of family medicine should receive formal training and assessment. In addition, it marked the completion of the College's work of creating a training path for a young medical graduate to progress on to the MMed(FM) Programme and finally to the Fellowship by Assessment Programme.

In 2006, with the advice and support of the College, the Singapore General Hospital established the first hospital-based clinical department of family medicine in our region. The Department of Family Medicine and Continuing Care was given the mission to provide inpatient, outpatient, and transitional home care to patients with a view to providing care continuity, integrated care, and supporting patients in the community. Since then, large numbers of family physicians have taken on leadership and consultant physician roles in community hospitals and long-term care facilities in addition to the traditional primary care clinics. Well-trained family physicians are now able to practise at the top of their licence and bring the benefits of family medicine training to patients across the entire spectrum of our healthcare system.

In 2011, the family physician register was established after extensive rounds of public consultation, giving recognition to doctors who had received training in family medicine. The idea had first been proposed by the College in 2005.

On 14 June 2014, the AMS formed a Chapter of Family Medicine Physicians in response to the need to recognise highly skilled family physicians. It was also to recognise the rigours of the five years of training in family medicine culminating in the FCFP as equivalent to all other specialist training.

On 30 October 2015, a dinner was held to show appreciation to the pioneer GPs in conjunction with the celebration of the 50<sup>th</sup> Anniversary of our Nation. At that event, former Minister of Health Mr Gan Kim Yong urged GPs to become highly competent, preferably with home

care and transitional care training and experience, as well as equipping themselves with the skills to work with other healthcare professionals across an integrated healthcare system. This was a necessary response to the changing needs of our population.

In 2016, the College commissioned a visioning project entitled "FAMILY Medicine for Our Singapore" (FAMOUS) to understand and respond to future trends for Family Medicine in Singapore. It was a comprehensive study involving a survey of 985 members. A Delphi study of 22 key opinion leaders in Singapore's healthcare system and multiple focus groups involving 63 family physicians, residents, and medical students. It revealed interesting trends for the future that are still relevant today.

For family physicians working in the polyclinics, concerns included:

- the challenges of brief contact time, complex patients, and high volume.
- issues in care transitions between polyclinics and hospitals.
- the need to improve continuity of care through teams and ownership of patients.

For family physicians working in private practice, concerns included:

- the value of teaching and training not being given recognition for FPs' private practice.
- the need to challenge the current mindset of peers and policymakers towards FPs in private practice. FPPPs must be seen as an integral part of primary care and the health systems.
- Better recognition for FPPP with postgrad training and participation in research and teaching.

For family physicians working in community hospitals and long-term care settings, concerns for the future included:

- deficiencies in the continuity of care within hospitals and between hospitals and community.
- care fragmentation, which continues to be a serious problem for the healthcare system and a new challenge for family medicine.
- the need for one responsible generalist to follow up care of patients.

For residents and medical students, concerns for the future included:

- the need for more well-trained FPs to manage complex patients, training for which should start in medical school.
- a perceived lack of clarity, resources, or completeness in FM training.
- the need to promote FM as a specialty to raise prestige and attract students and young doctors into the field.

With regards to the future, one particularly worrying concern stood out. Residents and medical students sensed that there was a lack of recognition for specialised training for family medicine. Family medicine training appeared incomplete and hence less attractive as a career.

At the 2016 Sreenivasan Oration, A/Prof Kenneth Mak urged the family medicine community to accept the wider role that family physicians have in our healthcare system and move beyond our comfort zones of what is considered traditional primary care.

True to its nature, history sometimes returns to its starting point, but never in the same way it initially begun.

This year (2021), the College and the AMS (Chapter of Family Medicine Physicians) presented a joint proposal to the Family Physician Accreditation Board calling for the acceptance of the College's FCFP programme as the equivalent of AST (Senior Residency) and the recognition of Family Medicine as a specialty under the Specialist Accreditation Board (SAB). This received in-principle approval of the FPAB on 23 November 2021 and the proposal will be formally submitted to the SAB in January 2022.

#### Learning from the Past and Shaping the Future

Family medicine began with doctors who saw the trend of over-specialisation and its negative consequences on the practice of medicine. They believed that the heart of medicine should be based on the principles of care being

personal, primary, preventive, comprehensive, continuing, and community-based.

As members of this College that is now half a century old, we should learn from the trends of our history and the consequences, both good and bad, that come with such trends. This will help us to move away from short-term thinking both as individuals of this specialty and as a community of leaders trying to improve the standard and practice of family medicine, for the sake of our people and our nation.

Our founding leaders and members did not ask "What is in it for me?" when they set up our College 50 years ago, struggling against the odds. For them, it was never about the present or short-term self-interest. It was not about profits for those who are in the private sector or promotions for those who are in the public sector. The focus was always on creating a better future, a legacy that they would leave behind for future generations of family physicians and Singaporeans. As we reap the benefits of their hard work now, surely we should pay it forward. Members of the College, I urge you to continue focussing on their vision – our vision – as we stand on the threshold of perhaps the greatest milestone in the history of our College. This is a good time for us to learn from our past and continue on our journey to create a better history for family medicine. Ladies and gentlemen, thank you for the privilege and opportunity for me to share my understanding of the history of the College of Family Physicians Singapore.

■ CM

## SREENIVASAN ORATION: FAMILY MEDICINE FOR THE NEXT 50 YEARS

*by Minister for Manpower and Second Minister for Trade and Industry, Dr Tan See Leng*



Dr Tan See Leng  
Photo credit: Ministry of Manpower

Adjunct Associate Professor  
Tan Tze Lee, President,  
College of Family Physicians  
Singapore (CFPS),  
Council Members,  
Distinguished Guests,  
Ladies and Gentlemen,  
Good evening

#### Introduction

Thank you for this privilege to deliver the Sreenivasan Oration, in commemoration of the late Dr B R Sreenivasan's immense contribution to Family Medicine, medical education, and the health of countless Singaporeans.

Modern Day Family Medicine began due to growing concerns over care fragmentation and impersonal care. This was brought about by the rapid advancement in medicine and in medical specialisation. Drs B. R. Sreenivasan, Wong Heck Sing, Koh Eng Kheng, Lee Suan Yew and Victor L. Fernandez saw the need for the formation of the College as the first step that would lead to the establishment and recognition of general practice as a separate discipline to bring back the essence of medicine and to put the patient at the heart of all we do.

This was achieved through a prescribed curriculum of training, a rigorous assessment process and research.

Indeed, these were men of great foresight and we today are the beneficiaries of their determination and advocacy.

*(continued on the next page)*



# GDFM Enhancement Programme (FPSC#97) (2-Day) Chronic Disease Management 2022

**Course is compulsory for GDFM 2020-2022 and 2021-2023 intake.**  
\*GDFM trainees who have already passed the compulsory FPSC in 2021, are not required to retake.

Sat, 29 Jan 2022: 2.00pm - 5.30pm  
Sun, 30 Jan 2022: 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: Hypertension, and proteinuria: with and without Diabetes Mellitus
- Unit 2: Insulin Therapy in Type 2 Diabetes Mellitus
- Unit 3: Obesity Updates: Understanding Obesity as a Disease and Intermittent Fasting
- Unit 4: Initiation of Urate Lowering Therapy (ULT)
- Unit 5: Assessment and Management of Non-alcoholic Fatty Liver Disease
- Unit 6: Heart failure with normal and reduced ejection fraction – assessment and shared care management

## WORKSHOPS

Day 1 & 2: Case studies

## SPEAKERS

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

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

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

- **WORKSHOPS** (1 Core FM CME point)  
DAY 1 • Sat, 29 Jan (4.30pm - 5.30pm)  
DAY 2 • Sun, 30 Jan (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis.  
Please register by 26 Jan 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

Chronic Disease Management  
2022

Please tick (✓) the appropriate boxes

**FREE  
REGISTRATION  
for College  
Members!**

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

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).



## Online Registration Available

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

<http://cfps.sg/fpsc-97/>

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

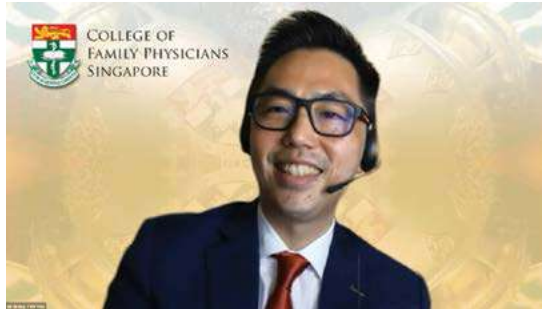
You may send your completed form to: **sfp@cfps.org.sg**  
**Successful applicants will be confirmed by email.**

# CLOSING ADDRESS

## by CFPS Vice President, Dr Wong Tien Hua

Thank you Minister Tan for delivering the Sreenivasan oration.

I am so pleased to see Minister Tan carry the torch for our fraternity in his current role in shaping public policy - we are very fortunate to have Minister as a friend of our College, he has done so much for primary care in Singapore.



Dr Wong Tien Hua

We are coming to the end of this evening's programme.

It has been a very tough 2 years for primary care but I can say that we can look forward to the closing weeks of 2021 with some Optimism:

- The Majority of our population has been vaccinated and many has had the booster vaccination.
- Our COVID mortality rates remain low and our healthcare system has so far not been overwhelmed.
- Dining for five persons has been allowed and we can once again interact socially with our friends.
- More travel lanes are opening, and quarantine-free travel via land route to Malaysia is now possible, allowing many of our Malaysian workers to return home to loved ones.
- Larger scale events such as concerts are around the corner

It seems as if we are finally able to move from Pandemic to Endemic.

### What does it mean for Primary care?

As President has said in his speech, primary care is now at "war" under extraordinary pandemic conditions, our primary care workers are stretched to the limits with many working long hours, dealing with staff shortages and little respite, many have not had the chance to take leave or to go on vacation.

We understand that this is necessary given the great demand for healthcare services, and that most frontline workers are committed to work longer hours and to play their part to help the nation through this pandemic

But a wartime footing has its costs because resources are diverted to fighting COVID, and detracts us from the usual business of primary care.

Because of the pandemic, GPs and primary care front liners have to bear the burden for screening of acute cases, testing

for suspect cases, and providing vaccination for the community.

This means that there is:

- less time for our chronic patients, many who are elderly with multiple needs. We in primary care are asked to reduce routine patient visits by providing a longer period between follow ups visits.
- less time to look after mental health, with many of our patients facing extreme hardships from job loss or deaths in their family
- and there is less time for building a good doctor patient relationship that is critical to changing healthcare behavior. Patient Communication, which we hold so dear, is lost when our faces are hidden behind a N95 mask.

It is my therefore my sincere hope that we will be able to soon return to the regular "business" of primary care.

As Minister Tan has said in his oration, primary care will need to undergo transformation to meet the demands of our rapidly changing demographics - namely the ageing of our population

In the coming months we will hear more about the concept of Population Health - which takes an inter-disciplinary and multi-stakeholder approach towards improving healthcare outcomes in Singapore.

If population health is to work, we will need a core of well-trained family physicians to take up the role of care coordinators and to manage more complex diseases at the primary care level.

This is where the college has a role to play in the training and skills development of our GPs. Attaining the GDFM, and then the MMed(FM) and eventually fellowship of the College - has to mean something, not just self-actualization. I believe that well trained FPs will have a central role to play in population health in the near future, by being the experts of care of our population across the entire disease spectrum.

Population health also means that we need to consolidate primary care into one seamless system in terms of healthcare delivery.

*(continued on the next page)*

(continued from Page 17: Closing Address by CFPS Vice President, Dr Wong Tien Hua)

Minister Tan said that we need to be able to work in clinical teams to manage more diverse and complex cases.

One other area we can look into is to have more public-private sector cooperation.

The pandemic has shown that **partnership** between MOH and GPs actually **work** and is an efficient and powerful way to deliver care.

During the pandemic, we have seen how PHPC clinics assist in the national effort by keeping patients away from A&E and overwhelming the hospitals. - they provide screening and triage, SASH and testing services, vaccinations and help monitor patients during home recovery

This public-private sector cooperation will likely take on a bigger role in the near future - expanded and enhanced

when population health comes into play, to make primary care a seamless experience to the public

In summary, as COVID-19 shifts to endemicity, I hope to see primary care capabilities freed up so that we can refocus to look after the needs of our ageing population, that we can continue to upgrade our skills to meet these needs, and to explore new models of care that can integrate and enhance our limited resources.

To conclude this evening's 50<sup>th</sup> anniversary celebration, I would like to leave you with this quote from Minister Tan's Sreenivasan Oration.

"Even as the practice of Family Medicine changes over the next 50 years, primary care will be **evergreen** and continue to be the **foundation** of any healthcare system."

■ CM

## President's Column

DECEMBER 2021

by Adj Assoc Prof Tan Tze Lee, President, 28<sup>th</sup> Council, College of Family Physicians Singapore

**2021** has been a momentous year. It started with much excited anticipation as the mRNA vaccines were just being rolled out. These vaccines represented an opportunity for Singapore to emerge from COVID-19 restrictions. Although vaccination was slow to start, thankfully by November 2021 around 95% of the eligible population had received 2 doses of COVID-19 vaccine. With more and more of the population taking up the booster, we are also seeing a reduction in daily cases which is a relief!

We held our 2021 Convocation of the College of Family Physicians Singapore. An annual event, we had to postpone 2020's ceremony due to the arrival of COVID-19; this year we held a virtual event for both 2020 and 2021 graduands, and welcomed 35 Collegiate members and 27 Fellows. Our heartiest congratulations, as it is no mean feat to be able to achieve this hard earned goal during these difficult COVID times!

50 years ago, a few good men came together to make their dreams and aspirations of establishing a Singapore College of General Practitioners a reality.

In the early days, our esteemed predecessors had many noble ideals. We need to look no further than the articles in our College Constitution to see this. Our founding fathers' first aims were to advance the Art and Science of Medicine, by discussing medical and scientific problems,

and running post-graduate education for general practitioners in the early days, now called family physicians. They were interested in high standards, and keen to encourage and help young doctors to prepare, qualify and establish themselves in family practice. High aspirations, selflessness, and always looking out to advance the quality of Family Medicine for all of society were the hallmark of our College pioneers.

The College ran the first diplomate course in general practice in the early 70's, and the first Collegiate Members of the College of General Practitioners, Singapore were newly minted in 1972, as MCGP(S). They established the first general practice journal in Singapore, then called simply "the GP", subsequently renamed the "Singapore Family Physician". Even in the early days, GPs had much interest in their community, with studies and reviews published in the journal. The College spearheaded all undergraduate and postgraduate education efforts for family medicine in the 1970s.

2021 marks the 50<sup>th</sup> Anniversary of the College. Although we are in the midst of a health crisis that is unprecedented, we family doctors can hold our heads high, as we have made immeasurable and selfless sacrifices to serve the people of our nation. The pivotal roles we played during this pandemic will be remembered by future generations, and the winds are indeed changing for the future of family medicine in Singapore. One of our aims

(continued from Page 17: Closing Address by CFPS Vice President, Dr Wong Tien Hua)

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is to achieve specialist recognition of family medicine as a discipline. We are very glad for the strong support from the Ministry of Health for this and for the affirmation from our Permanent Secretary Mr Chan Yeng Kit during our Convocation Ceremony in November. I am happy to share that our proposal for Family Medicine Specialist recognition has been approved at the Family Physician Accreditation Board (FPAB). The culmination of a massive effort by all at the FPAB, we are especially grateful for the support and leadership of our chair, DMS Prof Kenneth Mak, whose wisdom and insight was invaluable.

Healthcare needs in Singapore are evolving rapidly. We have one of the most admired healthcare systems in the world, yet we hear of many grouses about the inadequacies of the system. Of particular concern is our rapidly ageing population, estimated to reach 900,000 in 2030, around 25% of the population. These changing demographics are already leading to many more challenges to our healthcare system, and the need for more and better trained family physicians is more urgent now than ever. But how do we attract our young doctors to choose family medicine as a career? Is there a magic formula that can make family medicine irresistible to our newly minted medical officers?

The call for more well trained family physicians is now even more urgent than ever, as well as the need to build up community resources to better manage patients at home. The Ministry of Health in 2017 first noted the concept of the 3 beyonds to make for a "future ready" healthcare system:

- (i) move beyond hospital to the community;
- (ii) move beyond quality to value; and
- (iii) move beyond healthcare to health.

All this has been going on at breakneck speed, what with the myriad engagements of private practice GPs and FPs by the MOH in recent years, and various initiatives like the CHAS and Pioneer Generation health assistance schemes.

Transformation of primary care is key, with the long term goal of "One Singaporean, One Family Doctor". We aspire to earn that "key role of family doctors as a trusted health partner of every Singaporean." We are well aware that as primary healthcare becomes increasing complex, "the professional upskilling of primary and community-based physicians through post-graduate Family Medicine training will no long be optional." These words were spoken by our immediate past DMS Prof Benjamin Ong in 2017. They ring even more true today. Training and upskilling is indeed key to our development in Family Medicine.

The late Prof Barbara Starfield of Johns Hopkins University said so eloquently and I quote: - "There are lots of evidence that a good relationship with a freely chosen primary-care doctor, is associated with better care, more appropriate care, better health, and much lower health costs." Our aging population and increasing chronic disease burden desperately needs well-trained FPs, to take on the mantle and challenge to provide for the health of our nation. With proper costing and adequate funding, a strong primary care system comprising well-trained Family Physicians in Singapore will prove by far to be the more cost effective solution for the health needs of our city state.

As we approach the end of 2021, and look forward to the season's festivities and celebrations, we are grateful for the gentle easing of restrictions for dining and social gathering. This move is widely welcomed, with many of us looking forward to meeting face to face with our loved ones. However the emergence of novel variants of concern and waves of COVID infections in various countries reminds us of the fragility of our campaign against this virus. Let us take some time this season to spend precious moments with our loved ones, it is an investment well worth doing during these uncertain times.

I wish one and all good health, joy and every blessing for this Christmas and New Year!

■ CM

## Do medical students in Singapore want to pursue General Practice and Family Medicine as a career?

by Prof Helen Smith, Dr Fang Yang, Family Medicine and Primary Care, Lee Kong Chian School of Medicine, NTU

A research study led by LKCMedicine's Professor of Family Medicine and Primary Care, Helen Smith has found that more than half of medical students in Singapore are likely to pursue a career in General Practice and Family Medicine (GPFM). There were others, however, who are uncertain whether this career path can offer sufficient job satisfaction and career progression opportunities.

The research team comprised of (from LKCMedicine) Research Fellow Dr Fang Yang; Visiting Senior Research Fellow Michael Soljak; Junior Doctor and former LKCMedicine Student Shawn Tan; and former LKCMedicine's Research Fellow Humairah Zainal.

To support Singapore's rapidly ageing population and the increasing need for chronic care, the MOH has announced

(continued on the Page 21)

is to achieve specialist recognition of family medicine as a discipline. We are very glad for the strong support from the Ministry of Health for this and for the affirmation from our Permanent Secretary Mr Chan Yeng Kit during our Convocation Ceremony in November. I am happy to share that our proposal for Family Medicine Specialist recognition has been approved at the Family Physician Accreditation Board (FPAB). The culmination of a massive effort by all at the FPAB, we are especially grateful for the support and leadership of our chair, DMS Prof Kenneth Mak, whose wisdom and insight was invaluable.

Healthcare needs in Singapore are evolving rapidly. We have one of the most admired healthcare systems in the world, yet we hear of many grouses about the inadequacies of the system. Of particular concern is our rapidly ageing population, estimated to reach 900,000 in 2030, around 25% of the population. These changing demographics are already leading to many more challenges to our healthcare system, and the need for more and better trained family physicians is more urgent now than ever. But how do we attract our young doctors to choose family medicine as a career? Is there a magic formula that can make family medicine irresistible to our newly minted medical officers?

The call for more well trained family physicians is now even more urgent than ever, as well as the need to build up community resources to better manage patients at home. The Ministry of Health in 2017 first noted the concept of the 3 beyonds to make for a "future ready" healthcare system:

- (i) move beyond hospital to the community;
- (ii) move beyond quality to value; and
- (iii) move beyond healthcare to health.

All this has been going on at breakneck speed, what with the myriad engagements of private practice GPs and FPs by the MOH in recent years, and various initiatives like the CHAS and Pioneer Generation health assistance schemes.

Transformation of primary care is key, with the long term goal of "One Singaporean, One Family Doctor". We aspire to earn that "key role of family doctors as a trusted health partner of every Singaporean." We are well aware that as primary healthcare becomes increasingly complex, "the professional upskilling of primary and community-based physicians through post-graduate Family Medicine training will no longer be optional." These words were spoken by our immediate past DMS Prof Benjamin Ong in 2017. They ring even more true today. Training and upskilling is indeed key to our development in Family Medicine.

The late Prof Barbara Starfield of Johns Hopkins University said so eloquently and I quote: - "There are lots of evidence that a good relationship with a freely chosen primary-care doctor, is associated with better care, more appropriate care, better health, and much lower health costs." Our aging population and increasing chronic disease burden desperately needs well-trained FPs, to take on the mantle and challenge to provide for the health of our nation. With proper costing and adequate funding, a strong primary care system comprising well-trained Family Physicians in Singapore will prove by far to be the more cost effective solution for the health needs of our city state.

As we approach the end of 2021, and look forward to the season's festivities and celebrations, we are grateful for the gentle easing of restrictions for dining and social gathering. This move is widely welcomed, with many of us looking forward to meeting face to face with our loved ones. However the emergence of novel variants of concern and waves of COVID infections in various countries reminds us of the fragility of our campaign against this virus. Let us take some time this season to spend precious moments with our loved ones, it is an investment well worth doing during these uncertain times.

I wish one and all good health, joy and every blessing for this Christmas and New Year!

■ CM

## *Do medical students in Singapore want to pursue General Practice and Family Medicine as a career?*

by Prof Helen Smith, Dr Fang Yang, Family Medicine and Primary Care, Lee Kong Chian School of Medicine, NTU

A research study led by LKCMedicine's Professor of Family Medicine and Primary Care, Helen Smith has found that more than half of medical students in Singapore are likely to pursue a career in General Practice and Family Medicine (GPFM). There were others, however, who are uncertain whether this career path can offer sufficient job satisfaction and career progression opportunities.

The research team comprised of (from LKCMedicine) Research Fellow Dr Fang Yang; Visiting Senior Research Fellow Michael Soljak; Junior Doctor and former LKCMedicine Student Shawn Tan; and former LKCMedicine's Research Fellow Humairah Zainal.

To support Singapore's rapidly ageing population and the increasing need for chronic care, the MOH has announced

*(continued on the Page 21)*

(continued from Page 19: Do medical students in Singapore want to pursue General Practice and Family Medicine as a career?)

the "Three Beyonds" strategy in 2017. A key thrust in the strategy is "Beyond Hospital to Community" which involves shifting the care burden from hospitals to the community and hence the need to recruit more doctors into GPFM.

With a grant from the National Medical Research Council to investigate this issue, Prof Smith and her team conducted an online survey to investigate the likelihood of medical students choosing GPFM careers and factors related to their career preferences. The online survey was sent to all three medical schools and was completed by almost 400 students.

The study found that that medical students in Singapore value job satisfaction and career development opportunities most. They also perceive GPFM as being more likely to offer reasonable working hours and closer patient relationships than specialty medicine, although it is less likely to offer the career advancement potential of other medical fields.

On the downside, the students reported having encountered derogatory comments about GPFM during their undergraduate training. These comments include doing mundane and repetitive work, a non-competitive career and that GPFM in general has poor clinical competence.

These findings have direct implications for Singapore's efforts

to increase the number of doctors working in GPFM. To support the expansion of GPFM, medical schools in Singapore are training more doctors and have increased the proportion of residency openings in generalist fields, including family medicine. While the teams' findings of at least half of the students expressed a likelihood in pursuing GPFM were optimistic compared to some overseas reports, our findings highlight that even amongst this group there were similar concerns about whether GPFM careers can fulfil their need for job satisfaction and career development opportunities compared to other medical fields.

What then can be done to ensure that Singapore has a GPFM workforce to meet the changing needs of the population's demographic and improving the interface between primary, secondary and tertiary healthcare?

At a medical school level, the curriculum can be clearer in articulating the expectations from GPFM careers, provide better and increased opportunities for first-hand experience of GPFM. There should also be GPFM practitioners in teaching as there is no reason why a family doctor cannot teach the basic management of common acute and chronic diseases, and not always depend on organ specialists to do so.

Teaching should also highlight the depth and breadth of GPFM, such as the intellectual challenges involved when making diagnoses early in the development of symptoms and managing people with chronic disorders. With a better understanding of GPFM, students will be more aware of the potential impact of GPFM on patients' well-being and the many opportunities for innovation and research.

The perennial challenge to GPFM in Singapore has been the resistance to recognise family medicine as a medical specialisation. This has persisted despite MOH's recognizing the urgent need to strengthen primary care as the foundation of its healthcare system. This conflict may inadvertently send the message that GPFM is essential but unworthy of recognition, potentially deterring interested medical students from pursuing this career choice.

Encouragingly, this research revealed that many students still express interest in GPFM careers. It is thus imperative for LKCMedicine as a medical school to promote and sustain this interest by providing plentiful opportunities for students to discover and develop their interest in GPFM. A highly-skilled and motivated GPFM workforce therefore is one of the keys to achieve the "3 Beyonds" and bringing our healthcare system to a level that will effectively care for everyone who needs it.

■ CM

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## GDFM Enhancement Programme (FPSC#98) (2-Day)

# Geriatric Care 2022

Course is compulsory for GDFM 2020-2022 and 2021-2023 intake.

\*GDFM trainees who have already passed the compulsory FPSC in 2021, are not required to retake.

Sat, 5 March 2022: 2.00pm - 5.30pm

Sun, 6 March 2022: 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

TBC

#### SEMINARS (2 Core FM CME points)

DAY 1 • Unit 1 - 3: Sat, 5 March (2.00pm - 4.00pm)

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

#### WORKSHOPS (1 Core FM CME point)

DAY 1 • Sat, 5 March (4.30pm - 5.30pm)

DAY 2 • Sun, 6 March (4.30pm - 5.30pm)

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

Please register by 2 March 2022 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

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

## REGISTRATION

### Geriatric Care 2022

Please tick (✓) the appropriate boxes

FREE  
REGISTRATION  
for College  
Members!

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> <del>\$32.10</del> FREE	<input type="checkbox"/> \$32.10
Workshop 1 (Sat)	<input type="checkbox"/> <del>\$32.10</del> FREE	<input type="checkbox"/> \$32.10
Seminar 2 (Sun)	<input type="checkbox"/> <del>\$32.10</del> FREE	<input type="checkbox"/> \$32.10
Workshop 2 (Sun)	<input type="checkbox"/> <del>\$32.10</del> FREE	<input type="checkbox"/> \$32.10
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### Online Registration Available

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

<http://cfps.sg/fpsc-98/>

Name: Dr \_\_\_\_\_

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

Please mail the completed form and cheque payment to:

**College of Family Physicians Singapore**

16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: [sfp@cfps.org.sg](mailto:sfp@cfps.org.sg) or by fax: 6222 0204.

**Successful applicants will be confirmed by email.**

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# Ending 2021 on a High Note!

by CI Asst Prof Low Sher Guan Luke, FCFP(S), Editor (Team C)

2021 is full of ups and down and is finally coming to a close. Looking back, we have indeed done a lot in the past 2 years in our fight against COVID-19! Many of us did what we could in persuading and advocating for our patients as well as our loved ones to be vaccinated and protected, and some of us who are involved in direct care of COVID-19 patients applaud the arrival of newer countermeasures that further protect our vulnerable patients against the deadly virus. Many PHPC clinics, polyclinics and CTFs have rallied to the call and joined in this national fight against COVID-19, and we look forward to an endemic state when our country is COVID-resilient! With higher vaccination rates and more VTLs opening up, it is a sign that we are on track to open up our country. We can also learn from those countries who have opened up before us and to take a cautious and calibrated middle road approach in our own country's reopening and keep the cost of human lives to a minimum.

Reading Prof Cheong's piece on Remembering Dr Richard Geeves led me to reflect deeply on the many contributions of this great man, not just in his own home country, but also of the impact it has in the family medicine scene in Singapore. This was truly a man who lived well, made pioneering contributions towards family medicine, and also fondly remembered by Prof Cheong, Prof Goh and many others who were fortunate enough to cross paths with him. His contributions and good work will endure for many years to come.

Many of us were personally affected by the passing of Dr Agnes Koong who was a dear friend to many of us and a good family physician in Singhealth Polyclinics. Many of us have fond memories of working alongside her and our fraternity have benefitted so much from her passion and hard work that

she has put in for our patients and family medicine. We truly believe she has fought the good fight and finished the race. Even when we mourn over her departure, we continue to pray for peace to be upon her family. Though her physical presence is no more, she continues to live in the hearts and minds of many of us.

Do allow me to end off 2021 on a happy note, as CM sends our heartiest congratulations to our fellowship graduands! We are also honoured to have interviewed two of them, Dr Jeremy Koh and Dr Wong Ann Mei, who shared about themselves, their passion for family medicine, the memories of the program, how it has impacted their work, and their dreams for family medicine in the future. We look forward to them in paying it forward and training future generations of aspiring family medicine physicians! The programme can also look forward to another renewal of leadership as we plan for the next succession of programme director and cohort programme directors, and all will be revealed in due time.

College also celebrated our 50<sup>th</sup> anniversary with Prime Minister Lee sending us a message that affirms what family physicians have been doing and recognising us as specialists in our own right. So College needs to continue to raise the standard of Family Medicine through postgraduate training, to keep ourselves up to date, and even to complete our training through our fellowship programme. Just like how other specialists complete their training, we as family physicians, should aspire to achieve that too, so that our patients can receive the care that they deserve. I hope that we can continue to give our support to our fellowship programme as this is our best hope of training fellows at the pinnacle of family medicine training!

■ CM

# GOAL: Guidance Oriented Approach to Learning

Sat, 12 March 2022: 2.00pm - 5.30pm  
Sun, 13 March 2022: 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: Hypoglycemia, CV Effects, and Weight: The New Nonglycemic Gold Standards in T2D Treatment
- Unit 2: GLP-1Ras- from evolution to revolution
- Unit 3: Semaglutide: A Strategic Weapon for Primary Care
- Unit 4: CAPTURE-ing & evaluating complications in T2DM
- Unit 5: Expert Insights for PCPs in managing CKD in T2DM
- Unit 6: Semaglutide: Heart of the matter (Sustain-6 & Pioneer-6)

## WORKSHOPS

- Day 1: Panel Discussion w/ case studies - The uncontrolled diabetes patient in primary care: how semaglutide fits in?
- Day 2: Case studies (Unit 4 - 6)

## SPEAKERS

TBC

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

- **SEMINARS** (2 Core FM CME points)  
DAY 1 • Sat, 12 March (2.00pm - 4.00pm)  
DAY 2 • Sun, 13 March (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)  
DAY 1 • Sat, 12 March (4.00pm - 5.00pm)  
DAY 2 • Sun, 13 March (4.00pm - 5.00pm)

\*Registration is on first-come-first-served basis.  
Please register by 9 March 2022 to avoid disappointment.

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

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



## REGISTRATION

GOAL: Guidance Oriented Approach to Learning

Please tick ( ✓ ) the appropriate boxes

**FREE REGISTRATION for College Members!**

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Please mail the completed form and cheque payment to:  
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16 College Road #01-02, College of Medicine Building, Singapore 169854

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

# Family Medicine CONVOCAATION CEREMONY 2021



Mr Chan Yeng Kit  
Photo credit: Ministry of Health

Professor Tan Tze Lee  
President, College of Family  
Physicians Singapore  
Distinguished guests,  
Ladies and gentlemen,

Today, we celebrate the  
Family Medicine Convocation  
Ceremony. Because of the  
COVID-19 pandemic, last year's  
ceremony had to be postponed  
to this year. Hence, today's  
ceremony is for both the 2020

and 2021 batches. Even though COVID-19 has not gone  
away, it is important for us to adapt and learn to live with  
the virus. I am delighted to be here with you, even if only  
virtually, to mark this momentous event, especially for the  
2020 batch of graduates who have waited a year for this  
ceremony.

I would also like to take this opportunity to thank all of  
you in our primary care and community frontline. You have  
worked tirelessly over the past year battling the pandemic,  
as you juggle work, exams, and family commitments.

Today, there are 27 graduates from the Fellowship, and 35  
from the Collegiate Membership (MCFPS) by Assessment.  
My heartiest congratulations to each and every one of you.

This is a significant milestone in your career. One that you  
have invested time and effort in reaching. You have acquired  
the knowledge and skills to be a Family Physician.

Many of you would know of MOH's Healthcare 2020 plan  
that was launched in 2012. And our "Three Beyonds"  
– Beyond Healthcare to Health; Beyond Hospital to  
Community; Beyond Quality to Value. Going forward, MOH  
will be taking a "Population Health" approach to right-site  
care and emphasize preventive care and health promotion.

Primary Care will be at the forefront of Population Health,  
and all of you will be key partners as our healthcare system  
evolves to tackle the challenges ahead.

I think many of you are familiar with these challenges. First,  
Singaporeans are living longer. This is of course a good

The Family Medicine Convocation Ceremony was held  
virtually via Zoom on 20<sup>th</sup> November 2021.

Gracing the event as the Guest-of-Honour was  
Permanent Secretary (Health) Mr Chan Yeng Kit.

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

thing, not a bad thing. Singapore has one of the highest  
life expectancies in the world. Last year, life expectancy at  
birth for men was 81.5 years, and for women, 86.1 years.  
Second, our population is getting older. Last year, more than  
614,000 Singaporeans were aged 65 and above. That number  
has grown since. By 2030, it is projected to hit 900,000, an  
almost 50% increase in less than 10 years.

Considering these statistics, it becomes apparent that the  
disease burden will grow. Managing this will be a significant  
part of the many challenges our healthcare system will face  
in the coming years.

Primary care will play an increasingly greater role in  
anchoring the care of our patients across all life stages,  
regardless whether young or old. Over the next few years,  
Family Physicians will be increasingly involved across various  
domains, such as disease prevention, rehabilitation, mental  
health, and patient empowerment – how we can provide  
patients with information and knowledge, to enable them  
to be responsible for their own health.

Ongoing professional education, including postgraduate  
training in Family Medicine, is a huge enabler towards  
nurturing family doctors with the professional  
competencies in this broad-based discipline. I would like  
to thank the CFPS for working with the Family Medicine  
Training Advisory Committee and the Family Medicine  
Examination Committee, to align the GDFM curriculum and  
assessment, including the introduction of clinical postings  
to the curriculum.

I would like to commend the College for your active  
involvement in Family Medicine education over the years,  
and for continuing to proactively shape professional training  
to meet our care needs.

The College of Family Physicians Singapore is the voice  
representing the Family Medicine community. In addition to  
running three core postgraduate Family Medicine training  
courses, CFPS has also worked closely with various divisions  
in MOH. Just over the past year, this has included the focus  
group discussion on the upcoming implementation of the  
Healthcare Services Act, the MOH-AIC-CFPS Primary  
Care seminar on Testing strategies for COVID-19, as well

as the MCCY-MOH Conversation on Singapore Women's  
development.

One of the College's aims has been to present and establish  
the Family Medicine discipline as a specialty on its own. This  
is commendable and supported by MOH. Family Medicine  
covers a wide range of treatments and patients, requiring a  
breadth of knowledge and practice that can be considered  
equivalent to other specialists' body of organ-specific  
knowledge. Family Physicians are an integral part of our  
healthcare landscape, providing first-contact, comprehensive  
and continuing care for individuals and their families in the  
community. As we develop our Population Health Strategy,  
Family Physicians will play an increasingly important role.

Finally, allow me to congratulate the College on its 50<sup>th</sup>  
Anniversary this year. This is a very significant milestone.  
The College has done magnificent work over the past 50  
years.

To commemorate this anniversary, a second edition of Being  
Human: Stories from Family Medicine has been published,  
detailing numerous anecdotes by Family Physicians. These  
bite-sized stories run the gamut of experiences that Family  
Physicians have been through, and serve as a reminder that,  
perhaps, the most important skills a Family Physician can  
have, are those to do with the human connection.

Let me conclude by, once again, expressing my heartiest  
congratulations to all the graduates. Thank you very much.

■ CM

## Congratulations to our new 2021 Fellowship Graduands

Interviewed by Dr Chan Hian Lui Vincent, FCFP(S), Editorial Team Member (Team C)

College Mirror is delighted to congratulate the 12 successful  
candidates for the Family Medicine Fellowship Programme exit  
exams for the year 2021. This is a key milestone, and we  
celebrate with the successful candidates. For candidates who  
did not succeed, we would like to offer words of encouragement.  
Do not be discouraged, go ahead, and try again next year. After  
all, not all current Fellows passed on their first try.

For this edition, we interviewed **Dr Jeremy Koh Zhong  
Wei** and **Dr Wong Ann Mei**, and asked them to share their  
reflections on the course. Graduating top of his cohort, Jeremy  
is also the winner of the prestigious **Dr Koh Eng Kheng Gold  
Medal Award**, an award given to the best Fellowship candidate  
of each academic year.

### College Mirror (CM):

Do tell readers a bit about yourself.

### Dr Jeremy Koh Zhong Wei (JK):

I currently work as family physician  
at Hougang Polyclinic and am also  
involved with National Healthcare  
Group's family medicine residency  
training. Outside of daily work, I enjoy  
cycling to different parts of the island  
to explore new eateries. I actually  
got married last year at the height of  
COVID-19, so 2020 was definitely a  
memorable year (in more ways than  
one)!

### CM:

Why did you pursue Family Medicine  
as a career?

### JK:

My interest in family medicine started during medical  
school days, when I was posted to a general practice in  
a small Irish town. The general practitioner was the only  
source of medical care in the town and he even seemed



Dr Jeremy Koh Zhong Wei  
Graduand, Family Medicine  
Fellowship Programme  
Winner of the Dr Koh Eng Kheng  
Gold Medal Award

to know most of his patients by their first  
name! It was that personal, continuing and  
comprehensive care provided that first  
attracted me to family medicine. During  
my early days of hospital practice, I  
further realised the unique role of  
family medicine in the healthcare of  
Singapore, and hence decided to train  
as a family physician.

### CM:

What made you sign up for the Fellowship  
Training Programme?

### JK:

After the MMed(FM), I was involved in  
teaching both undergraduate students and  
postgraduate residents. This entailed writing  
case scenarios for discussion and creating

assessments for evaluation of learning. These medical  
pedagogy skills were a main component of the Fellowship  
training programme that appealed to me. Furthermore,  
the fellowship training programme also provided the

(continued on the next page)

as the MCCY-MOH Conversation on Singapore Women's development.

One of the College's aims has been to present and establish the Family Medicine discipline as a specialty on its own. This is commendable and supported by MOH. Family Medicine covers a wide range of treatments and patients, requiring a breadth of knowledge and practice that can be considered equivalent to other specialists' body of organ-specific knowledge. Family Physicians are an integral part of our healthcare landscape, providing first-contact, comprehensive and continuing care for individuals and their families in the community. As we develop our Population Health Strategy, Family Physicians will play an increasingly important role.

Finally, allow me to congratulate the College on its 50<sup>th</sup> Anniversary this year. This is a very significant milestone. The College has done magnificent work over the past 50 years.

To commemorate this anniversary, a second edition of *Being Human: Stories from Family Medicine* has been published, detailing numerous anecdotes by Family Physicians. These bite-sized stories run the gamut of experiences that Family Physicians have been through, and serve as a reminder that, perhaps, the most important skills a Family Physician can have, are those to do with the human connection.

Let me conclude by, once again, expressing my heartiest congratulations to all the graduates. Thank you very much.

■ CM

## Congratulations to our new 2021 Fellowship Graduands

Interviewed by Dr Chan Hian Hui Vincent, FCFP(S), Editorial Team Member (Team C)

*College Mirror is delighted to congratulate the 12 successful candidates for the Family Medicine Fellowship Programme exit exams for the year 2021. This is a key milestone, and we celebrate with the successful candidates. For candidates who did not succeed, we would like to offer words of encouragement. Do not be discouraged, go ahead, and try again next year. After all, not all current Fellows passed on their first try.*

*For this edition, we interviewed **Dr Jeremy Koh Zhong Wei** and **Dr Wong Ann Mei**, and asked them to share their reflections on the course. Graduating top of his cohort, Jeremy is also the winner of the prestigious **Dr Koh Eng Kheng Gold Medal Award**, an award given to the best Fellowship candidate of each academic year.*

### College Mirror (CM):

Do tell readers a bit about yourself.

### Dr Jeremy Koh Zhong Wei (JK):

I currently work as family physician at Hougang Polyclinic and am also involved with National Healthcare Group's family medicine residency training. Outside of daily work, I enjoy cycling to different parts of the island to explore new eateries. I actually got married last year at the height of COVID-19, so 2020 was definitely a memorable year (in more ways than one)!

### CM:

Why did you pursue Family Medicine as a career?

### JK:

My interest in family medicine started during medical school days, when I was posted to a general practice in a small Irish town. The general practitioner was the only source of medical care in the town and he even seemed



*Dr Jeremy Koh Zhong Wei  
Graduand, Family Medicine  
Fellowship Programme  
Winner of the Dr Koh Eng Kheng  
Gold Medal Award*

to know most of his patients by their first name! It was that personal, continuing and comprehensive care provided that first attracted me to family medicine. During my early days of hospital practice, I further realised the unique role of family medicine in the healthcare of Singapore, and hence decided to train as a family physician.

### CM:

What made you sign up for the Fellowship Training Programme?

### JK:

After the MMed(FM), I was involved in teaching both undergraduate students and postgraduate residents. This entailed writing case scenarios for discussion and creating assessments for evaluation of learning. These medical pedagogy skills were a main component of the Fellowship training programme that appealed to me. Furthermore, the fellowship training programme also provided the

*(continued on the next page)*

(continued from Page 25: Congratulations to our new 2021 Fellowship Graduands)

opportunity to learn and practise critical appraisal of research papers, to be able to practise evidence-based medicine. The programme also gave me the opportunity to carry out a full research project in a structured manner, which was great for a research newbie!

**CM:**

What was memorable about the course?

**JK:**

The course brought together family physicians from the different public healthcare clusters, and served as a wonderful platform for us to interact and discuss primary care issues and much more! I definitely made many great friends over the 2 years!

**CM:**

Did the COVID-19 pandemic affect your course experience?

**JK:**

With COVID-19, our tutorial sessions were moved online and the reduced face-to-face interaction with my fellow course-mates did dampen the experience at first. However, as adaptable family physicians, we took to the online sessions well, and the discussions were actually enriched by using the online chat function where we could pen further thoughts in real-time without disrupting the speaker. Hence all turned out well in the end!

**CM:**

Does Fellowship training have any impact on your work?

**JK:**

I would say that Fellowship training has made me more inquisitive. Especially with regards to evidence-based medicine, I am better able to appraise the available literature for clinical problems and personalise the treatment for my patients, to attain improved clinical outcomes and patient satisfaction.

**CM:**

How do you envision Family Medicine in the future?

**JK:**

Family Medicine has been pushed to the forefront of this

pandemic, from treating those with acute respiratory symptoms, to managing COVID-19 positive cases, to following up of chronic diseases. With our diverse and varied training, we are able to apply our skills in situations we haven't come across before. Family physicians have managed very ably during this pandemic and I foresee family medicine playing a bigger role in the shaping of Singapore's healthcare landscape.

**CM:**

What would you say to those who are pondering whether to join the next batch of Fellowship course?

**JK:**

'Go for it' seems apt! I did have many doubts about the course and upon starting, thoughts of 'what did I get myself into' did run across my mind. However, as the tutorials went on, I started to enjoy the different topics and of course, the banter with my fellow course-mates. This will be a very fulfilling journey – so GO FOR IT!

**CM:**

Is there anyone you will like to thank, who had helped you on this journey?

**JK:**

I had great support throughout the fellowship course, without which I may not have had such a good experience. I would like to thank all the fellowship supervisors who took us for our tutorials, especially my group supervisors, Dr Vincent Chan and Dr Lester Leong, who zoomed with us till midnight! Special thanks also to the Clinical Research Unit at National Healthcare Group Polyclinics, Dr Lee Eng Sing, Dr Sim Sai Zhen and Mr Jeremy Lew who guided me through my maiden research project. I would also like to thank the tutors from NHGP who took us for practice sessions and my clinic head Dr Kong Jing Wen, for all the support given. Finally, I would like to thank all my fellow course mates for the support and friendship throughout. And last (certainly not the least), my wife! She was the one who encouraged me to sign up for the course and continually supported me throughout this journey. Thank you all!

### College Mirror (CM):

Do introduce to readers a bit about yourself.

#### Dr Wong Ann Mei (WAM):

I am an Associate Consultant at Sengkang Community Hospital and a hands-on mother to two active young boys. Each day, I challenge myself to be a better clinician and obtain optimal outcomes for my patients, while also making quality time for my children. My favourite way to spend a quiet moment is a movie on Netflix, or a good book with a cup of tea.

**CM:**

Why did you pursue Family Medicine as a career?

**WAM:**

Fresh out from medical school, I was rather intimidated by the vast knowledge base which was expected from a Family Medicine Practitioner. As I matured in the practice of medicine, I was drawn to Family Medicine by the individualised yet holistic and comprehensive care that I can offer to my patients. The complexity of the specialty

makes honing the skills to navigate the practice an art. The broad scope also allows me to find a niche which fits my practice style.

**CM:**

What made you sign up for the Fellowship Training Programme?

**WAM:**

In my practice setting in Sengkang Community Hospital, I treat complex patients who are admitted for subacute and rehabilitation care. By further developing my skills as a family physician, I can opportunistically screen them for geriatric syndromes, optimally manage their chronic conditions and seamlessly transit them back into the community on discharge.

**CM:**

What was memorable about the course?

**WAM:**

The most memorable moment in my fellowship course was when I finally completed my logbook for submission. As I look at the final product in front of me, memories of the past 2 years flooded my mind and touched me deeply as it encompassed the joy, camaraderie, tears and sweat of the entire process. Each and every component in the logbook was a precious learning process and represented a part of my life which had accompanied me through my fellowship journey. Faces of family, friends, colleagues and mentors who have extended their kindness and support to me poignantly inspired me to continue my journey in Family Medicine with a life-long imprinting for continued education for my peers and myself in order to maintain excellent and safe patient care.

**CM:**

Did the COVID-19 pandemic affect your course experience?

**WAM:**

Having the Clinical Formative Assessment held via Zoom for the first time in the history of Fellowship trainees was a curveball, given that we had been practicing for the Clinical Formative Assessment at various clinical sites for months. But as COVID-19 has pushed everyone to find a new way of doing things, it was important for me to set my mindset right and embrace change as a way of life!

Another significant change was the cancellation of the APEBM, which is often viewed as the rite of passage for Fellowship. Bummed as I was, I am grateful to the seniors who stepped up and guided us in the field of journal critique.

**CM:**

Does Fellowship training have any impact on your work?

**WAM:**

I definitely became a more rounded clinician as I learnt to conduct a research study, appraise a research article and enhanced my knowledge in medical ethics and law. These skills enabled me to perform at a higher level as I endeavour to teach my juniors and work towards achieving better outcomes for my patients from a system-based perspective.

**CM:**

How do you envision Family Medicine in the future?

**WAM:**

Family Medicine is the core and foundation of the medical field. I believe it is the gateway to specialist care and encompasses

a whole spectrum of all fields in medicine. The Ministry's vision puts it succinctly: "One Singaporean, One Family Doctor".

**CM:**

What would you say to those who are pondering whether to join the next batch of Fellowship course?

**WAM:**

Ponder no longer! The journey may be tough but you will uncover the well of strength and perseverance that is within you. The friendship built and knowledge gained along the way is also invaluable.

**CM:**

Is there anyone you will like to thank, who had helped you on this journey?

**WAM:**

I will be forever indebted to my bosses and colleagues at Sengkang Community Hospital who encouraged me and guided me throughout. I would especially like to thank Dr Luke Low and Dr Xu Bangyu, whose patience and kindness enabled me to not only survive but thrive and complete the fellowship journey.

I also know that my success would not have been possible without the practical help and emotional support from my family and friends. It truly takes a village and I am so thankful for mine.

■ CM



*Dr Wong Ann Mei  
Graduand, Family Medicine  
Fellowship Programme*

# Life's sunset

by Dr Loo Yu Xian, FCFP(S), Consultant, Post-Acute & Continuing Care, Outram Community Hospital

I work as a physician in Outram Community Hospital. As part of a multidisciplinary team, I provide palliative care to patients who are near the end of their life. When I share with people what I do, I often receive comments such as “Your work must be so challenging” and “I can't imagine how you all do this”.

Looking back, I certainly did not foresee that I would end up in palliative care. My grandparents brought me up and my first experience with death was their passing. My grandmother was tragically involved in a fatal road traffic accident. My grandfather was never quite the same after that. On hindsight, I now know that he was grieving, but my younger self neither realised that nor knew how to comfort him. When he eventually got ill and passed away, I remained as a mere bystander.

This brings some regret and so, I treasure the opportunity I get to work with the dying and their loved ones. Over the years I've provided palliative care, I have gained some life lessons.

## More is not always better

Medical science has come a long way and continues to advance today. But there are still many medical conditions which remain incurable. Beyond a certain point, treatments and medical interventions may be ineffective but instead, incur physical discomfort, emotional stress and financial burden. It is at this point that many patients prefer to focus on being as comfortable as possible and revolving their life around what matters most to them.

## Death need not be scary

People usually imagine dying to be an uncomfortable or painful process, but this may not be true all the time. In some cases, the end is akin to the peaceful entry into an eternal slumber. When there is physical discomfort, the clinical team can usually help to alleviate it with meticulous care and medication.

In the wards, I often see the loved ones of a dying person by the bedside, hesitant about what they can or should do. I think that people often underestimate the impact of gestures of love. With some loving words, a warm touch and simply being present for the person, a big difference can be made to the dying person last moments.

## Live well to leave well

Each individual regards the prospect of facing the end differently. Some are composed and prepared, facing it with

utmost grace. Some are anxious and hung up about things, which are undone or unsettled.

Common regrets, as captured by the book “The Top Five Regrets of the Dying” by Bronnie Ware, include: (1) not living a life true to oneself, (2) working too hard, (3) not having the courage to express one's feelings, (4) not staying in touch with people, and (5) not letting oneself be happier.

My time spent with my patients has taught me the poignant lesson to live in the present, for time becomes the most important asset when so little of it remains. This helps me let go of petty concerns and instead develop gratitude for what I have while not being resentful for what I lack.

Another aspect of life that becomes increasingly important for most people with limited time left is the ability to spend time with those dear to them. It can be ironic that we spend much of our life chasing material possessions like money when towards the end, these become insignificant when compared to relationships. Maybe we should reflect if we are investing our efforts into what really matters, and if we truly will have as much time with our loved ones as we think we do.

## The end can be beautiful

Just like how the sunset can be one of the most breathtaking moments of the day, or how a candle burns brighter before it goes out, the end of life can be a transformative period for everyone involved.

For the patients, this is when they are most authentic and focus on what really matters most to them. For the people around them – including their healthcare team – this period of tenderness often creates lasting memories that contribute to the person's legacy.

In my view, what my colleagues and I do in the Outram Community Hospital's palliative wards is more than a job. To me, it is a priceless experience to care for another human being during such a special chapter of their life. We get to understand them as individuals, help them be at peace as well as to live and ultimately leave in dignity. I cannot imagine a greater privilege and I am thankful to all of my patients who have allowed or are allowing me the chance to do so.

■ CM

# ItsRainingRaincoats: Migrant Worker Welfare and Medical Support

In an ordinary setting, rain or shine, you'll probably see them working on the roads, construction sites or even resting under a residential block. There is a probability that they have helped build the roof above your head as you're reading this but yet, we're so often caught up with our own lives, that we unintentionally grow oblivious to their presence.



Our migrant friends receiving care packs from donors  
Image source: ItsRainingRaincoats Facebook

Our migrant community comprises about one-fifth of Singapore's population and also forming a substantial and indispensable portion of the nation's workforce. Despite this, they do not often always have people to look out for them. With the pandemic locking in its stay since early 2020 and community restrictions changing in accordance with the situation, not much has changed for our migrant friends who are living in dormitories. Largely confined to their dormitories, migrant friends whom we have spoken to have shared the increasing feeling of isolation and despair among themselves and how their daily routine see them heading to work and straight back to their living quarters after.

Unfortunately, the pandemic had also shone a spotlight on their poor living conditions, lack of access to health care, unpaid salaries and more. Ironically, these issues have always been there.

Working the grounds since 2015, ItsRainingRaincoats, founded by Harvard educated lawyer Ms. Dipa Swaminathan, was formed with an intention to improve the lives of our migrant friends by building bridges to strengthen their integration into our broader community. The yellow raincoat in the logo symbolises the protection that the organisation can provide our migrant friends from their metaphorical thunderstorms.



ItsRainingRaincoats volunteer being part of an initiative | Image source: ItsRainingRaincoats Facebook

With over a thousand volunteers to date, the team has been constantly evolving to mould the ground-up organisation into a more holistic avenue where our migrant friends can readily get assistance from, exchange values, interests and learnings with one another. A few successful initiatives include, "**Starbucks**

**Initiative**" — a year-round initiative where volunteers pick up unsold food from nearly 50 Starbucks outlets weekly and distribute them to our migrant friends, "**SG Flyer Rides**" — where locals donated their SingapoRediscover vouchers so that our migrant friends can have an opportunity to get on the Singapore Flyer and '**MAD Wish**' — a skill-up virtual English programme where the migrant community can learn basic, conversational English from our volunteers.

Given all the available resources within reach, it still takes more than just an organisation and volunteers to bring about consistent support and positive changes to the lives of our easily-contented migrant friends. It is known that most of them sacrifice their own comfort just to earn money and bring food to the table for themselves and their loved ones. At times, they are forced to make silent sacrifices like neglecting their own health as they fear having to spend money at the expense of the well-being of their families.

Choosing a day off or throwing a medical leave may not be a given privilege for some and most times, our migrant friends do not have a choice to decide. For our migrant friends, their employers are responsible for ensuring they are properly taken care of. More critically, it is whether they are given adequate health care services and if they being well-informed of their healthcare privileges.

Prolonged hours under the sun or rainy conditions seem to be conditions they are immune to and braving them is part and parcel of their job. A common trend for them seems to be the hesitance in bringing up a medical problem with an employer, for fear of being viewed as burdensome to employers or due to being historically refused support. For



ItsRainingRaincoat's Founder, Dipa Swaminathan, leading the 'Starbucks Initiative' | Image source: The Straits Times

many, it is a better choice to live with chronic issues such as dental problems, vision issues or even paying for diabetes medication or blood pressure monitors out of their own pockets, rather than seek assistance from the employer. Mental health continues to remain an area of need for workers who have been unable to leave their dorms for the most part of the last 18 months. Regular screenings are required to diagnose underlying chronic issues.

We noticed that many migrant workers were silently suffering with dental problems, excruciating tooth aches, broken glasses, headaches etc. Dental work and eyecare are items that are typically not included in insurance claims and it is very hard for migrant workers to afford to take care of such problems for themselves. Migrant workers are also petrified of voicing such matters with their employers

for fear of having their work permits cancelled, and choose to suffer silently instead. Realising this gap, we have stepped up to offer them help with dental and vision problems. We have successfully galvanised not just plenty of volunteers, but also dental clinics and optometrists have come forward to support us in supporting our migrant brothers. Since these programmes launched,

over a hundred workers have sought help, which is telling on the real need to start including such care into their insurance.

Such programmes are not possible without the help of many medical professionals who have come forward to support migrant workers in need. While plans are in motion to provide better access to medical care to migrant workers on a larger scale which will address many of these concerns, we believe every individual can make a difference.

If you would like to support ItsRainingRaincoats in providing help to the migrant workers, do write in to us at [itsrainingraincoats@gmail.com](mailto:itsrainingraincoats@gmail.com)

■ CM

## Remembering Dr Richard Geeves (1925 - 2020)

by A/Prof Cheong Pak Yean, Past President, College of Family Physicians Singapore

Dr Geeves, a great friend of the College passed on 18<sup>th</sup> July 2020 in Tasmania. I learnt this while researching the history of the College on its 50<sup>th</sup> anniversary. I came across an obituary<sup>1</sup> placed by his family in the Sydney Morning Herald on 20<sup>th</sup> July 2020 and a eulogy in the Tasmania parliament<sup>2</sup> delivered by Member of Parliament, Mr Julian Lessner on 15<sup>th</sup> March 2021.



Dr Richard Geeves (Far right) with Prof & Mrs Wes Fabb in Hobart with A/Profs Goh Lee Gan and Cheong Pak Yean

Dr Geeves was a GP in Tasmania and New South Wales (NSW). After he graduated from medical school after the Second World War, he took over his father's GP practice in Geevestown, Tasmania. Dr Geeves later relocated to practice in New South Wales. In an article published in the College Mirror in 2003, Dr Wong Heck Sing<sup>3</sup>, a founder

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Prolonged hours under the sun or rainy conditions seem to be conditions they are immune to and braving them is part and parcel of their job. A common trend for them seems to be the hesitance in bringing up a medical problem with an employer, for fear of being viewed as burdensome to employers or due to being historically refused support. For many, it is a better choice to live with chronic issues such as dental problems, vision issues or even paying for diabetes medication or blood pressure monitors out of their own pockets, rather than seek assistance from the employer. Mental health continues to remain an area of need for workers who have been unable to leave their dorms for the most part of the last 18 months. Regular screenings are required to diagnose underlying chronic issues.



*ItsRainingRaincoat's Founder, Dipa Swaminathan, leading the 'Starbucks Initiative' | Image source: The Straits Times*

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*Dr Richard Geeves (Far right) with Prof & Mrs Wes Fabb in Hobart with A/Profs Goh Lee Gan and Cheong Pak Yean*

Dr Geeves was a GP in Tasmania and New South Wales (NSW). After he graduated from medical school after the Second World War, he took over his father's GP practice in Geevestown, Tasmania. Dr Geeves later relocated to practice in New South Wales. In an article published in the College Mirror in 2003, Dr Wong Heck Sing<sup>iii</sup>, a founder

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(continued from Page 31: Remembering Dr Richard Geeves (1925 - 2020))

of the College in 1971 recalled how they met when Dr Wong was in Sydney in 1969 to scout for schools for his children. Dr Geeves who was Dr Wong's brother neighbour had engaging conversations 'over the fence' and rallied his office as Censor-in-Chief of the Royal Australasian College of General Practitioners (RACGP) to help our new College conduct the first MCGP examination in 1972. Dr Geeves and Prof Wes Fabb were our first external examiners. The College awarded Dr Geeves an Honorary Fellowship in 1973 for this sterling commitment.

Dr Geeves pioneered community care for elderly patients in NSW after he stopped general practice. He was awarded the Centenary Medal by his nation in 2001 for this work especially on dementia. These services are now called Intermediate and long-term care (ILTC) in Singapore. Again by serendipity, he was to deliver the opening address of the College first Family Practice Skills Course (FPSC) focussing on ILTC on 27<sup>th</sup> October 2002.

As then president of the College and organiser of the first FPSC, I did not know that Dr Geeves would stop-over in Singapore while on the way back to Australia from UK. He first went unannounced to the College office at COMB building that day and was re-directed to Woodbridge Hospital, the venue of the FPSC. I remember seeing this tall Caucasian gentleman walked in before the session started. He introduced himself. I connected. He was the Dr Geeves of RACGP, our benefactor for the MCGP examination that Dr Wong Heck Sing often recounted. In the brief conversation before the first FPSC started, I learnt of his recent immersive experience with ILTC in Australia. Dr Geeves on that spur of the moment agreed to give the opening address to share his experience on 'Home Health Care'. I believe that he was sent by providence to be present at the advent of another cornerstone of the college academic programme.

I met Dr Geeves on two further occasions. The first in 2003 was when A/Prof Goh Lee Gan and I were in Hobart Tasmania for A/Prof Goh to receive an Honorary Fellowship from the Australian College. After the ceremonies in Tasmania, Dr Geeves then in his seventies drove us to Geevestown, founded by his great grandfather in the interior of Tasmania. We recounted this experience in the College Mirror<sup>iv</sup>. From the memorabilia of the College he kept in his cottage and the College Fellowship Diploma of 1973 hanging on his ancestral home, we were sure that he had our College in heart and mind all these years.

From the memorabilia of the College he kept in his cottage and the College Fellowship Diploma of 1973 hanging on his ancestral home, we were sure that he had our College in heart and mind all these years.

We last met Dr Geeves in 2014 when he was on the way back to Australia after he attended the Centennial commemorative ceremony in Tripoli to mark the end of the Great War in 1924. A/Prof Goh and I met Dr Geeves in Shangri-la hotel for dinner. It was then I first learnt of his award of the Order of Australia for his heroic service in Papua New Guinea during the Second World War – another connection for Singapore.

A Japanese Engineering battalion that occupied Singapore in 1941 was stationed in the pre-war shop houses built by Cheong Chin Nam, my grandfather in 1923 in Bukit Timah. This was where Dr Wong Heck Sing started his clinic in 1952 and where I practised since 1980. After Singapore was secured, that Japanese battalion was moved to Philippine and then Papua New Guinea in the Japanese attempt to invade Australia. On its annihilation, the Japanese archives was captured by the Australian Army. Its sojourn in Singapore were duly documented in history and reported in the Straits Times in 2005<sup>v</sup>. Uncanny this was another connection we shared with Dr Geeves.

Dr Geeves was feted by his countrymen in Australia. His contributions to humanity however were larger than life. The Family Medicine fraternity and College in Singapore had benefited from our encounters with Dr Geeves. We humbly extend our condolences to his five sons and thank them and the Australian College for the blessings Dr Geeves bestowed to us in Singapore.

## REFERENCES

- <sup>i</sup> Obituary <https://tributes.smh.com.au/obituaries/137228/dr-richard-geeves/?r=https://tributes.smh.com.au/obituaries/smh-au/>
- <sup>ii</sup> <https://www.openaustralia.org.au/debates/?id=2021-03-15.211.1;>  
<https://www.facebook.com/JulianLeeserMP/videos/dr-richard-geeves/457245272000340/>
- <sup>iii</sup> College Mirror Dec 2003: <https://www.cfps.org.sg/publications/the-college-mirror/download/48>
- <sup>iv</sup> Geevestown <https://www.cfps.org.sg/publications/the-college-mirror/download/48>
- <sup>v</sup> These shophouses were once comfort house in WW II (ST Life Exclusive August 19, 1995)

# COLLEGIATE MEMBERSHIP MCFP(S) BY ASSESSMENT

*The MCFP(S) is the professional benchmark for recognition as Senior Family Physicians. It may be attained via one of 2 routes. Family physicians with GDFM must undergo the MCFP(S) by assessment, while those with MMed(FM) may be elected by interview.*

Registration period for  
MCFP(S) by Assessment is  
from 22 December 2021  
to 19 January 2022.

Registration link will be made  
available at [www.cfps.org.sg](http://www.cfps.org.sg)

#### **Fees:**

The fee for MCFP(S) by Assessment is **S\$8,127.93** [\$214.00 Admin Fee and \$7,913.93 Exam Fee] (inclusive of 7% GST).

Upon successfully passing the Assessment, the candidate will need to pay **S\$1,852.90** [\$374.50 Entrance Fee and \$1,478.40 Initiation Fee] (Inclusive of 7% GST).

#### **Aims and Objectives:**

In line with international standards of awarding professional membership by objective assessments and validation, the MCFP(s) by Assessment Programme was introduced.

#### **Eligibility:**

The applicant must fulfil the following entry requirements:

##### 1) Professional

- Be an Ordinary or Associate Member of the College of Family Physicians Singapore for at least 2 years,
- Has held a registrable or acceptable qualification for not less than 3 years,
- Has been engaged in family practice for not less than 3 years, and is currently in family practice for the past 1 year,
- Has spent at least 3 months in primary ambulatory care within the last 3 years,
- Be in professional good standing (with a letter of good standing signed off by someone with MCFP(S) or above),
- Currently in active clinical practice i.e. 24 clinical hours per week, of which 8 hours must be in a family medicine setting as defined by the College Constitution.
  1. Ambulatory care in the community
  2. Intermediate care in the community hospitals and rehabilitation centres
  3. Long term care in the nursing homes, residential care and home based care
  4. Hospice and home based end-stage diseases care
  5. Interface care which is care within acute hospitals in the interface with the other settings

##### 2) Academic

- Possess MRCGP(UK) **AND** GDFM
- OR**
- Possess MMed (Internal Medicine) or MRCP(UK) **AND** GDFM

#### **Assessment:**

Candidates will need to submit the following for assessment:

1. A log of 40 cases in the SOAP format showcasing the spectrum of Family Medicine comprising **acute** and **chronic** cases as well as **preventive medicine**.
  - There must be at least 5 **Obstetrics and Gynaecology** cases, 5 **Paediatric** cases, and 5 **Geriatric** cases submitted.
  - There must be at least one case presenting with a psychological condition.
  - Each case must not exceed one page in length. Font Arial, font size 11.
2. Video consultations of 3 Adult Medicine cases and 3 Paediatric cases.
  - Written Consent must be obtained from the patients prior to the video
  - For the adult video, at least one case must be a **chronic medical condition**.
  - For the paediatric case, at least one case must be that of a **developmental assessment**.
  - All 6 video cases must be of different conditions. Any repeat medical conditions submitted will not be accepted for the assessment.
  - A write-up of each of the 6 video cases must be provided.
  - The format of the video consultations should be in MP4.

Candidates will be assessed through:

1. One hour viva voce on the log of 40 cases
2. One hour viva voce on the 3 adult video consultations
3. One hour viva voce on the 3 paediatric video consultations

It is advised that candidates have a broad knowledge of Family Medicine, as questions asked during the viva voce may not be confined specifically to the cases submitted.

#### **Award:**

In order to satisfy the conditions for award of the Collegiate Membership of the College of Family Physicians Singapore [MCFP(S)], the candidate must pass all the following:

1. Viva voce of the log of 40 cases
2. Viva voce of the 3 adult video consultations
3. Viva voce of the 3 paediatric video consultations

## GDFM Enhancement Programme (FPSC#100) (2-Day)

# Mental Health 2022

Course is compulsory for GDFM 2020-2022 and 2021-2023 intake.

\*GDFM trainees who have already passed the compulsory FPSC in 2021, are not required to retake.

Sat, 26 March 2022: 2.00pm - 5.30pm

Sun, 27 March 2022: 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

TBC

### SEMINARS (2 Core FM CME points)

DAY 1 • Unit 1 - 3: Sat, 26 March (2.00pm - 4.00pm)

DAY 2 • Unit 4 - 6: Sun, 27 March (2.00pm - 4.00pm)

### WORKSHOPS (1 Core FM CME point)

DAY 1 • Sat, 26 March (4.30pm - 5.30pm)

DAY 2 • Sun, 27 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**.



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Workshop 2 (Sun)	<input type="checkbox"/> <del>\$32.40</del> FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQs Assessment)	<input type="checkbox"/> <del>\$85.60</del> FREE	<input type="checkbox"/> \$85.60
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All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

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Mailing Address: (Please indicate:  Residential  Practice Address)

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

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**Successful applicants will be confirmed by email.**

# Tribute to Dr Agnes Koong

by Dr Hu Pei Lin, Clinic Director, SHP-Marine Parade (2019-present),  
Council Member, 28<sup>th</sup> Council, College of Family Physicians Singapore

The first time I actually met and talked to Dr Agnes Koong was when back in 2014. I was a young family physician in SingHealth Polyclinics attending a research conference and she was then the Clinic Director of SHP-Marine Parade. I still remember being struck by her passion and clarity of thought on hearing her perspectives on patient care. Although I did not imagine it at that time, she would later become my beloved mentor and a very good friend. Indeed, she was a mentor and a good friend to many people I know in the Family Medicine Fraternity.

Agnes was always such a positive person, and her can-do spirit was very infectious to all around her. Integrating the health and social dimensions in person-centred care had always been her passion and vision. After years of engaging community partners on the ground, she started her PhD in 2019 and embarked on her brainchild, the Primary Care-based Integrated Community Care Team Intervention. At the same time, she also started the preliminary work for HealthUp!, a bold initiative to meet the preventive health needs of the community. It was always so energising and inspiring to hear her speak of her plans for the future.

She gave her best in everything she did, be it for work, or for her family. Besides clinical work, she was an avid educator. She mentored medical students, and was also an active faculty member for the GDFM and FCFP programmes in the College of Family Physicians Singapore. She also served on the Council of the College from 2017 till 2021. On weekends she dedicated her time to her family, planning outings and events for her children.

She always saw the best in people and tried to bring that out. She wanted to find out the story behind the person: Were they a photographer before? Would they like to volunteer their skills and their time? Even now we have



patients coming back to share how much she did for them and how much she cared.

She worked hard, but also played hard. She believed strongly in self-care and held sessions to promote this amongst the clinic's staff. She would often bring her lunch to the nearby East Coast Park in the pre-COVID days; and organise post-work jogging or yoga sessions. Both of us loved bubble tea and we would share our recommendations for the best bubble tea in the region. She got me Alishan tea leaves when she visited Taiwan with her family; I shared with her how to do best cold-brews.

I remember that week in July last year when she messaged that she wouldn't be coming in to work because of an eye problem. The next I heard was that she had been diagnosed with leukemia. It didn't faze her though. She took it all in her stride and stayed positive all the way, undergoing grueling treatments one after the other. We said, if anyone could get through this, it would be Agnes. She worked from her hospital bed, even requesting for evening discharges as she had back-to-back meetings from noon all the way till 5pm. During my visits to her in hospital and home, she would still be giving me advice on how to manage the clinic, and my children. It was typical of her and the person she was, always concerned for others despite her own difficulties. We had a great Zoom party for her birthday in June and she had a long schedule of visitors all lined up, from family to friends, colleagues and even patient volunteers from the clinic. This just shows that she was dear to so many people from all walks of life.

Unfortunately, the battle remained an uphill one and she left us in September 2021. Agnes was a star that blazed so brightly that the light she left in the hearts of all whom she touched still remains. I am grateful I had the gift of her friendship and mentorship. We will all continue the good work that she has started, but she will be missed very much.

Images courtesy of Dr Hu Pei Lin and Dr Farah Safdar Husain

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