College of Family Physicians Singapore

THE College Mirror

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# Achieving *Better* Health Outcomes

Prof Tan Chorh Chuan, Chief Health Scientist, Ministry of Health, was the Guest-of-Honour at the World Family Doctor Day Dinner on 14th May 2022. In his speech, Prof Tan reflected on some major new opportunities for primary care to create an even greater impact in the years ahead.

*Prof Tan Chorh Chuan at the World Family Doctor Day Dinner 2022*

## *IN THIS ISSUE*



Adjunct Associate Professor Tan Tze Lee, President, College of Family Physicians Singapore, Mr Ng How Yue, Permanent Secretary, Ministry of Health, Family Medicine colleagues and friends, good evening.

It is really such a great pleasure to be able to meet so many colleagues and old friends in person after all this time, and to join you to mark World Family Doctor Day this evening. As family doctors and leaders in primary care, you play a vital role in our healthcare system. Tonight we celebrate your good work, and mark your many achievements and contributions. Through your individual and collective leadership, primary care in Singapore has made enormous strides in continually raising the quality of care and health outcomes.

This evening, I would like to reflect on some major new opportunities for primary care to create an even greater impact in the years ahead.

## LESSONS FROM TWO PANDEMICS

As we all know, Singapore has a world-class healthcare system. All of us who contribute to it feel very proud of this, and our residents achieve excellent health outcomes.

Despite this, as our population ages and healthcare demands grow in volume and complexity, we have to ask ourselves a crucial question: how will we maintain or achieve even better health outcomes at affordable costs in the future?

I would like to start with the main learning points from two ongoing pandemics. The first pandemic is the fast one we are all too familiar with - COVID-19. The second is a slow pandemic, which actually causes several-fold more deaths around the world every year, most of them prematurely. This is the familiar pandemic of chronic diseases. It is a major challenge for Singapore, compounded by our rapidly ageing population.[1]

These two pandemics are very different. But they highlight four common factors that are critical to transforming health, and which must therefore be adequately addressed.

- First, a focus on ***prevention*** and early concerted action;

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# CONTENTS



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E-mail: information@cfps.org.sg
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*(continued from Page 1: World Family Doctor Day Guest of Honour's Speech)*

- Second, the crucial role of ***behaviour*** at the level of individuals and communities;
- Third, ***data*** that can be safely shared and used across settings, and to track and improve outcomes; and
- Fourth, ensuring the health ecosystem is ***well integrated***.

These are powerful insights but what then, should we do differently? What are the pivotal changes that if implemented well, would ensure our health system will remain future-ready?

The pivotal changes needed are captured in the three key pillars of the strategy for Healthier SG, which was recently announced by Minister for Health, Mr Ong Ye Kung, and which represents the national health transformation agenda. The three pillars are:

a. Transforming primary care;
b. Integrating the health ecosystem, and aligning incentives towards preventive health and care; and
c. Enabling residents and patients to actively manage their own health.

These three strategies are clearly intertwined. I would like to speak briefly first about the nature of the challenges, before outlining how Healthier SG would seek to address them comprehensively.

The current challenges in primary care are well known to this expert audience. In fact, we get most of our insights from you. General Practitioners (GPs) provide 80% of primary care, but manage only 60% of chronic disease attendances. By and large, preventive health is not a prominent part of most GPs' work. 85% of GP clinics are single or small group practices and they will find it increasingly hard to provide the holistic, team-based care that more and more of our patients require. The majority of residents do not have a regular family doctor, even though local studies[2] show that patients enrolled to a regular care team tend to achieve better results and outcomes with fewer hospital visits and admissions. On the plus side, through the Primary Care Network (PCN) scheme, GPs can access better support to provide team-based care. Extensions to the Community Health Assist Scheme and Chronic Disease Management Programme have improved the financing and patient payment issues. But as we all know, substantial challenges persist.

In general, GPs are also not well integrated into the wider health ecosystem. Data flows and linkages between GPs and healthcare clusters vary, and are often not strong. Similarly, GPs are often not well connected to community resources and services, which would be essential for a strengthened focus on prevention and patient empowerment. The ability of our family doctors to empower their patients to better self-manage their conditions is therefore constrained.

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## HEALTHIER SG

With Healthier SG, we hope to work together with all of you and other stakeholders, towards a transformed primary care that will have several important new features which will make it future-ready:

a. **Progressive enrolment of residents to family doctors** will be a crucial move, it will help us to move towards the long-term goal that each resident will have a regular family doctor, who provides trusted and holistic care, which will underpin the main thrust of Healthier SG.
b. At the same time, we have to make sure that **GPs receive greater support so that they can be the key drivers of Healthier SG**. This means that GPs would be better able to help their patients keep healthy, prevent the onset of disease, as well as the progression of chronic diseases to severe medical complications. To do this, peer professional support has to be greatly enhanced. This can be achieved by GPs being members of PCNs, and through strong connections with a cluster. Many of you are helping us with care protocols, and these care protocols are being developed for common conditions, with specific support being thought about and developed, in terms of counselling, subsidised drugs and services, which will be put in place to facilitate their implementation by GPs. Changes will also be made to funding so that the GPs' work in Healthier SG will be sufficiently attractive, and anchor a new business model for GPs, which are centred on preventive health and holistic care. We will also look into the differences in payments that patients have to make for common drugs between GPs and polyclinics, so that patients can continue to be managed affordably by their GPs even if their medication requirements increase.

In parallel with all these, **Healthier SG will also work to strengthen the integration of our health system**.

a. **Central to this is good data and IT connectivity**, and we will work to progressively establish this between GPs, clusters, the Ministry of Health (MOH) and other agencies. This will greatly enable the data sharing, which is absolutely necessary for good and coordinated patient care, analysis of trends and gaps in patient coverage, and the timely use of data for monitoring and continual clinical quality improvement.
b. In parallel with this, we will also work towards **more facilitated social prescribing by primary care teams**, and we will facilitate this by developing linkages between polyclinics and GPs, and relevant community services. The goal is to enable family doctors to readily activate community resources to support patients who require additional support to achieve preventive or curative health goals which involve sustained behaviour change.

Through Healthier SG, **we will also plan to develop approaches to empower patients to actively participate in the management of their own health and medical conditions**. This is absolutely crucial because we all know that no matter what we do on the provider's side, if we do not also enable and engage patients to actively participate in their own health, then we will not be able to achieve the most optimal outcomes. While initially, this empowerment will involve targeted patient education, prompts and nudges, as we bring on board progressive abilities for GPs to activate community services through social prescribing, this would also support patient empowerment. Then later on, when we introduce telehealth for common chronic diseases, this will substantially add to patient empowerment. The provision of the digital infrastructure for telehealth will also pave the way for the future deployment of new wearable and digital technologies that would provide a step-change enhancement in the ability of patients and their care teams to manage chronic conditions.

## INVITATION TO JOIN

I hope that my speech today conveys some of my great personal excitement about Healthier SG. It is one of those key moments in time, when we all have the opportunity to contribute to a critical upward inflection in Singapore's primary care and health ecosystem.

MOH has set up a primary care Implementation Workgroup which includes representatives from the College of Family Physicians Singapore (CFPS), Singapore Medical Association, leads from all PCNs and our polyclinic clusters. The first meeting held at the end of April 2022, was very fruitful. In the coming months, we plan to engage and consult the wider primary care community so that we will have the benefit of your views and inputs.

I really hope that all of you will actively participate in these consultation sessions and the co-creation of Healthier SG. We have to be realistic. The journey will be a very challenging one and it will take multiple years. But, the reward will be very fulfilling – better and healthier outcomes for our patients, even greater professional satisfaction for primary care colleagues, and a health ecosystem which will be better poised for the future.

## CLOSING

Ladies and gentlemen, my first deep engagement with CFPS and the primary care community was in the late 1990s, when I was Dean of the National University of Singapore Faculty of Medicine. At that time, I worked closely with the College on revamping primary care training for medical students and young doctors. But I want to highlight that it is very notable

*(continued on the next page)*

*(continued from Page 5: World Family Doctor Day Guest of Honour's Speech)*

that it was the College which came forward proactively to propose a range of very meaningful changes. And what struck me most was the passion and deep sense of professional commitment of the College and the primary care community.

This passion and proactive leadership have been a consistent hallmark – most recently demonstrated by the indispensable role which primary care colleagues played in our COVID-19 response. Your selfless devotion to our patients and our community was truly inspiring. Beyond COVID-19, the careful attention that the College has been paying to the training of future generations of primary care physicians has also been very commendable. On behalf of my colleagues in MOH, we wish to express our heartfelt thanks to all of you!

As we take steps to shape the future, all of us look forward very much to your support, wise counsel and help to design and implement the different elements of Healthier SG. Your active leadership and participation will be critical to its effective implementation and longer-term success.

As we mark World Family Doctor Day this evening, this is a fitting occasion to embark on a new journey – one that aspires to realise the full potential of a high performing primary care system, one that lays the foundation of a future ready primary care system and health ecosystem, but also one which is poised to ride on the new approaches, technologies and opportunities of the future, to produce the best possible outcomes for our patients and population.

Please join us on this most meaningful endeavour! Thank you.

1. Department of Statistics Singapore – https://www.singstat.gov.sg/find-data/search-by-theme/population/elderly-youth-and-gender-profile/latest-data
2. Based on preliminary evaluation of polyclinics team-based care model using data from NHGP and NUP where outcomes of patients who were empanelled to a team-based care as of 31 December 2017 to patients who were not empanelled over a 3-year period.

CM

# World Family Doctor Day
## *President's Address*

Speech delivered by Adj A/Prof Tan Tze Lee, President, 28th Council, College of Family Physicians Singapore

Professor Tan Chorh Chuan, Chief Health Scientist, Ministry of Health and Executive Director, MOH Office of Healthcare Transformation, Past Presidents, Council, Distinguished Guests, Ladies and Gentlemen.

Thank you very much for joining us to celebrate WONCA's World Family Doctor Day. We are indeed very privileged to have with us tonight as our Guest-of-Honour Prof Tan Chorh Chuan. Prof Tan is the Chief Health Scientist of MOH and the executive director of MOHT, and is one of the principal architects of Singapore's healthcare transformation. We have heard much of the forthcoming Healthier SG initiatives, and we as the primary care community look forward to being consulted and working closely with MOH on this project.

"Family Doctors, Always There to Care" is WONCA's call for family doctors for 2022's World Family Doctor Day.

This is something that we can certainly all identify with. We are always there to serve our patients, a constant in their busy lives, who they can come to for their medical needs. We care for their various needs, whether it be medical, psychological or social, and help them resolve these issues as best as we can.


As their family doctors, we are indeed in a very privileged position, and such responsibility should not be taken lightly.

Our patients trust us, they need us to look after them, to protect them, to provide for their health needs.

As family doctors we are always present, providing continuity of care at all stages of our patients' lives, coordinating their care with other healthcare professionals, always striving to develop and improve skills and methodologies to take care of our patients.

Family doctors are there wherever and whenever we are needed, thus creating strong bonds and relationships with our patients.

Last but not least, we as family doctors deliver accessible equitable high quality and sustainable care for their patients. These are lofty goals but for many of us it is already what we do, and we will continue to strive to improve.

Every year, on World Family Doctor Day, we take the opportunity to commemorate the many achievements and contributions our family doctors have made to our

# Editor's Words

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

Healthier SG, preventive health and family medicine have become the buzz words for a post-Covid world. In transiting from a reactive healthcare community, we are preparing ourselves to be proactive in encouraging our patients to adopt a healthy diet, active lifestyle, regular screening, vaccination and optimal chronic disease management. This will be the main thrust in the coming years as Singapore brace itself to meet the demands of an aging population and escalating healthcare costs.

Prof Tan Chor Chuan, Chief Health Scientist, Ministry of Health highlighted four common factors that are critical to transforming health, which include a focus on preventive care, behaviour change, data-sharing and a well-integrated health ecosystem. GPs will receive greater support so that they can be the key drivers of Healthier SG. They will be empowered to anchor a sustainable new business model centred on preventive health and holistic care.

Our minister of health, Mr Ong Ye Kung, outline five key components of the Healthier SG strategy, which includes mobilising our network of family physicians, family doctors, to envision one family doctor for every Singaporean. Other strategies include healthcare plans, community partnerships and "social prescriptions", a national Healthier SG enrolment programme to encourage patients to commit to see one family doctor and adopt one care plan. Lastly, the necessary support structures are critical for implementation so that family doctors in the frontline of Healthier SG will have good system and data support. We have invited senior family doctors to share on these five key components how we can move forward in making Singaporeans healthier.

Dr Tan Eng Chun, a heart lander GP in private practice is privileged to mentor the next generation of doctors to understand the unique position of GP to care for the entire family from cradle to grave. He shared about participating in Primary Care Networks and GP+ Co-operative as a new model of care to leverage on partnerships and collaboration. He feels that the solo GP clinic can benefit from the additional ancillary services, shared resources and administrative support provided by these partnerships. This will enable the GP clinics to support the country's pivotal shift to preventive care.

Fresh graduate Dr Justin Lim shared his wonderful experience during a GP attachment where he observed the trained GP relying on his astute clinical acumen and judgement to make an accurate diagnosis without over dependence on investigations. More importantly, the GP left a deep impression to care for his patients as people with their values, emotions and needs. This strong doctor-patient relationship is part of patient-centric care which has tangible implications on patient outcomes.

Dr Terence Tan continues to venture into expanding telemedicine to providing access to healthcare through receiving and delivering healthcare data remotely. He is a medical volunteer with Likarnya Online which is a UK based not for profit with the purpose of providing a Virtual Clinic for Ukrainian Refugees. He joined them as the medical lead to help develop processes for volunteer facing and patient-facing functions. This showcase the heart of a family physician to give back to society and the strength as an expert in generalist care and a collaborator across borders.

On an ethical note, Dr Lawrence Ng, pens a reflective column based on his previous experiences as a medico-legal consultant with the Medical Protection Society. He share fictitious case scenarios of medical education on aesthetic medicine practice where he broach deep questions to stimulate discussion and approaches to ethical dilemmas.

As family doctors, we are privileged to be recognised as key drivers of Healthier SG with a focus on preventive health, which is a principle and pillar of family medicine. We look forward to the trust and support from our medical fraternity and stakeholders as we work towards our vision of "**One Family Doctor for Every Singaporean**".

# Ethics *in Aesthetics*

by Dr Lawrence Ng Chee Lian, FCFP(S), Editorial Team Member (Team A)

## INTRODUCTION

The field of aesthetic medicine is usually considered as "unconventional" and not part of therapeutic medicine.[1] Hence, it is not part of the formal Family Medicine training courses at any level here in Singapore.

However, it is noticeable that the majority of aesthetic doctors (registered medical practitioners) in Singapore are from the so-called general practitioner (GP) group. They seldom receive formal training in ethics during post-graduate aesthetic courses (including certificates of competence or COC courses) which tend to focus on "how-to-do" procedures. No one, even earnest teachers, likes to be seen as preaching from one's high horse as everyone likes to be left alone and be treated as adults to do their "own thing". No one likes to play Guardians of the Galaxy. However, education is always welcomed over punitive action. Caution is the better part of valour.

In my ten years as medico-legal consultant for the Medical Protection Society, I have come across cases of legal disputes and medical council complaints which highlights a possible lack of understanding of and adherence to ethical principles which apply to aesthetic medicine as much as they do to therapeutic medicine. It comes down to a lack of training at the nascent stage of a practitioner's formation.

While College does not condone nor forbid the practice of aesthetic medicine, it has been called, from time to time, to give guidance in the interest of serving the public (see GUIDELINES ON AESTHETIC PRACTICES FOR DOCTORS, Oct 2008).[2] Hence, it is not unusual of the College to give guidance as this has had its precedence.

Below are 3 case studies which were presented to the trainees of the Graduate Diploma of Family Medicine Sept 2021's Skills Course module on Professionalism, Ethics, and Law in Practice of Family Medicine which is compulsory for taking the exams.

(All case scenarios are fictitious and are created solely for class discussion and medical education. They do not reflect any real-life persons or clinics or drug companies. The answers have been gathered from interviewing several senior aesthetic doctors of more than 17 years in the field.)

### CASE 1

***Scenario***

A middle-aged housewife comes to your clinic seeking an aesthetic consultation. She feels she is not good looking enough and asks you to help make her face look younger and prettier. After giving birth to 4 children, she feels she has aged a lot especially when she looks at herself on the computer screen during Zoom meetings. You noticed she looks tired, withdrawn and sad. She also looks unkempt, very sleep-deprived and irritable. You take out a mirror and ask her what particular part of the face she wishes to "fix".

***Question***

How would you approach this case? What is your assessment of her mental state?

***Answer***

Besides doing an assessment of her face (photo-ageing, saggy-ness, wrinkles, areas of loss of volume), I would do a quick psychosocial review. Do a quick social history assessment: "Don't mind if I ask whether you are married. (If yes) How are things between you and your husband?" In this case, this lady just found out her husband has an affair with a young lady outside. She blames herself for not maintaining her looks. She wants to save her marriage and she believes that by making herself look younger and more presentable, she can win her husband back.

***Question***

What are the types of psychological cases you would want to be careful with when beautifying a case such as this lady?

***Answer***

It is good to look for signs of depression, anxiety or even possible body dysmorphic disorder (ask for history of repeated aesthetic procedures).

***Comments***

Patients who are "unhappy" tend to think the problem is on the "outside" and want to fix the external problems rather than fix what is inside (psycho-social problems). The ethical principle of putting the patient's best interest first means we

need to do what is best for the patient even if the better option lies in postponing the aesthetic procedure and, instead, make a referral for psychotherapy or to be assessed by a psychiatrist. The pressure to make money (due to high rental costs in the CBD area, costly equipment hire-purchase, bank loans) is great especially when first starting a practice. Even more so when other investors (doctors or non-doctors) are involved.

***Take-home message***
Patient's best interest comes first. Making money, while important, comes second.

## CASE 2

***Scenario***
You attended a local aesthetic conference and saw many booths selling dermal fillers. A pharma rep comes to you and sells you fillers of which there is a wide range with different viscosities. You are unable to purchase all, so you buy one type which the rep recommends at a good price with 'bonusing' - which means you buy in bulk. A few days later in your clinic, a petite female patient sees you for filling her finely wrinkled face. She is, in particular, upset with her thin lips and wants to fill it first. However, you do not have the type of filler which will meet her needs.

***Question***
What shall you tell the patient? Which ethical principle is involved?

***Answer***
The ethical principle is that of veracity or truth-telling: that you do not have the filler which meets her needs.

***Question***
What is the next course of action if you cannot offer her the right type of filler?

***Answer***
The next course of action is to postpone the filler procedure until you have ordered the type she needs or, if she does not want to wait, refer to a colleague who has the appropriate type of product which the patient needs.

***Take-home message:***
Choose the right product or drug regardless of profit or not. Be honest with yourself. Be honest with your patients.

## CASE 3

***Scenario***
In another country, many years ago, a patient consulted an aesthetic GP, Dr X, and requested an augmentation of the breast with fillers which was done. (NB. this is not permitted for GPs in Singapore). The next day, one of the breasts became red and swollen. Dr X diagnosed her to have an infection and started antibiotic A. A few days later, pus was discharging from the breast. Dr X decided to switch to antibiotic B. When that did not work, Dr X changed it to antibiotic C. Patient lost confidence and went to a hospital where she had to be admitted for intravenous antibiotics and I&D. She later made a complaint to the local medical council.

***Question***
What is the best course of action when there are complications such as post-procedure infection?

***Answer***
Course of action:
- Biomedical answer: Do a swab C/S to ascertain the pathogen and its antibiotic sensitivity. Else, there can be therapeutic failure. Dr X did not do a swab C/S.
- General answer: You can manage a complication if you have seen it before and know how to manage it. If not, consult a specialist or a senior colleague.

***Question***
Did Dr X have a support network of other types of specialists to refer to when complications happen and develop to the point beyond his level of skills to manage?

***Answer***
Possibly not. Having a network of fellow doctors to call for help is vital in private practice.
- Even if it is a competitor on the same turf, such as a plastic surgeon.
- Even if it means losing the business to a "competitor", we have to put the patient's best interest first.

***Question***
What do you understand of the concept of "Collegiality" especially in the context of private practice where you function as an independent solo practitioner?

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(continued from Page 19: Ethics in Aesthetics)

*... I have come across cases of legal disputes and medical council complaints which highlights a possible lack of understanding of and adherence to ethical principles which apply to aesthetic medicine as much as they do to therapeutic medicine.*

***Answer***
Instead of thinking in the spirit of collegiality, in reality, the common tendency is to think of other practitioners as competitors rather than as allies or as resource persons.

***Comments***
This is especially so in the area of aesthetic medicine which is increasingly getting more and more crowded. Also, aesthetic equipment and products are very expensive and start-up capital investment (plus rental and overseas training costs) can easily run into more than a million dollars per set-up. There is a pressure to recoup the cost as soon as possible, which means doing as many procedures as possible per month.

***Question***
What are some possible reasons for "failure to refer"?

***Answer***
There is also the fear of exposing oneself to ridicule when admitting one's "mistakes" or mishaps. The tendency to hide and not let others know is natural but unprofessional when it means the patient will suffer greater harm due to a failure to refer when the case has reached a stage of being beyond one's limits of competence.

***Take-home message***
Know your limits.

***Bottom line***
Take care of your patients and your patients will take care of you.

## CONCLUSION

This article is not meant to single out aesthetic practitioners. These case studies can be equally applied to other clinical scenarios in various disciplines of conventional medicine.

At the Singapore Medical Association's Centre for Medical Ethics & Professionalism (CMEP), Symposium at the 10th World Congress of Bioethics: "Medical Therapeutics and Aesthetics - Professionally Synergistic or Incompatible?" held in Singapore, July 2010, Prof Bernard Lo made two concluding points. Firstly, he felt that some criticisms of aesthetic medicine also applied to therapeutic medicine. Secondly, standards of professionalism should be followed by all practitioners of medicine.[3]

At the same conference, Dr Thirumoorthy finished by leaving some questions for the audience to ponder: One of these is: "Will professional guidance and leadership pull aesthetic medicine to the traditional professional ethics and science?" Or will Aesthetic Medicine veer away from the gravitational pull of traditional ethical considerations, challenge these boundaries and fly out of orbit altogether?

References
1. T Thirumoorthy. Aesthetic Medicine and Professional Governance. What the Profession can Learn. SMA News December 2012.
2. GUIDELINES ON AESTHETIC PRACTICES FOR DOCTORS (Updated Oct 20008) jointly issued by Singapore Medical Council, College of Family Physicians Singapore and Academy of Medicine Singapore. This is based on Goh CL et al. Report of Aesthetic Medicine Workgroup – Recommendations on the Regulation and Training of Aesthetic Medicine in Singapore, 2007. The 2016 guidelines (see below) have been emailed by the Singapore Medical Council to all registered medical practitioners in Singapore.
3. Loy Mong Shi. Symposium at 10th World Congress of Bioethics: "Medical Therapeutics and Aesthetics – Professionally Synergistic or Incompatible?" SMA News September 2010.

(Please refer, for the latest regulatory information, to the latest SMC guidelines which can be found at this time of writing at: https://www.healthprofessionals.gov.sg/docs/librariesprovider2/guidelines/2016-edition---guidelines-on-aesthetic-practices-for-doctors.pdf?sfvrsn=2afea6dc_4)

CM

Family Practice Skills Course (FPSC#102) (2-Day)

# Persons with Intellectual Disability

Sat, 16 July 2022: 2.00pm - 5.30pm
Sun, 17 July 2022: 2.00pm - 5.30pm

FPSCs will be conducted on the online platform "ZOOM".
A Zoom registration link will be sent to participants who have registered.

## TOPICS

Unit 1: Persons with Intellectual Disability in Singapore today: An Overview
Unit 2: Approach to Simple Mental Health Conditions in Persons with Intellectual Disability
Unit 3: Common Physicial Health Issues in Persons with Intellectual Disability
Unit 4: Addressing Behaviours of Concern: The interplay of health, communication limitations and psycho social factors
Unit 5: Services available for Persons with Intellectual disability in Singapore: A life course approach
Unit 6: Future Care Planning with families: Mental Capacity, Deputyship and its implications

## WORKSHOPS

Day 1 & 2: Case studies

## SPEAKERS

A/Prof Goh Lee Gan
Dr Bhavani Sriram
Renee Tan / Chole Huang
Dr Wei Ker-Chiah
Dr Chen Shiling
A/Prof Ruby Lee

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

■ SEMINARS (2 Core FM CME points)
DAY 1 • Sat, 16 July (2.00pm - 4.00pm)
DAY 2 • Sun, 17 July (2.00pm - 4.00pm)

■ WORKSHOPS (1 Core FM CME point)
DAY 1 • Sat, 16 July (4.00pm - 5.00pm)
DAY 2 • Sun, 17 July (4.00pm - 5.00pm)

*Registration is on first-come-first-served basis.
Please register by 11 July 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 **Ministry of Health, Singapore** and organised by **College of Family Physicians Singapore.**

MINISTRY OF HEALTH SINGAPORE

COLLEGE OF FAMILY PHYSICIANS SINGAPORE

# REGISTRATION

Persons with Intellectual Disability

**FREE REGISTRATION for College Members!**

Please tick ( ✓ ) the appropriate boxes

| | College Member | Non-Member |
|---|---|---|
| Seminar 1 (Sat) | ☐ ~~$32.10~~ FREE | ☐ $32.10 |
| Workshop 1 (Sat) | ☐ ~~$32.10~~ FREE | ☐ $32.10 |
| Seminar 2 (Sun) | ☐ ~~$32.10~~ FREE | ☐ $32.10 |
| Workshop 2 (Sun) | ☐ ~~$32.10~~ FREE | ☐ $32.10 |
| Distance Learning (MCQs Assessment) | ☐ ~~$85.60~~ FREE | ☐ $85.60 |
| | TOTAL | |

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

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

Cheque number: _____

**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://www.cognitoforms.com/CFPS/FPSC102

Name: Dr _____

MCR No: _____ Clinic HCI Code: _____

Mailing Address: (Please indicate: ○ Residential ○ Practice Address)

_____

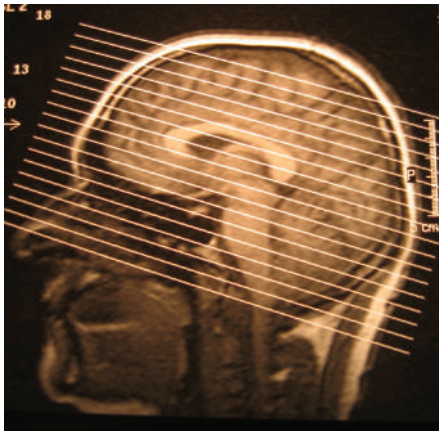
E-mail: _____ Tel: _____

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.**

College of Family Physicians Singapore
Registration Number : S71SS0039J
Registration Period : 7 Aug 2021 to 6 Aug 2023



## Family Practice Skills Course (FPSC#104) (1 Day)

# Mental Capacity Act

Sat, 8 Oct 2022: 2.00pm - 5.30pm

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 Mental Capacity Act (2008): Legal Implications

Unit 2: The Mental Capacity Act (2008): Code of Practice

Unit 3: Psychiatric Assessment of Mental Capacity

## WORKSHOP

Case studies

## SPEAKERS

TBC

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

- SEMINAR (2 Core FM CME points)
  DAY 1 • Sat, 8 Oct (2.00pm - 4.00pm)
- WORKSHOP (1 Core FM CME point)
  DAY 1 • Sat, 8 Oct (4.00pm - 5.00pm)

*Registration is on first-come-first-served basis.
Please register by 5 Oct 2022 to avoid disappointment.

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

This Family Practice Skills Course is sponsored by **Ministry of Health, Singapore** and organised by **College of Family Physicians Singapore.**

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# Fulfilling the Promise of Digital Health
## *in the Ukrainian Refugees Response*

by Dr Tan Li Wen Terence, Editorial Board Member

The 2022 Russian invasion of Ukraine began on February 24th, 2002 and has caused the largest refugee and humanitarian crisis in Europe since the 1990s. It has been described as the fastest-growing crisis since World War II by the UN[1]. Today, over 4 million refugees have fled Ukraine and 7.1 million are displaced within the country (as of 1 April 2022)[2].

Refugees are often the most vulnerable members of society and may be faced with poor living conditions and limited or no access to health services. Moreover, they have high frequencies of physical and mental health conditions.

The UN has opined that refugees need to maintain their health to protect not only themselves but also host populations, and have a human right to health with host countries obliged to provide refugees health care services[3]. However, even the best-prepared health systems can be strained or overwhelmed by a sudden influx of patients. Additionally, refugees are often unfamiliar with a foreign health system and how to navigate the idiosyncrasies of each system.

## TELEMEDICINE

Enter telemedicine. It has been postulated that telemedicine would be able to support both refugees directly as well as the host countries' health systems through the provision of knowledge transfer, general advisory and personalised consultative services. This would also allow leveraging of a large pool of international, remotely based volunteers through the use of technology.

Likarnya Online is a UK based not for profit founded by Ina Burgstaller with the purpose of providing a Virtual Clinic for Ukrainian Refugees. The project has been formed by merging a large group of Ukrainian and Russian speaking volunteers based in the UK with medical volunteers from around the world.

I was introduced to Ina through a mutual connection as I was in the exploratory stage of offering such a service, run out of Southeast Asia. The Likarnya Project was still in its infancy and I agreed to join as the medical lead to help develop processes for volunteer facing and patient-facing functions. To date, the project has aided over a hundred patients and numbers continue to rise daily.

## LIMITATIONS

The greatest limiting factor for patients was the modality. Oftentimes, there is not enough time or bandwidth for them to download and learn how to use specific video software. Hence, it is imperative to provide any services with applications they already have and are familiar with. For instance, Telegram was found to have a greater acceptance rate over Zoom: 100 to 65%.

Conversely, for medical volunteers, the greatest limitation was the lack of prescribing rights for host countries. In Ukraine, this was a moot point as medications were made available over the counter as an emergency measure. Representations have been made to other countries and to date, discussions are ongoing. Likarnya Online overcame this limitation in many countries through linking with local on the ground volunteer services to provide access to medications as well as recruiting volunteers with prescribing rights in these respective countries.

## INSIGHTS

Many patients were seeking information and translation aid. The feedback was that this was invaluable even without access to medications. Simply put, knowing where and how to obtain medications was just as important as receiving a prescription. Approximately 30-40% of requests for help took this form and were straightforward and resolved in a timely manner.

Geo-leveraging was critical in enabling around-the-clock service provision. Even if most of the translators were based in the European time zones, triaging, messaging and other administrative matters were resolved in different timezones resulting in almost seamless continuous operations.

For physicians, it was critical to incorporate resource assessment as part of the standard health assessment. Due to the disparate locations of the refugees, the resources available to them and the differences in accessing these healthcare resources were a critical component of any healthcare assessment. For instance, a patient in the middle of a city in the war zone may wish to wait until it was safe to walk to a pharmacy to refill say a low dose of statin for mild dyslipidaemia.

*The UN has opined that refugees need to maintain their health to protect not only themselves but also host populations, and have a human right to health with host countries obliged to provide refugees health care services.*

Conversely, if the same patient was in London, it would be quite clearly in their interests to obtain the refill. Similarly, this also played a part in the triage where we would routinely dispense general advice on where to obtain physician consultation for a prescription or route the patient to an in-house volunteer with prescribing rights.

Additionally, we discovered volunteer management and recruitment to be a complex endeavour, requiring an intersection of disciplines; legal, technology, marketing, design and leadership. This can form a book all by itself but suffice to say that the momentum was driven by an experienced cross-functional team which I feel is critical in the administration of this project.

## NEXT STEPS

Currently, Likayna is raising funds to enable our registration as a charity and thereafter the mission shall be to expand to provide the same service to different groups in need.

*Many patients were seeking information and translation aid.*

## REFLECTIONS FROM INA BURGSTALLER

The group of volunteers were extremely capable to learn new skills, adopt technology and lead the complex daily tasks independently within a short period of time. The patient satisfaction survey revealed 85% highest satisfaction rate. Patients appreciated speedy and detailed assistance, professionalism and free quality care. Lower scores were rated by patients who have not been able to treat without prescription of the medication and still need to be referred to another doctor.

## REFLECTIONS FROM DR TERENCE TAN

Based on my Likaryna experience, the vast majority of patients were incredibly patient and grateful for even the most basic advice; beyond my expectations for what I felt was a limited service. In Singapore, where the door to door delivery of medication and on-demand teleconsultations are widespread, this helped to focus my perspective on the true value of telemedicine, That is; providing access to healthcare through receiving and delivering healthcare data remotely.

The entire project has made the act of volunteering both more meaningful and more accessible to volunteers in distant geographical locations or who face the traditional barriers to contributing. In the future, we may see this as another significant model in the not-for-profit/ NGO space where expertise and knowledge transfer as part of volunteering. Additionally, on a personal note, it has been gratifying to be given the opportunity to care for these patients through such an innovative and impactful platform.

## REFLECTIONS FROM DR RICHARD SIMPSON

I have found the interest by physicians and dentists alike to contribute their efforts has been high. The challenge and limiting factor have been primarily the need to focus on recruiting and training Ukrainian and Russian speaking clinicians. However, there seems to be a willingness by professionals that do not have these language skills to be willing to share recruiting efforts and posts.

We now are excited to have opportunities for English speaking physicians to help, which would be through triaging messages to determine which type of professional (GP or specialist or dentist) is needed for each patient case and to assist the staff in connecting with the appropriate provider. The need is great and continues to grow. Our greatest efforts now are to receive adequate funding to increase the scope and scale of these volunteer services and to integrate an EMR charting capability.

1. Beaumont, Peter (6 March 2022). "Ukraine has fastest-growing refugee crisis since second world war, says UN". The Guardian. Retrieved 8 March 2022.
2. Situation Ukraine Refugee Situation". United Nations High Commissioner for Refugees. Retrieved 15 March 2022.
3. https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab_1

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# *GP Attachment Experience* During Peak of COVID19

by Dr Justin Lim Yi Shen

It is no secret that the COVID-19 pandemic has heavily impacted many of our postings in medical school. Especially in Year 3 and Year 4, during the initial phases of the pandemic, many of my postings were shifted onto Zoom, sometimes without much prior notice, to protect both students and patients from any potential nosocomial transmission of this deadly virus. Fortunately, by the time I went for my GP clinic attachment in June last year, the school had managed to make various adjustments to allow resumption of face-to-face attachments. Hence, I had the fortune of having a physical GP attachment at EJ Family Clinic & Surgery for one week.

*The author, Dr Justin Lim Yi Shen (left), with preceptor Dr Tan Eng Chun (second from left).*

Overall, I had a wonderful experience during this attachment. From a medical perspective, I learnt the value of a good history and physical examination. After all, doctors in GP clinics do not have access to the plethora of laboratory investigations and imaging studies that are available in hospitals, and can only rely on their clinical acumen and judgment to come to a diagnosis. Sometimes, a definitive diagnosis cannot be made. Here, I learnt the need to manage uncertainty in the outpatient setting; even if an accurate diagnosis is difficult to make without the requisite investigations, by adequately triaging the patient, ruling out any red flag conditions and giving return advice to patients, good patient outcomes can still be ensured.

Perhaps even more importantly, in the GP clinic, I learnt the value of truly connecting to patients as people, instead of focusing excessively on their medical diagnoses. In my time in the wards, I had gotten used to referring to patients as "that patient with Condition X"; after all, they were in the wards precisely for the management of that 'Condition X'. In contrast, in the GP clinic, many patients were long-term regulars, for whom the clinic was their first port of call whenever they suffered any ailment. The GP knew these patients and their families very well; before these patients entered his clinic, he would often tell us interesting facts or anecdotes about his patients, showing that he truly understood them as unique individuals beyond their presenting complaints. These good doctor-patient relationships had tangible implications on patient outcomes, as the GP was able to better encourage these patients to take ownership of their chronic medical conditions and be compliant to lifestyle changes and medications. After knowing these patients for so long, the GP also understood their baseline health well, and any sudden deteriorations would alert him to a possible serious underlying problem. Similarly, he would be aware if they had any hidden agendas. I remember one patient presenting with what seemed a lot like musculoskeletal chest pain. the GP remembered that this lady's husband, who used to be a regular at the clinic, had passed away from a heart attack just a few months prior. After a detailed examination, he paused and check with how she is coping with her husband's death. The patient started crying and the doctor went on to comfort and listen to her attentively. Hence, he understood what this patient truly needed was comfort and reassurance, and an opportunity to grieve about her husband's passing, and he was able to provide her with this requisite emotional support. I hope that I will be able to similarly connect with my patients this well when I go into medical practice.

Of course, despite the best efforts of the school and the clinic, the pandemic caused some challenges during this posting. The breadth of our exposure was slightly limited, as we were unable to see patients with COVID-related complaints, such as fever, cough and dyspnoea. Moreover, as there were two students attached to the clinic, due to the limited space within the clinic, at times, one of us had to observe from an adjoining room to adhere to the social distancing rules and restrictions, leading to a suboptimal experience for that person. We were also required to don personal protective equipment, which, especially over formal wear, could sometimes be cumbersome and distracting. Despite these challenges, however, the COVID-19 pandemic provided some unique learning opportunities. For instance, we saw how the clinic innovatively designed a makeshift room to contain potential COVID-19 patients by replacing the door with a transparent plastic board, with holes cut in this board for the person administering the nasopharyngeal swabs to pass his hands through. Moreover, we saw the processes through which the clinic segregated patients with and without COVID-related symptoms, and adapted one consultation room into a "fever area" for patients with potential COVID-19. Through these experiences, I hope that in the future, when we inevitably face another pandemic, we will be better prepared to adapt our practices accordingly.





*Duke-NUS medical students with Dr Tan Eng Chun*

Overall, I am fortunate to have had this great opportunity despite the COVID-19 pandemic, and I am thankful to both my school and the clinic for facilitating this face-to-face attachment. I hope that I will be able to learn from these experiences to become a better doctor, and I hope that, as we slowly learn to live with the pandemic, my juniors will also be allowed to have similar good experiences.

> "... in the GP clinic, I learnt the value of truly connecting to patients as people, instead of focusing excessively on their medical diagnoses."

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# *Introduction to the* GP Clinic Preceptorship Programme

by Dr Tan Eng Chun, MCFP(S),
Editorial Team Member (Team A)

I have the privilege of participating in two of the local medical schools' private GP clinic attachment programme as a preceptor for the past 6 years.

Interestingly, Family Medicine seems to be the only discipline that collaborates with family physicians in private practice to mentor medical students in their medical training.

This arrangement provides an opportunity for the students to experience the role of the GP not only as a doctor, but at the same time in running a business.

The unique feature of GP work in private practice is the personal and comprehensive medical services provided by them. Many GPs not only take care of the patient; they often take care of the entire extended family.

It is not uncommon for cousins, uncles, and grandparents from the same family to see the same GP. The care is deeply personal, and the patient can often access or speak to the doctor, who is a phone call away. Often the GP is the one the family turns to navigate the increasingly complex medical system.

The care is also comprehensive. Many GPs take care of a family's needs from cradle to grave. This includes the entire spectrum of primary care from vaccination or developmental assessment when there is a newborn, to signing of death certificates when their elderly parents or relatives passed away.

Many GPs are also partnering other GPs within groups such as the Primary Care Network (PCN) and GP+ Co-operative to augment their care with the additional ancillary services, shared resources, and administrative support provided by these partnerships.

This model of care, with the strong and therapeutic doctor-patient relationship, is unique, and a role model for the students to learn from.

During the height of the COVID-19 pandemic, this programme was initially suspended, and later conducted using tele-consult due to safe management measures.

Fortunately, the school and clinics were able to make adjustments, and face to face attachment was resumed last year. Strict safe management measures, as stipulated in the MOH guidelines that include safe distancing and full PPE (N95/surgical mask, gown and gloves), were implemented to ensure that the students can learn in a safe environment.

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# Activating Our Network *of Family Physicians*

by Dr Tham Tat Yean,
Co-Chair, National GP Advisory Panel; Ex-Officio, PCN Council

MOH is developing a **Healthier SG** strategy to outline a major reform of our healthcare sector. A core component of this strategy is to mobilise our network of family physicians and general practitioners (GPs) in the private sector.

In Singapore, the Primary Care Network (PCN) scheme has grown steadily since its inception in 2018, with continued strong interest from GPs.

As of March 2022, more than 900 GPs in 623 GP clinics are participating in this scheme. Collectively, these clinics have nearly 200,000 chronic disease patients in their disease registers. A key observation is that there is a high degree of patient stickiness among the chronic disease patients in the PCN clinics. During the period 2018 – 2020, our data shows that 80% of chronic patients in the PCN clinics visited the same clinic for their chronic care within the year. The key feature of the PCN is the strong buy-in and alliance amongst member clinics due to ground-up, peer leadership model coupled with support from primary care team members (nurse counsellors and care coordinators).

The value-add by PCNs has been impressive. About 50% of the DM patients in PCN clinics have good HbA1c control – this is comparable to our public polyclinics. Since the start of the PCN scheme in 2018, more than 10,000 nurse counselling sessions have been delivered to chronic disease patients of PCNs, and these numbers continue to grow with time. To date, the PCNs collectively deploy a total number of 123 care coordinators, providing significant support to the GPs and nurse counsellors, as full fledged members of a community primary care team.

Many studies have shown that those who have a regular family physician are generally healthier with reduced hospitalisation and emergency department visits. As part of the Healthier SG strategy, it is crucial to reorganise our care delivery to be more primary care centric. Primary care transformation must occur and can only be achieved if we integrate our GPs into the wider healthcare ecosystem. In this regard, we need to activate more of our GPs and organising them into PCNs to support their transformation and development.

PCNs can serve as key touchpoints for the integrated public healthcare clusters, communicating with GP clinics and helping to align professional and patient interests. PCNs can also support the GP clnics to take on wider scope of care and help GPs transition from solo care to high performing primary care teams where multidisciplinary members can work together in the community to provide good quality care and patient engagement.

In the last 2 years, our GP colleagues have stepped up and rose to the occasion in our battle against the Covid-19 pandemic. They have demonstrated resilience, stability and care for society when they are needed. At the same time, they have proven to be reliable partners, working closely with MOH, Agency for Integrated Care and other entities. In February 2020, 200 Public Health Preparedness Clinics (PHPCs) participated in the Flu Subsidy Scheme (FSS); by March 2022, the number of PHPCs providing FSS increased five-fold to 1152. In April 2020, 250 PHPCs participated in the Swab and Send Home (SASH) scheme; by March 2022, this number increased three-fold to 750. 22 PHPCs provided Covid-19 vaccinations in January 2021; by March 2022, this number has increased eight-fold to 198 PHPCs.

In addition, 297 PHPCs have participated in the Home Recovery Programme (HRP) since it was launched in September 2021. More recently, 20 PHPCs have started the Covid-19 Oral Antiviral Pilot in the community.

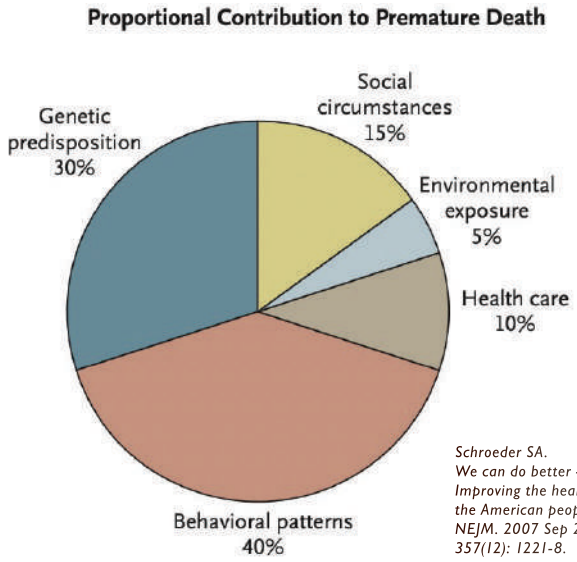
As the pandemic situation stabilises, we need to prepare for the tsunami of chronic diseases, coupled with the challenges of managing the health of an ageing population. Activating our network of GPs is a crucial component in the implementation of the Healthier SG strategy.

# *Complete the Care Plan with* Social Prescribings

by A/Prof Lee Kheng Hock,
Past President, College of Family Physicians Singapore

Life does not come with a manual. We are fortunate if we are born with nurturing parents who teach and show us the way to live. As we grow up, we depend on meeting good teachers who come our way to guide us as we seek to find a niche in the world. For the chapter on health, the void of instructions is most worrying. We are created with a well-engineered body with a self-healing mechanism and an operating system that drive for survival.

Unfortunately, the unguided user abuses the body. We drive our body dangerously. We fill up with inappropriate fuel. We skim on maintenance and rev the engine with all sorts of harmful additives. So many of us do not last till the rightful end of our COE and spend the last years of life going in and out of workshops. In the absence of a manual of life, who among healthcare workers should be most the responsible person for guiding people on the chapter on taking care of their health?




*Schroeder SA. We can do better - Improving the health of the American people. NEJM. 2007 Sep 20; 357(12): 1221-8.*

The healthcare system needs to take ownership of guiding patients to keep well, get well and live well when it comes to health matters. This obviously requires teamwork with a most responsible member in this team. I would like to posit that family physicians should be this most responsible person although by no means the only person responsible for guiding people on their quest for better health. Family medicine is a unique specialty that does not define itself by disease, organ or even setting of practice. Instead, we define ourselves by the characteristics of practice as described by the 6 tenets of family medicine. Primary means we step forward to take responsibility for engaging patients in the system. Personal means we engage in a humanistic manner that is focused on the context of a person. Preventive means our care focuses not just on treating illness or symptoms but seeking to maintain the optimal state of health. Continuing means we recognize healthcare is not a pit stop but an ongoing quest for wellbeing. Comprehensive means we adopt a biopsychosocial model when we design care plans. Community means we recognize that the patient needs to be supported by care providers in the community. For all these reasons our care is not complete if it ends with a medical prescription. Health is more than just the absence of disease or disability. We recognize this as a state of wellbeing with optimized medical and social determinants of health. This in turn requires the competency to make assessment of biopsychosocial issues and the status of the social determinants of health, in the context of the person. The care plan should include finding assets in the community and to partner them as we collaboratively care for patients. This is the social prescription that is needed to complete the care plan.

The well-trained family physician already possesses the elements of competencies needed to develop care plans that include social prescribing. The challenge before us is to act on our aspirations and bring all these competencies into action when we plan for the care of our patients. We should apply our generalist clinical skills using the SBAR4 tool of assessment and care planning developed by our College. We need to have an understanding of community development concepts using frameworks such as asset-based community development. Finally, we should constantly remind ourselves that our role is more than just the treatment of symptoms or disease. Our higher objective is to help our patients optimize their state of wellbeing using the biopsychosocial model of health and wellness.

# Community Partnership *to Support Better Health*

by Clinical A/Prof How Choon How, Senior Consultant, Family Physician; Director, Primary Care, SingHealth Office of Regional Health

Community partnerships are a key plank of the Healthier SG strategy as we pivot towards a future-ready health system that integrates health and social needs. What could community partnerships look like?

We can start by considering these points:

1. *Healthcare clusters as the community health coordinator;*
2. *Intervening upstream and beyond the walls of healthcare; and*
3. *Family doctors as the anchor points for Singaporeans' health needs.*

Singapore is blessed to have many community-based organisations serving our residents and communities. However, one downside is the difficulty coordinating the many providers. We have all heard the apocryphal story of several packets of free lunch hanging outside a single resident's gate and can agree that good coordination would have avoided this waste. Rather than developing more community services, what we need is a community health coordinator in a defined geographical area to oversee and facilitate partnerships among providers in the region. Each healthcare cluster is well placed to perform this role as the largest healthcare provider in their respective regions.

*(continued on Page 14)*

*(continued from Page 11: Healthier SG)*

Clusters could start by mapping out the needs and service gaps, and matching residents with the appropriate community providers. In the longer term, better organisation and more efficient use of resources will maximise the health of our communities.

It is natural when discussing the production of health to extol the virtues of a good healthcare system. While an effective healthcare system is necessary, many other factors are much more impactful on our health, such as lifestyle behaviours and the socio-economic environment. Addressing these upstream factors requires going beyond the doctor's room and working with the community on interventions in areas such as behaviour modification and early disease detection. We need to recognise that no individual lives in a bubble and that health behaviour is heavily influenced by social norms and attitudes. Good health requires proactively involving residents as well as their communities. If my social circle is enthusiastic about clocking 10,000 steps a day, it will be difficult for me to ignore the nudge to increase my own physical activity.

Family doctors are ideally placed to provide longitudinal care for their patients and the familiarity and trust this engenders allows family doctors to co-create a holistic care plan that also addresses social needs. This can take the form of linking our patients to relevant community services and resources. Such linkages cannot happen without wider system integration and will require support from our partnering healthcare cluster. Imagine being able to recommend your overweight patient a list of community-based activities that are personalised to your patient's condition and preferences in a matter of seconds via a super health app!

Good community partnerships are fundamental in building an integrated health and social ecosystem that supports family doctors in caring for patients and supports our population in achieving their best possible health. As the proverb goes, "If you want to go fast, go alone. If you want to go far, go together".

*Family doctors are ideally placed to provide longitudinal care for their patients and the familiarity and trust this engenders allows family doctors to co-create a holistic care plan ...*

# *National Healthier SG* **Enrolment Program**

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

Family physicians have quietly been at the core of our healthcare services and, with this new proposal from the Ministry of Health, will constitute the backbone of Singapore's commitment towards population health.

Most health care systems focus on treating diseases once they have been diagnosed. Singapore has one of the highest life expectancies globally. However Singaporeans tend to be in a poor state of health in their latter years. There appears to be a stark difference between life expectancy and health adjusted life expectancy. Can this be remedied? Healthier SG seeks to do just that.

It is a paradigm shift from the traditional focus of tertiary care to one that builds a strong preventive care component. As the old adage goes, prevention is better than cure.

This initiative is timely, as the our population is rapidly ageing, with healthcare costs estimated to triple to $27 billion by 2030. As a nation, we are also not in the best state of health, with ever increasing numbers young Singaporeans being diagnosed with chronic illnesses like type 2 diabetes mellitus, hypertension and hyperlipidaemia.

In March 2022 during his budget speech, Minister Ong Ye Kung said: " After 10 years of foundation laying, plus a pandemic crisis, it is time for us to take the next big step. There is an urgency to this because in the next 10 years, long after the Covid-19 dust has settled, we will have to tackle our biggest healthcare challenge since our nation began- the deteriorating health of the population."

Under Healthier SG, residents can enrol with a primary care doctor of their choice, who will be their first point of contact for their healthcare needs.

At present, only 60% of Singaporeans have a regular family doctor. The remainder, Min Ong quipped: "tend to doctor-hop, go to doctor A for hypertension medicine, go to doctor B for cough and cold. So there is no one family doctor who knows our overall health condition and family health history well enough, to be able to see the link between different care episodes, even across family members." Studies have

revealed that those with a regular family doctor have better health outcomes, with fewer emergency department visits and hospitalisations.

Enrolled residents will have regular scheduled visits with their chosen family doctor, who will help them to navigate their healthcare journey. This would encompass preventive care plans, and even aspects of the social determinants of health. These include socioeconomic factors such as income, education, social networks, living environments and so on. By also addressing these very important factors, we can help to make the difference to the total health of our patients.

All these may seem to be a tall order for us, but I strongly believe that we in primary care can step up to the plate and deliver, especially looking at how we all worked together to fight Covid-19.

As the GPs make up almost 80% of our manpower in primary care, we are well placed to help to make Healthier SG a success. I am glad to see that even at this early stage we have been well engaged, so that we can be better enabled and supported to provide this care.

It will require a lot of collaboration between the different agencies, both public and private, in order to make this work.

We will need to see more collaborations between the healthcare clusters, private practitioners, healthcare professionals and community partners like Social Service Agencies and grassroots organizations. In an ideal scenario, all of these agencies and partners will be fully coordinated and integrated and we will be able to provide a care continuum for patients that will the envy of the world!

# **Training** *for Healthier SG*

by Dr Darren Seah,
Censor-in-Chief, 28th Council, College of Family Physicians Singapore

MOH has sounded a clarion call for GPs to be mobilized as part of the Healthier SG strategy. As part of this transformative reform, patients in the future will be empaneled to GPs for greater continuity and coordination of care through clear care plans that will address preventive health aspects and risk factor management.

Our College has played a leading role in ensuring postgraduate medical education for GPs in the last 50 years. Across the levels of proficiency, college continues to play a key role, delivering a tiered range of programs from starting with the graduate diploma in family medicine to completing the educational journey with the finishing school with of the fellowship program. These programs have ensured that our GPs will be able to perform up to par in terms of providing holistic personalized care to individual patients and their families as well as lead fellow GPs to organize care and support for patients who require services from multiple community-based resources. Another key output is the college's regular family physician skills courses that are organized to address new skills gaps that have evolved with the advent of new interventions.

With the greater responsibility of care placed on GPs in the future, the training needs of family physicians practicing in the broader community will take continue to take centerstage in our college mission in the coming years. To ensure college is able to deliver the training required by the broad FM fraternity, college intends to better support the institute of family medicine by getting support of a medical educationalist to strengthen the quality of each of our training programs through cyclical evaluation of processes and outcomes. This will ensure that our curriculum remains updated and caters to the knowledge requirements of a GP practicing in an ever-changing landscape. We will also improve our tutors' capability by setting in a clear faculty development framework such that our tutors deliver training based on pedagogical methods keeping with the times.

With the Healthier SG plans to continue to involve Primary Care Networks, there continues to be a need to ensure that a proportion of our GPs are trained to an expert level such that they can be called upon to take on leadership roles to ensure that the Family Medicine voice is well represented in the future. Leadership, ethical decision making and professionalism are key domains that will be emphasized in future fellowship training while continuing to maintain the need to appreciate the finer points of academic family medicine research and evidence critique.

The future of Family Medicine in Singapore continues to evolve. Much of the foundational pieces are now being put in place to ensure we can achieve better health outcomes for our population in Singapore.

The role of the college to ensure a healthy pipeline of mission ready family physicians will be pivotal in ensuring a successful transformation that will embed care in the community.

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*(continued from Page 5: World Family Doctor Day Guest of Honour's Speech)*

that it was the College which came forward proactively to propose a range of very meaningful changes. And what struck me most was the passion and deep sense of professional commitment of the College and the primary care community.

This passion and proactive leadership have been a consistent hallmark – most recently demonstrated by the indispensable role which primary care colleagues played in our COVID-19 response. Your selfless devotion to our patients and our community was truly inspiring. Beyond COVID-19, the careful attention that the College has been paying to the training of future generations of primary care physicians has also been very commendable. On behalf of my colleagues in MOH, we wish to express our heartfelt thanks to all of you!

As we take steps to shape the future, all of us look forward very much to your support, wise counsel and help to design and implement the different elements of Healthier SG. Your active leadership and participation will be critical to its effective implementation and longer-term success.

As we mark World Family Doctor Day this evening, this is a fitting occasion to embark on a new journey – one that aspires to realise the full potential of a high performing primary care system, one that lays the foundation of a future ready primary care system and health ecosystem, but also one which is poised to ride on the new approaches, technologies and opportunities of the future, to produce the best possible outcomes for our patients and population.

Please join us on this most meaningful endeavour! Thank you.

1. Department of Statistics Singapore – https://www.singstat.gov.sg/find-data/search-by-theme/population/elderly-youth-and-gender-profile/latest-data
2. Based on preliminary evaluation of polyclinics team-based care model using data from NHGP and NUP where outcomes of patients who were empanelled to a team-based care as of 31 December 2017 to patients who were not empanelled over a 3-year period.

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# World Family Doctor Day
## *President's Address*

Speech delivered by Adj A/Prof Tan Tze Lee, President, 28th Council, College of Family Physicians Singapore

Professor Tan Chorh Chuan, Chief Health Scientist, Ministry of Health and Executive Director, MOH Office of Healthcare Transformation, Past Presidents, Council, Distinguished Guests, Ladies and Gentlemen.

Thank you very much for joining us to celebrate WONCA's World Family Doctor Day. We are indeed very privileged to have with us tonight as our Guest-of-Honour Prof Tan Chorh Chuan. Prof Tan is the Chief Health Scientist of MOH and the executive director of MOHT, and is one of the principal architects of Singapore's healthcare transformation. We have heard much of the forthcoming Healthier SG initiatives, and we as the primary care community look forward to being consulted and working closely with MOH on this project.

"Family Doctors, Always There to Care" is WONCA's call for family doctors for 2022's World Family Doctor Day.

This is something that we can certainly all identify with. We are always there to serve our patients, a constant in their busy lives, who they can come to for their medical needs. We care for their various needs, whether it be medical, psychological or social, and help them resolve these issues as best as we can.


As their family doctors, we are indeed in a very privileged position, and such responsibility should not be taken lightly.

Our patients trust us, they need us to look after them, to protect them, to provide for their health needs.

As family doctors we are always present, providing continuity of care at all stages of our patients' lives, coordinating their care with other healthcare professionals, always striving to develop and improve skills and methodologies to take care of our patients.

Family doctors are there wherever and whenever we are needed, thus creating strong bonds and relationships with our patients.

Last but not least, we as family doctors deliver accessible equitable high quality and sustainable care for their patients. These are lofty goals but for many of us it is already what we do, and we will continue to strive to improve.

Every year, on World Family Doctor Day, we take the opportunity to commemorate the many achievements and contributions our family doctors have made to our

communities in Singapore. However, since the arrival of the COVID-19 pandemic upon our fair shores in 2020, we were not able to have a physical meeting for this event over the past 2 years. To be able to meet together in this ballroom tonight gives me great hope that we have begun to see the light at the end of this pandemic tunnel and that we will emerge much stronger for it!

The last 2 years have been very challenging for many of us in Family Medicine. For those of us in the frontlines, we had to screen patients for acute respiratory infections, swab them and also monitor their home recovery. Some of us in the community hospitals took care of C+ patients sent there for monitoring and recovery. Some of our polyclinic colleagues took care of cases in the dormitories. The list goes on. What is evident is that our Primary Care and Family Medicine fraternity is indeed a force to be reckoned with, who can be called upon in times of crisis, and be relied upon to deliver on the tasks on hand.

Much of this could only have been possible because of the close working relationship the Ministry of Health has with College and our GP and FP partners. The timely consultations and communications built up much trust and goodwill between the MOH and primary care providers on the ground. This hard won trust must not be squandered, and needs to be further nurtured and cultivated as we spearhead this new initiative, Healthier SG, which was announced by Minister Mr Ong Ye Kung in Parliament earlier this year. Healthier SG represents a quantum shift for our healthcare system, the focus now firmly and squarely on population health, and going forward much work needs to be done. The College is strongly committed to supporting Healthier SG, and many of our council members have in fact volunteered to represent our GPs and FPs in its various committees and sub-committees.

Our relationship with WONCA goes back all the way to its beginnings in the 1970s; the College has even hosted 2 WONCA world conferences in Singapore; in 1983 and again in 2007! This relationship has been very strong all these years, and we continue to play an active role in the Asia Pacific Region. Through the efforts of our past presidents like Dr Alfred Loh, Dr Lee Suan Yew, A/Prof Lim Lean Huat, A/Prof Goh Lee Gan, A/Prof Cheong Pak Yean and A/Prof Lee Kheng Hock, our college has indeed contributed much to WONCA APR, and as such the College continues to enjoy much goodwill in the organisation.

As you may well know the college was successful in our bid to host the WONCA APR meeting in 2023, and this has since been postponed to 2024 due to COVID. There is much work to be done and our talented team, led by Dr Xu Bang Yu and Dr Low Lian Leng ,will be gathering their team from amongst you in the next few months!

On this island we call our home, our family doctors are found in all manner of settings. We are found in heartland clinics, town clinics, polyclinics, community hospitals, ILTCs, homecare, palliative care, the list goes on. The mark that distinguishes the family doctor is that he or she is truly dedicated to providing generalist medical care. Our mission is very simple: and that is to provide the best healthcare we can for our patients and their kampung. Very often, we know our patients over many years; with each encounter we add to that priceless doctor-patient relationship built up over many years.

To better equip our members to manage their patients, the College started training the first batch of GPs in 1971. Our courses have since evolved, and we now have courses in the Graduate Diploma of Family Medicine, the College Master of Medicine (FM) course, and the Fellowship course.

We have done well; our college training programmes have been very successful! However we cannot just rest on our laurels and rely on the same formula for the coming generations. As Singapore's demographics change, so our programmes have had to evolve to address future needs. We have identified the need for more in-depth training in medical ethics in family medicine, and we are working hard to introduce more such components into our programmes.

Our academic teams have worked tirelessly towards improving standards, making our courses and qualifications more relevant to our primary care community. Their energy and commitment is simply amazing, and for this we are truly thankful! It gives us much inspiration as everyone is working for the improvement of their wards… altruistically and selflessly…well done team!

Whether we work in the private or public sector, our aims for our healthcare system are one, to provide affordable, high quality healthcare for all. As the public private divide becomes increasingly blurred, it is my hope that Singapore's healthcare system will finally evolve to become truly integrated, whether you are primary, secondary or tertiary care, public or private. Providing care that is seamlessly integrated where all clinicians across the healthcare spectrum are able to work together for the benefit of our patients.

The goal of **One Family Doctor for Every Singaporean** is finally within reach! Let us make it a reality!

Thank you.

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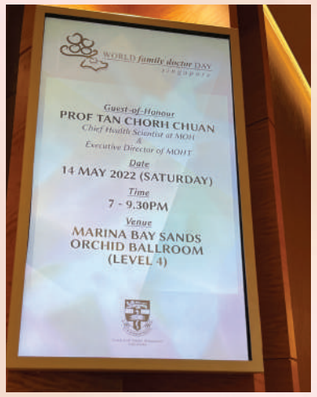



# WORLD FAMILY DOCTOR DAY DINNER

*14 May 2022*

*Marina Bay Sands, Orchid Ballroom*

*Congratulations*
to all recipients of the College Teachers', Distinguished Educators' and SFP Journal Reviewer Awards!

*More event photos can be viewed on* ***www.cfps.org.sg***