



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

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CFPS Commencement Ceremony 2022

Dr Ruth Lim,
Director, Primary and Community Care Division,
Ministry of Health



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Fellow family physicians, Ladies and Gentlemen. Good afternoon.

Thank you for inviting me to be part of this year's commencement ceremony. It is heartening to see so many of us here in person to celebrate the start of the college's academic year. This year's ceremony is certainly special to many of us, given that we can gather in person, despite the recent rise in COVID-19 cases.

What is even more heartening is to know the number of Family Medicine trainees we have for this academic year. Year on year, we have been seen a growing interest in Family Medicine post graduate training, at both the College of Family Physicians training programmes and also for Family medicine residency training.

Family Medicine principles, that are based on the Ps and Cs are an integral part of our practice of medicine and is familiar to many of us in this room.

Our Family Physicians provide - Care that is Comprehensive, looking after everyone from cradle to grave, Continuing care that allows us to be part of our patient's care journey over

the years and to be their Coordinators of care. The Ps include, Personal care that is patient centric and Preventive care that goes beyond just the acute presenting problem.

I would like for us to think about one more P, Purpose.

Purpose is an essential element of who we are. It is the reason you wake up and look forward to the day ahead. Wherever you choose to practice, remember the reason why you chose Medicine and now family medicine. As each of you, start on the training programme, I would like to challenge you to think about the bigger purpose that primary care and our family physicians can play in our healthcare system.

... think about the bigger purpose that primary care and our family physicians can play in our healthcare system.

(continued on Page 4)

(continued from Cover Page: CFPS Commencement 2022 Speech)

Many of you would have heard of Healthier SG. At the Committee of Supply debate earlier this year, Minister for Health, Mr Ong Ye Kung announced the plans for Healthier SG and a key thrust is the shift towards preventive care and also the need to anchor care with our Family Physicians.

Healthier SG aims to help every Singaporean to not just remain healthy but to be healthier. All of you as our FM trainees and future FM doctors and leaders have an important role to play as we shape the future of how healthcare in Singapore will be. Let me share with you an inspiring example. Healthier SG is being co-created with Singaporeans and our primary care doctors. Our very own FPs have stepped forward to actively give their time and energy to chair several important Healthier SG sub workgroups. For example under the leadership of Dr Eng Soo Kiang and Dr Jacqueline Yam, they led the care protocol sub workgroups to develop 12 care protocols that will be the foundation of the care that will be delivered as part of Healthier SG. A big insider tip to our trainees, once this is published, you should know these care recommendations inside out. It is likely to be even more topical and relevant to daily practice than even your GDFM module notes or senior notes.

But for Healthier SG to succeed, we do require a mindset shift among our residents, our healthcare providers. Healthier SG will be a multi-year system transformation effort, that will place primary care very firmly at the centre of our healthcare system.

Barack Obama once said, Change is the effort of committed citizens who hitch their wagons to something bigger than themselves and work for it every single day. Change requires more than just speaking out, it requires listening, as well. It is only when you hitch your wagon to something larger than yourself, that you realize your full potential.

Education is indeed a powerful tool for change. The opportunity to learn from the many great teachers that college has. The friendship that you will form as you attend tutorials together. Even if the tutorials are on zoom, I'm sure many of you will agree that virtual bonds can still be formed. If anything, it will be based on the shared experience of poor wifi and embarrassing backgrounds.

Education is a powerful tool, because once you start on this journey and actively seek to learn, not just for the sake of a certificate, you'll soon realize how much more there is to learn. Or rather, how little you really know. Family Medicine covers the breadth of medicine and going through a structured programme helps to consolidate knowledge and is a valuable toolkit to have as we aim to provide better care for our patients.

“... for Healthier SG to succeed, we do require a mindset shift among our residents, our healthcare providers. Healthier SG will be a multi-year system transformation effort, that will place primary care very firmly at the centre of our healthcare system.”

Our family physicians will be entrusted with providing care to the residents that choose to enroll with us. As their trusted provider, we need to provide care that is evidence based, is affordable and built on a shared understanding of their health goals. It is indeed heartening to note that many of you present here today, do not stop with just the GDFM but will go on to obtain your Masters of Medicine in Family Medicine and also your fellowship.

As someone who was once a trainee, although many years ago, I would like to reassure our new trainees, that while the road ahead may seem long and the thought of more studying seems daunting, it is the people that you meet along the way that will encourage you to take one step forward, and another step, and another step! The confidence that comes from knowing that you are providing great care for your patients, will keep you going. Patients truly are at the heart of healthcare, and personally, it is the small moments of listening to their stories and sharing heartfelt conversations that have shaped and defined my family medicine experience and reminds me of why we are doctors and why we are here on our journey of learning.

Wishing our trainees all the best on your journey of learning. Thank you.

■ CM

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Editor's Words

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

Every 9 months, I happily planned and looked forward to meeting up with my team C members again. It was not just coming together for storyboarding, but beyond that, it was also a time to rekindle friendships and relationships, find out how each of us are doing, and finding out who had the most inspiring stories in our family medicine fraternity to publish and to keep our readers hungering for more. As we took stock of the various events and happenings in our fraternity, it served as a reminder of how far we had come, what we had achieved, and what more we could look forward to as we gazed at the frontiers of family medicine. This landscape is evolving faster than most of us dared say we are comfortable with, but if not now, then when? The stress level in the past year, and the upcoming year ahead, was so much higher than the last decade combined, but if not now, then when? The comfort that we could hold on to, and which we can continue to count on in future, was that we are all in this together, and every little contribution that we could place on the table would count for a greater collective good of the fraternity. Thus this issue is no different from our past mottos of our team, and we seek to connect and inspire our readers to the stories of many heroes and heroines in family medicine.

Many family medicine trainees starting out in their journeys of further training in family medicine came to our commencement ceremony, which served as a significant milestone marking the start of their various training programs. Beyond the training, each family physician should ponder over the bigger question and purpose that we could all play in our healthcare system. The past years had proven to the healthcare system, the ministry, the family physicians and the patients that our efforts to strengthen primary and community care is very much needed, more so when Singapore is now pivoting to preventive care and Healthier SG. We started seeing mindset shifts, and we should continue to ride on this wave of transformation to evolve primary and community care in tandem with the healthcare system efforts. We also had this discussion during our World Family Doctors

Day dinner and panel discussion, where we heard from prominent leaders who are at the forefront of Healthier SG.

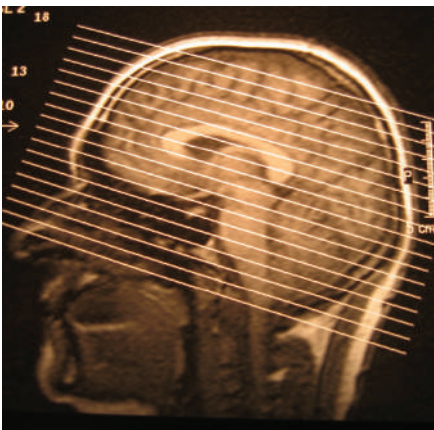
One of the common clinical encounters in our practices are when our patients require a referral. Sure, it is about writing a letter so that another specialist can continue investigations and treatment. That is if all goes well. But there is so much more to it than that, as Vincent pointed out in his article. COVID-19 has also brought along some innovations that pleasantly surprised us. A few years ago, the only places where we would find virtual reality googles would be in computer stores and some geeky homes, but now it would not be a surprise to find them in some polyclinics. Read about how this was implemented for young children who are coming forth for their childhood vaccination, to reduce their fears and anxieties of an otherwise unpleasant clinical encounter.

We continue to see new leaders in family medicine, who are rising to take on the baton of leadership, in the constant charge towards advancement of our fraternity. We were very privileged in this issue to hear from two of them and their stories of how they came to take up such roles and what they hoped to achieve in the years to come. One of the authors also contributed an article on his experience in Singapore Chief Residency Programme which is a prestigious milestone, and how it had shaped his experience in leadership.

On a lighter side of things, we also brought in stories of how some of our doctors found joy beyond work, to have the ability to recharge in the short term so that they could run the long marathon. As well as how life had changed after fellowship for one of the authors.

I would like to leave you with this phrase that continues to inspire me till this day. "If you want to go fast, go alone. But if you want to go far, go together!" Yes, I look forward to our fraternity to go far together!

■ CM



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

A/Prof Ruby Lee (Lawyer)
Deputy director SMU Pro Bono Center

Dr Peter Chow Chiu Leung
Consultant, Geriatric Medicine, Changi General Hospital

Dr Giles Tan
Senior Consultant, Department of Developmental Psychiatry (Adult Neurodevelopmental), Institute of Mental Health

■ **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 (4.30pm - 5.30pm)

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

■ DISTANCE LEARNING MODULE

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

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

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



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REGISTRATION

Mental Capacity Act

Please tick (✓) the appropriate boxes

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

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

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

Cheque number: _____

We also accept payment via PayNow

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

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

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for College
Members!



Online Registration Available

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

<http://www.cognitofrms.com/CFPS/FPSC104>

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

President's Forum

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

We have completed yet another year for the College, the 51st year since its founding in 1971.

As I look back at the past 3 years that we have soldiered on under the spectre of COVID-19, I am aware of the many sacrifices our healthcare heroes have made in the fight against this stubborn virus. I recall how in the early days we had to scramble to procure PPEs just so we could continue to provide much needed service for our patients.

Fast forward to the present day, and we see that the vast majority of Singaporeans have been vaccinated, with 92% having completed the primary vaccination, and 78% having had 1 booster¹. The Ministry of Health also adjusted the DORSCON level for Singapore from Orange to Yellow on 22 April 2022, in line with the better resilience of Singapore residents to COVID-19 as a result of our local population's excellent vaccination status.

People have begun venturing out socially, often with a vengeance! Many restaurants are fully booked, and bookings often need to be made months in advance. The same easing of restrictions also allowed us to meet face-to-face for the College Commencement Ceremony, which was held this year on 23rd July at the Stephen Riady Auditorium at the NTUC Centre. It was a pleasure and privilege to physically see all the trainees and tutors together, and not just through a computer screen. I am all for the IT advances we have and virtual meetings were absolutely essential, as they allowed us to carry on with our programmes and CMEs. However, it is so much better to be able to see the repartee and social interaction in an actual physical meeting!

Immediately following the commencement ceremony, we held our 51st Annual General Meeting as is our tradition. It was good to be able to finally have a physical meeting after a hiatus of 3 years, and it was indeed a wonderful opportunity to meet up with friends young and old. We were able to start on time as we had quorum, and the proceedings went very smoothly. Concerns regarding the training programmes were raised by Dr Lawrence Ng, and these concerns were timely and well received. This is an ongoing challenge and we are taking active steps to address them.

In recent weeks, many of us have had to deal with more and more acute respiratory infection (ARI) cases as we appear to be dealing with another wave of Omicron. Long queues can be seen in front of clinics as the sick rate seems to be going up. All this puts a strain on doctors and healthcare staff, and all of us really need to practice some good self-care to sustain ourselves. We hear of many young doctors

share about burnout and lack of work-life balance. A 2016 review on "burnout in primary care physicians" by Dr Lawrence Ng, looked at this phenomenon. It quoted Herbert Freudenberger who described the state of exhaustion in the helping professions as "burnout syndrome."²

So how do we avoid burnout? Is there a solution, a magic bullet that can help to alleviate this problem?

History is often a good place to look for answers. The eminent physician Sir William Osler once said, "While medicine is to be your vocation, or calling, see to it that you have also an avocation – some intellectual pastime which may serve to keep you in touch with the world of art, of science, or of letters."

Is the solution as simple as that? It is incredible and yet comforting that, over a hundred years ago, it was already well recognised that we needed to get away from our daily work, to engage in some hobby or interest outside of medicine to recharge ourselves. This exhortation holds true today, especially in the light of increasing physician burnout in our highly charged healthcare environment.

For some of us it could be singing or learning a new musical instrument; for others it could be cooking and baking. We have colleagues who are avid gardeners; who have such productive gardens, they are constantly sharing the produce and plant cuttings. I myself have discovered the joy of baking bread... it is always wonderful to share the product of our attempts to bake that perfect loaf!

Whatever it may be, engaging in such avocations will go some way to get us grounded and in touch with our humanity. By doing so, we exercise adequate selfcare, which in turn can enrich the relationships we have with our patients and colleagues, and thereafter better care for our patients.

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1. <https://www.moh.gov.sg/covid-19/vaccination/statistics>.

2. Ng CLL. Burnout in primary care physicians and interventions - An evidence-based review. Singapore Fam Physician 2016; 42(1): 6-12.

*Reflections from***Family Medicine Review Course (FMRC) 2022**

It has been an honour to be part of the FMRC 2022 organising committee. I found it encouraging to have like-minded family physicians working together to make this national review course a success. Deciding on the suitable topics was challenging given the wide breath of family practice and the need to cater for audience from different work settings. I learned the importance of effective communication as most plannings were done online and the course was also held over Zoom. We were thankful for the high turnout rate and the inspiring speakers. Last but not least, I would like to thank the College of Family Medicine and FCFP core faculty for all the support and guidance given to us.

Dr Teo Chiang Wen

The Family Medicine Review Course 2022 was held via Zoom over two consecutive Saturdays in May. A group of us had the privilege to be the organizers for this event, which in my view was a highly successful event with a good turnout. In order to come up with an appropriate theme and topic, the organizing committee looked back at previous years' FMRCs, as well as considered topics that would be current and relevant. After much deliberation, we decided to title this year's FMRC "Care from Cradle to Grave", covering a breadth of topics from Childhood (wheeze, dermatology) to Adolescent (mental health), Adult (exercise medicine), and Elderly (menopause, frailty). This was especially appropriate given Family Medicine as a continuum of care across all ages and domains.

Each member of the team contributed different perspectives to planning and managing the event, as well as access to sponsors and various speakers. I also had the pleasure of MC-ing the first day of the event with my co-host Dr Emily. I would also like to thank our supervisors who mentored us through this process, as well as the administrative team who assisted us with the logistics of registration and hosting the event online.

Dr Emily Lee Pui Yan

FMRC 2022 was conducted virtually over zoom this year due to the ongoing pandemic. This time, we organised it over two afternoons so that we could get more speakers in. It was indeed an enriching experience to plan for such a major event in the FM calendar, and I am excited to see what next year's FMRC brings!

Dr Gwendoline Tan

There are a lot of things that have to be done behind the scenes for an event to be successful. I am thankful for the seniors who have stepped forward to guide us in this process, as this is the first time many of us have organised such an event. Organising this course has given me a greater appreciation for those who have done so in the past and moving forward I hope to be able to share my experience with others who are also involved in planning similar programs.

Dr Abigail Lee

I feel that the right kind of support is vital to planning these events and that we need to expect to perform duties not usually required of an organising committee to get the event moving.

I also appreciated the value of having relevant contacts when it came to securing sponsors for such events.

Dr Arvin Mahavijyan

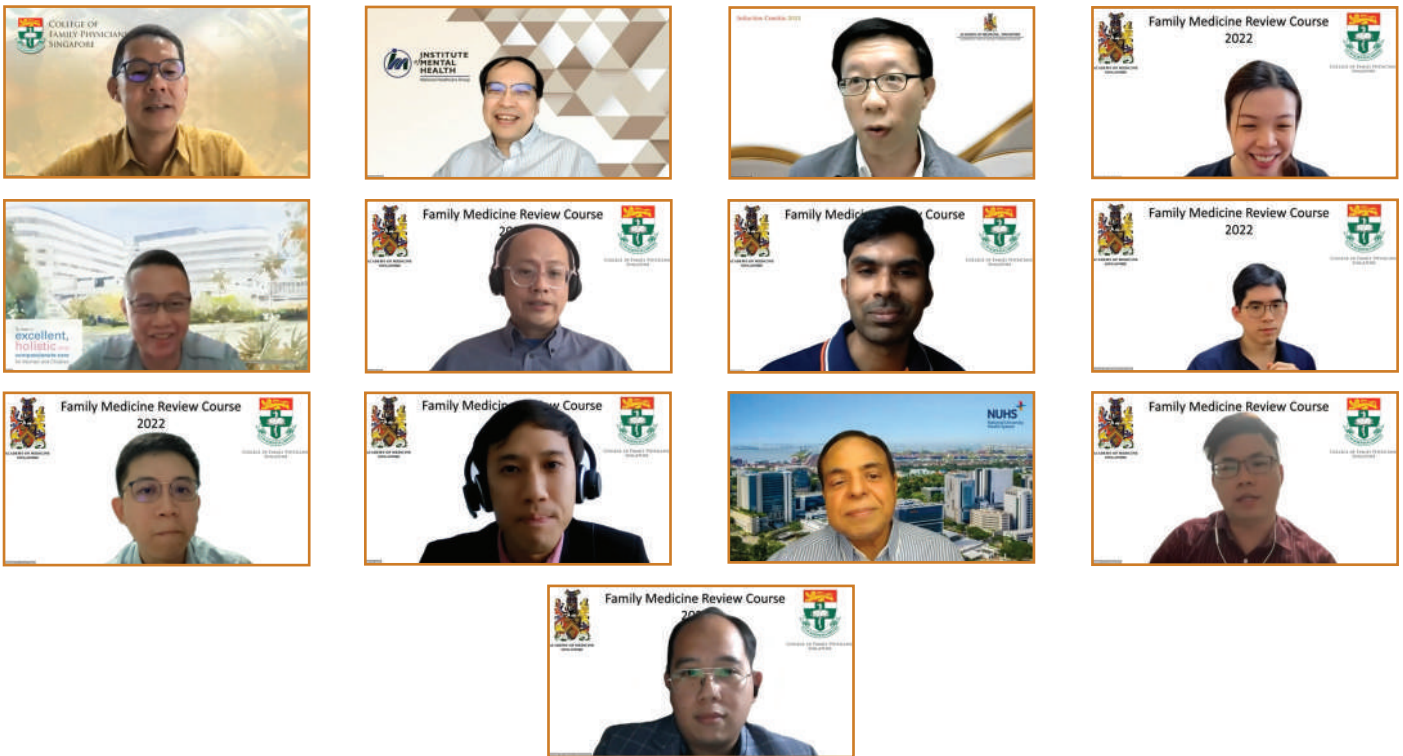
Initially, I thought it was difficult to organise such big event for 400-500 participants. There was concern on whether we can find the good speakers or sponsor for our event. Fortunately, my team was supportive and we helped each other to go through this process.

I was responsible to find Prof Daniel Fung, the psychiatrist consultant as our honourable speaker and I learnt to liaise with him to follow up on his slide presentation and to make sure his zoom was working well on the day of presentation. I was also one of emcee for the event that day and I have gained valuable experience in helping to facilitate the session. Overall, I feel proud for my team to have organised this event successfully and I think the overall feedback for the course is positive.

Dr Foo Jong Yi

In all, it was a memorable event that my group handled together. Team work was an important factor in ensuring the event went smoothly. Organizing this event was made easier when every member of the group chipped in to help. There was feedback that the event was well received and that participants managed to learn a lot from it. Speakers were also happy that the audience was interactive.

Dr Lydia Chee Jia Yi



On Referrals

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

“Doc, I want a referral..” To that opening sentence, the words “uh oh” rang out in my mind. Was it a referral on merit or on request? Will it be frivolous? Will the receiving specialist fall off his chair laughing? Or will this referral matter and make a real difference? How is it possible to promise writing this referral, with such a wide variety of outcomes. To answer yes or no (to that referral request), I need to take a full history, examine patient and do investigations.

At times, while taking history, we might realise that the issue can still be handled at primary care level by us. When such situations arise, I would usually try to explain the medical condition and the issues, and why the referral might not be needed at this time. That we can initiate treatment first and review accordingly. This explanation can be time consuming, and we can look silly when patient remarks “doctor, I still want the referral.”

By this stage, I would just write that referral with a sigh of resignation. Maybe patient knows something I don't and anyway complaints might fly if I were wrong. And we don't want the potential of making our SMC collages more busy than they already are. Should I say no? Well, I do that at times. But it has to be done rather diplomatically, with a risk of both sides getting agitated.

So the referral process is actually a complex exercise. It requires the skill of reading a patient's body language and

decoding their words, to determine their ideas, concerns and expectations regarding the referral. It requires patience, which can be challenging in a busy clinic. We also need the skills of explaining our decision to patients in a clear and concise manner. Giving a long lecture, just doesn't work out. Then there is the skill of writing that referral letter.

While chatting among friends, stories of hospital specialist disparaging referrals from primary care emerged. I suppose I would too, if I were a neurologist who received a referral to the effect of “Headache, please see.” That was a random example, and I certainly hope we don't write like that. Perhaps a little more detail would be nice, and if the referral was demanded by patients, at least we should drop a hint of that to the specialist. We also have to be mindful that not all specialists have had a stint in primary care or polyclinics in their professional life, and may not understand work in our setting. Primary care doctors, on the other hand, have all trained in hospitals, so we have insight into the mind of a hospitalist as we write the referral letter.

Yes, I would consider referral letters to be an exercise in literature. Not only must that referral letter sound erudite, it must also make sense. And this difficulty is compounded in a case where the referral is not required, and yet demanded by the patient. As for cases where we are sincerely concerned, we have to write sufficient facts into the letter, with a clear clinical question for our other specialist colleagues to answer and assist us on. How we write, will convey the true flavour of the patient encounter on the day the referral was made, and why it was made.

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■ CM

Family Medicine

Serving the Community

by Samuel Ting and Vanessa Chong (LKC class of 2023)
On behalf of 2022 Organizing Committee
Credits to Wai Sin Yee for the screenshots during the event

The Family Medicine Extravaganza is an annual event which serves as an outreach platform for students and junior doctors considering family medicine as a career in Singapore. It is jointly organised by medical students from the 3 medical schools (NUS Yong Loo Lin School of Medicine, NTU Lee Kong Chian School of Medicine and Duke-NUS Medical School) in conjunction with the Joint Committee of Family Medicine Singapore and the College of Family Physicians Singapore (CFPS).

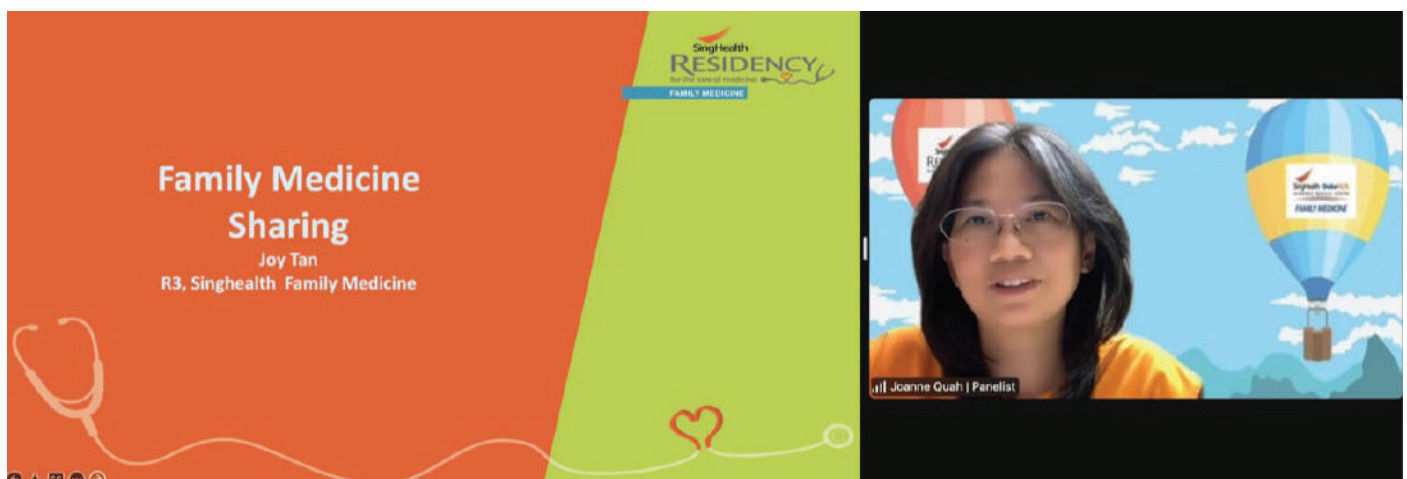
On 13th May 2022, the 8th edition of Family Medicine Extravaganza was held over Zoom webinar (due to COVID regulations) and saw over 80 participants with a good mix of medical students from the 3 medical schools and HO/MOs from the various clusters. The theme for this year was 'Family Medicine: Serving the Community'.

Our keynote speakers were Dr Mark Ng Chung Wei and Dr Kenneth Tan Kian Wee, who expounded upon various aspects of the landscape of family medicine in Singapore. The 4 programme directors (Dr Jason Chan Meng Huey from NHG, Dr David Tan Hsien Yung from NUHS, Dr Joanne Quah Hui Min from Singhealth and Dr Suraj Kumar from CFPS) were also invited to share about the individual residency programs. Concurrently, one resident from each cluster was also invited to talk about their experience as a resident/trainee. This gave our participants a good view of the programme from the ground as well. Coincidentally, the residents revealed that they were actually from the same batch in medical school so that was a mini-reunion during the event itself!

This event was held at an opportune time with the recent shift in public policy from the government, where primary care was identified to be a key aspect of improving healthcare outcomes locally. Such reforms included plans to invite Singapore residents to enroll with a primary care physician. Our keynote speakers were delighted to talk about the topics ranging from the pandemic to the new policies announced.

After the various sharings, participants were invited into a Q&A panel. With the zoom webinar function, it was certainly helpful for panelists to type out answers to the various questions posed which allowed more questions to be answered in the limited duration of the event. While there were still many questions from the participants, the night had to draw to a close. The event ended with a lucky draw, where 4 winners walked away with a brand new Litmann stethoscope sponsored by the CFPS.

This event was held at an opportune time with the recent shift in public policy from the government, where primary care was identified to be a key aspect of improving healthcare outcomes locally.



Dr Joanne Quah (Singhealth) giving a brief sharing of the Singhealth Residency Programme

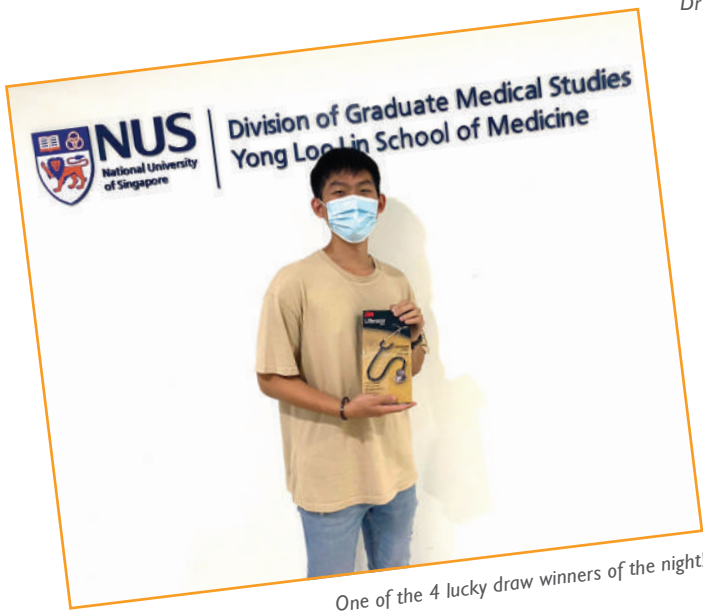
COMPETENCY

- Broad exposure of experiences
 - o Hospital postings inclusive of Eye, ENT, Derm, Cardio, Pall, PSY
 - o Nursing Home Visits
 - o Home Visits
 - o GP Posting
- Electives available for professional development
 - o Education
 - o Research
 - o Community Health Projects
- Emphasis on being a well-rounded physician
 - o Exposure to quality improvement processes
 - o Exposure to research and evidence based medicine





Dr Keith Tan (NUHS) sharing about his experiences in the NUHS Residency Programme



We hope that the event has been helpful to our participants to gain a deeper understanding of what it means to be a family physician and pique their interest in considering family medicine as a career path.

We would like to thank all participants, panelists and organisers for their hard work in making this event come to life. In particular, the student organising committee would like to thank JCFMS and Dr Loke Kam Weng for their support throughout the entire planning process.

CM



A combined photo of all the panelists, speakers and organizers nearing the end of our event

Interview with Dr Rose Fok Wai Yee Primary Care Oncology (PCO) Education Unit



Interviewed by A/Prof Low Sher Guan
Luke, FCFP(S), Chief Editor

What is your new title/ appointment?

I was recently appointed Deputy Director of Primary Care Oncology (PCO) Education Unit, a new sub-unit under the Division of Cancer Education (DCE) at the National Cancer Centre

Singapore (NCCS). This is in view of the increasing role of primary care in the cancer care continuum, from diagnosis to survivorship, supportive and palliative care.

What are your newfound roles and responsibilities?

My new roles and responsibilities range from developing, providing and supporting quality PCO programmes, to engaging and educating our Primary Care Physicians (PCPs). I'm also looking at establishing and co-creating survivorship clinical programmes and new care models (e.g. shared care models) with primary care partners, to build capacity and capability for community cancer care. My role is also to collaborate and support medical schools and partner institutions in the development of PCO for medical students and healthcare professionals.

Why did you take up this role?

I am passionate about Family Medicine and saw this as a good opportunity to advocate primary care to be recognised as a valued partner and contribute our expertise in the cancer care continuum.

How did you first start off with NCCS?

After practising as a GP for 15 years, I was looking to embark on something new to find deeper meaning in my work. At that point, my fellow GP friend who had just completed her breast cancer treatment wanted to give back by volunteering and invited me to join her. I took on a voluntary attachment with the Division of Medical Oncology at NCCS in 2014 and have not looked back since.

How was the journey with NCCS?

During my attachment at NCCS, I witnessed the strong

relationship cancer survivors had with their oncologists, who traditionally managed the entire clinical care of their patients during cancer treatment. As such, even when patients are in remission, many would request to continue seeing their oncologists for their primary care needs.

However, with the increasing number of cancer survivors with complex multi-morbidities who are living longer, this oncologist centric model is not sustainable.

For example, after completing cancer treatment, cancer survivors may continue to have higher cardiovascular risk and long-term adverse effects such as osteoporosis, peripheral neuropathy and secondary malignancies. Psychosocial needs, including fear of recurrence, relationship issues with spouses and family also continue to affect many patients, even when they are cancer-free.

Against this backdrop, a stronger need to optimise care for more cancer survivors is evident and I believe Family Physicians (FPs) can play a key role in addressing these survivorship needs. FPs take a holistic approach in treating patients and can encourage them to adopt a healthy lifestyle and make behavioural changes. FPs also play an important role in mental wellness to help cancer survivors return to normalcy and transit back to the community smoothly.

As the role of a family physician in a cancer centre is uncommon, many specialists were skeptical and others warned me of the challenges of an uncharted path. Despite these uncertainties, the NCCS oncologists were visionary and welcomed me with open-mindedness and willingness to venture into new domains.

Caring for cancer survivors is unique as a cancer diagnosis is life-changing. Till today, I keep a wooden name tag that one of my late patients handcrafted for me. I learnt the value of life from this patient who battled cancer bravely – amidst the tears and fears when his cancer recurred, he remained calm when the eventual demise was near.

Are there other Family Physicians like you who are with NCCS?

I am the first and currently the only Family Medicine Associate Consultant to be appointed at NCCS. We are building the team and seeking more FPs with special interest in oncology to come on-board.

How will this benefit our family medicine fraternity?

With the official establishment of this unit, it is my hope that it will raise the status of Family Medicine among specialists, and FPs can be recognised as experts who provide comprehensive primary, personal, and preventive care with continuity and coordination of care in the community.

Will family medicine trainees and residents benefit from training in oncology? Are there plans to offer as an elective program?

Yes, training in oncology can benefit family medicine trainees and residents as they learn about the late and long-term toxicities of treatment, build confidence in caring for cancer survivors, and also acquire knowledge on the adverse effects of new cancer treatment and how it affects primary care conditions and management.

We are looking to engage the Family Medicine Education faculty to offer oncology as an elective programme in Residency training. For example, currently the main exposure to oncology for year 3 medical undergraduates from NUS YLL-SoM is a 2-week posting, where students are rotated to surgical/ medical/ radiation oncology, haematology and palliative medicine. This posting comprises ward/outpatient attachments, lectures and tutorials to learn the basic principles of oncology. For students with special interest to delve deeper, elective postings are also available.

How do you plan to push the frontiers in this area of work?

On the education front, we are co-developing an online primary care cancer educational series under *SPriNT to help build FP's foundation in cancer care. For FPs who desire a deeper understanding, onsite clinical attachments at NCCS are available which can help equip them with specific skillsets to gain confidence and competency to better care for cancer survivors.

In clinical practice, we will be expanding cancer survivorship services in the new NCCS building. We envisage this enhanced service to provide holistic biopsychosocial management for survivors who have completed active cancer treatment. A multi-disciplinary team will provide cancer surveillance and co-management of multi-morbidities and long term adverse effects of cancer treatment. This service will also serve as an educational and training resource for healthcare professionals to network and learn best practices in survivorship and research.

* Singapore Primary Care Cancer Network: a collaboration with the division of family medicine, NUHS, the cancer centres, polyclinics, private care network and Singapore cancer society.

■ CM

World Family Doctor Day 2022 Panel Discussion

by Dr Chiang Shu Hui Grace
Honorary Editor, Singapore Family Physician
College of Family Physicians Singapore

In the 12 years since the first World Family Doctor Day (WFFD) was celebrated on 19 May 2010, there has been increased recognition of the value of Family Medicine and greater appreciation for the role of family doctors in the healthcare ecosystem.

Family Medicine (primary care) is the foundation of Singapore's healthcare system. Family doctors and their practice teams deliver holistic and personalised healthcare to patients in a "cradle-to-grave" model, providing a comprehensive service spanning pregnancy care to end-of-life care. They also aid patients in navigating the healthcare system by providing appropriate referrals and coordinating patient care with other providers.

This year's theme, "Family Doctors – Always There to Care", celebrates the central role of family doctors in the delivery of healthcare. The fundamental feature of a family doctor's work is continuity of care. Family doctors share a unique connection with their patients and do their best to ensure that they are always there to care by providing accessible

care in all stages of their patients' lives, through moments both big and small.¹

Singapore's primary care ecosystem will be undergoing a major reform in the near future with the aim of being an important pillar of Singapore's healthcare system. This transformed primary care ecosystem seeks to address the challenges of Singapore's ageing population and improve population health outcomes. As Singapore adopts the Healthier SG strategy, this theme of "Family Doctors – Always There to Care" is especially apt. One initiative involves the reorganisation of care delivery and integration of general practitioners (GPs) into the public healthcare ecosystem. From next year, Singapore residents will be invited to enrol with a GP or polyclinic doctor of their choice as their first line of care. These family doctors will support the healthcare needs of these residents throughout their life ("One Family Physician and One Health Plan for Everyone").^{2,3}

The College of Family Physicians Singapore (CFPS) had the opportunity to commemorate World Family Doctor Day 2022 on 14 May with Professor Tan Chorh Chuan, Chief Health Scientist [Ministry of Health (MOH)] and Executive Director of MOH Office for Healthcare Transformation (MOHT) as the Guest-of-Honour. The College was also privileged to have the WFDD 2022 Gala Dinner conclude with a panel discussion on Healthier SG comprising following panellists: Professor Tan, Dr Ruth Lim (Director,

(continued on Page 14)

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care in all stages of their patients' lives, through moments both big and small.¹

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(continued on Page 14)

(continued from Page 11: WFDD 2022 Panel Discussion)



A panel discussion on Healthier SG was held during the World Family Doctor Day 2022 Gala Dinner. (From left) Dr Wong Tien Hua, Dr Ruth Lim, Adj A/Prof Tan Tze Lee, Prof Tan Chorh Chuan, A/Prof Chong Phui-Nah, Adj A/Prof Lew Yii Jen and Dr David Ng.

Primary and Community Care Division, MOH), Dr David Ng (CEO, SingHealth Polyclinics), Associate Professor Chong Phui-Nah (CEO, NHG Polyclinics), Associate Professor Lew Yii Jen (CEO, National University Polyclinics), and Associate Professor Tan Tze Lee (President, CFPS), with Dr Wong Tien Hua (Vice President, CFPS) as the moderator.

The panel brought up several pertinent issues regarding Healthier SG such as:

1. Inclusivity and Engagement

As Healthier SG involves developing an “Ecosystem of Support for Better Health”, MOH recognises that the input and views of all relevant stakeholders are essential in the implementation of this major national strategy. Stakeholders who are being engaged include residents from all walks of life, family doctors, healthcare workers, insurers, and community partners to understand their concerns and co-create a primary care package that is formulated to optimise participation and adherence. More than 100 in-depth one-on-one interviews have been conducted with residents to understand how different circumstances and experiences may influence their views on Healthier SG.⁴ A primary care implementation workgroup has been set up by MOH, which includes representation from CFPS, Singapore Medical Association, leads from all PCNs, and polyclinic clusters.³

2. Implementation of Healthier SG

Healthier SG involves implementing multiple initiatives (activating the family physician network, care plans, community partnerships, support structures [healthcare financing, manpower, and data flows], National Healthier SG enrolment programme, and digitalisation), which will be spread out in phases over the next 2-3 years. For instance, care protocols detailing not just the medical management of certain chronic diseases but how community resources can be activated to better manage an individual's health status may be the first to be rolled out. This might subsequently be followed by the introduction of telehealth for common chronic conditions. Ultimately, Healthier SG aims to work towards developing an integrated health ecosystem that is

able to support the needs of residents by addressing the influence of social and environmental determinants of their health.³

3. Public-Private Family Physician Partnership

In Singapore, primary care is provided through an islandwide network of outpatient polyclinics and clinics run by private GPs. There are currently 23 polyclinics and about 1,800 GP clinics.⁵ GPs are encouraged to become members of Primary Care Networks (PCNs) to form strong connections with a cluster and enhance peer professional support. GPs will also receive greater support in terms of funding and payment of common drugs to facilitate continuity of care between GPs and their patients. To better enable data sharing for coordination of patient care, there are plans to integrate data and enhance IT connectivity between GPs, clusters, MOH, and other key agencies. MOH is looking into how GPs can be given access to patients' medical records and tools such as clinical dashboards to better track their patients' conditions and health trends over time. Links will also be developed between polyclinics, GPs, and community services to facilitate social prescribing.³

The panel discussion concluded by encouraging family doctors to actively participate in the co-creation of Healthier SG. Family doctors from both the public and private sector are able to leverage on each other's strengths and work together in building the capacity and strengthening the capability to provide comprehensive primary care. Each family doctor can play an integral role in helping to provide continuing care in the community for Singapore's rapidly ageing population.

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FAMILY MEDICINE COMMENCEMENT CEREMONY & AGM

23 July 2022

Stephen Riady Auditorium at NTUC Centre



Innovation in Healthcare: Leveraging on Immersive Virtual Reality in Alleviating Pain and Anxiety in Children During Immunization

by Dr Chang Zi Ying
Associate Consultant and Clinic Director, SingHealth Polyclinics – Sengkang.
MMED(FM), FCFP(S)



What is innovation?

Innovation is defined as the introduction of a new idea and turning it into a solution that adds value in the respective area of practice. The World Health Organization (WHO) defines health innovation as a novel or improved solution with the transformative ability to accelerate a positive impact in health. The WHO's

Innovation Scaling Framework 2021 focuses on the three pillars: 1) the health demands, 2) the supply of ready-to-scale innovations, and 3) the assessment throughout the process from incubating to implementing sustainable innovations. A successful innovation encompasses two key qualities: usability and desirability. In short, the ultimate goal of health innovation is to improve our ability to meet public and personal healthcare needs and demands by optimising the performance of the healthcare system.

It all started with my fellowship journey in 2019 when all of us had to design our research project as part of the programme assessment. Back then, the idea of serious games in healthcare was emerging which excited a lot of clinicians about how they can leverage on serious games in medical education and healthcare innovation. VR was also gaining favours as a simulation to provide real-world experience in various medical training.

Personally, I face difficulties with my 4-year-old child when it comes to her annual influenza vaccination due to her anxiety visiting the clinic and her fear of needles. While discussing with my research mentor, SHP Director of Research, Clinical A/Prof Tan Ngiap Chuan, the initial idea was the use of a game on a tablet to distract the child during immunization. Subsequently, we chanced upon an opportunity to collaborate with an industrial partner, AI Innovation Labs, Yoozoo Games Co., Ltd as they were exploring healthcare innovation. It was an eye opener to brainstorm together with their software engineers on using

technology as a distraction during childhood vaccination. We found that there was an overseas' commercial VR product used to distract children during immunization. Hence, I did the literature review on VR in healthcare and found that VR has been first used as analgesia for the past decade in adult painful medical procedures and some emerging evidence among children's medical procedures i.e. venipuncture, bone marrow aspiration, peri-operative procedures etc. Nonetheless, there was no strong evidence of the usage of VR during childhood immunization in the literature, back in 2019.

The brainstorming and designing process of the VR animation involved the clinicians, the software engineers and the NIE research scientist who had the expertise in designing E-books. The clinicians and the research scientist were the subject-matter experts who collaborated with the technology developers, to customize and design the VR animation to be used during childhood immunization. We designed a prototype that was tested on my 4-year-old child to assess the feasibility of this novel idea. We improved the design of the VR animation shortly thereafter and decided to test it using a pilot randomized control trial.

Challenges:

Getting adequate funding to implement VR during immunization among children was not easy as the cost of the manpower and VR equipment was substantial. The routine research funding was not adequate and we had to apply for the additional SingHealth DUKE-NUS Family Medicine Academic Clinical Programme Academic Medicine Philanthropic Fund to implement the study.

COVID-19 pandemic struck us at the wrong time. The procurement of the VR equipment was delayed due to the pandemic. With the implementation of the circuit breaker and government safe management measures (SMM), the recruitment was subsequently delayed for 9 months. Novel research is often the first casualty when our frontline workers are under increasing pressure with a high workload and constantly changing protocols during the COVID-19 pandemic. There were also some challenges to convince the study site nurses and participants to be involved in this study. Creating change and a culture for innovation was a tough row to hoe when our staff were experiencing increased workload.

After completing the analysis of the study and writing up the manuscript, we entered the second year of the COVID-19 pandemic. The submission to the first journal, Journal of Medical Internet Research (JMIR), and the review process was delayed significantly due to the pandemic. Eventually, we realized that the journal prioritized COVID-19-related publications. Furthermore, there was more emerging evidence on VR during childhood immunization in the

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literature as well. It was a race against time to get the paper published as we used novel health innovation to prove the feasibility of VR in children during immunization. Eventually, we made a tough decision to withdraw from JMIR after two rounds of review and decided on submission to another journal, *Frontiers in Pediatrics*.

Moving forward, the next step would be scaling up this innovation, leading to transformative impact to the public. The potential systematic challenges that I foresee are the funding or support from the relevant stakeholders and the potential resistance to change from the healthcare workers who will be impacted by it.

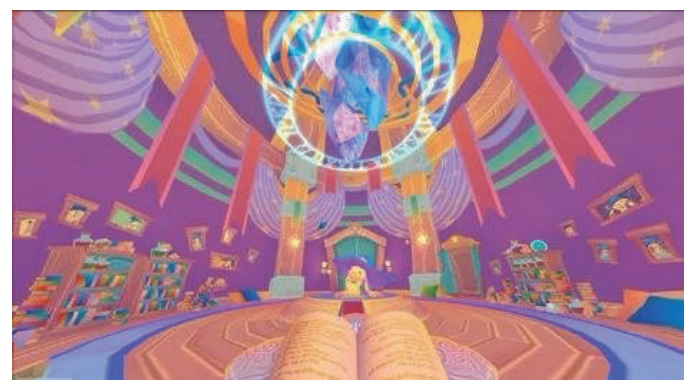


A child receives vaccination while wearing the VR headset in Sengkang Polyclinic.

Triumphs:

It was a very exciting and fruitful journey to learn something new other than pure clinical work. Notwithstanding, it was extremely challenging to juggle work, family commitments, fellowship assignments and the new leadership role at the workplace as I assumed the role of Deputy Clinic Director at Punggol Polyclinic in 2020.

The biggest triumph was the publication of this study in the *Journal of Frontiers in Pediatrics*: Chang ZY, Kang GCY, Koh EYL, Fong RJK, Tang J, Goh CK and Tan NC (2022) Immersive Virtual Reality in Alleviating Pain and Anxiety in Children During Immunization in Primary Care: A Pilot Randomized Controlled Trial. *Front. Pediatr.* 10:847257. doi: 10.3389/fped.2022.847257.



The child who wears the VR headset can see a spell book with a giant blue crystal tower floating above and the creature called Burp. Burp subsequently uses the magic wand to tap on the child's left shoulder, coincides with the point of injection and provides magical power to the child.



The Burp's Magical Tower depicted the VR animation.

In summary, the success of healthcare innovation requires adequate funding, collaboration between multiple stakeholders, clinical prototyping, testing of the innovation in the clinical environment, and addressing the systemic challenge of encouraging and scaling innovation leading to positive health impact. Creating a culture of innovation at our workplace is essential to empower our staff to participate and contribute to the change process in our healthcare system.

CM

Joy Beyond Work

An approach for the busy FP

by Dr Gabriel Yee, FCFP(S), Editorial Team Member (Team C),
College Mirror; Clinical Core Faculty Member, Singhealth FM Residency

What can the COVID pandemic teach us about Joy? Why should we be joyful humans and FPs? Whilst there's been a lot about resilience, and having Joy At Work, how do we have Joy beyond Work? I'll try to answer these questions in this "case-based approach" to learning (humor generates joy) with real-life clinical material (my own) how I have Joy beyond work. Forgive me for my pedagogical slant – I'm obviously taking too much pleasure in this 😊

Aim and Objectives

By the end of this article, busy Family Physicians should be able to

- Select high value joy beyond work activities
- Formulate personal and familial plans for joy beyond work
- Cascade such plans to friends, colleagues and patients

Definitions

Joy has several definitions, but they revolve around well-being, success and achieving what one desires. Expressing such emotions Gaiety is a closely related concept (Merriam-Webster). Most importantly, one should be a source of such delight. We will examine how this can be made possible after an examination of the Aetiology and Epidemiology of Joy Beyond Work.

Aetiology and Epidemiology

Empirical evidence, closest being in Korea suggests significant positive association between out of work activities and presenteeism (1). Thus, even hard-nosed employers would do well to pay attention to this article! Local epidemiological studies on the prevalence of such out of work activities are lacking, though in this author's Community Hospital, the prevalence is 100%. There is of course, exposure heterogeneity, but common interventions include exercise (including HIIT upper body workouts with a sprained ankle – see figure 1), KTV singing, piano playing, reflection and prayer. Other common aetiologies leading to joy beyond work include holiday-making, volunteering, gardening and cooking. There are certain aetiologies that whilst creating joy can be harmful physically – these frequently do not lead to true joy.

History and Physical

People experiencing joy beyond work will usually have no complaints at or beyond work. They are usually healthier than their unhappy counterparts. Apart from the joy making



Figure 1: An upper body workout performed EOD by the author from his sprained ankle DOI 12/5/22 to present – the Russian man was mocking him initially, now the tables are literally turned.

activities, the sine qua non of such individuals is that they are a beacon of delight to others. It is almost as if joy beyond and at work is an infectious disease (albeit a good one!) They would partake in various activities and spread these to others (see figure 2). **The final common pathway is that these activities result in individuals recognizing the purpose of their existence thus being truly joyful.**

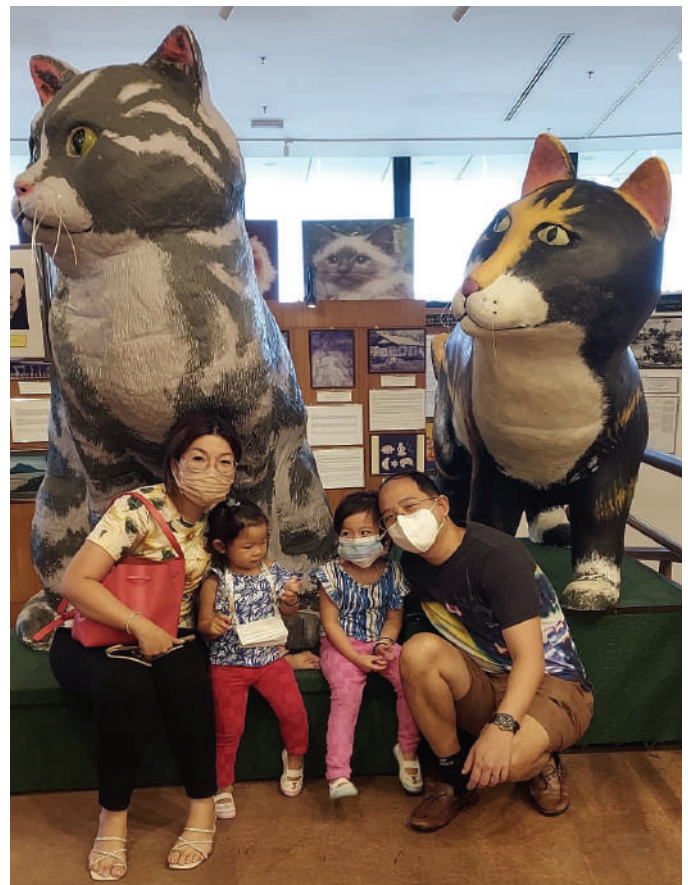


Figure 2: The author on holiday in Kuching (Cat) Museum in Kuching, Sarawak with his lady bosses - whoops he meant the delights of his life whom he lives for!

Mental state examinations of individuals who are joyful beyond work reveal well-kempt, smart but casual appearances. Their speech is usually of normal tone and volume, though sometimes racing excitedly as they try to share their infectious joy with others, turning them into YouDaJoys. They perceive things positively and are under

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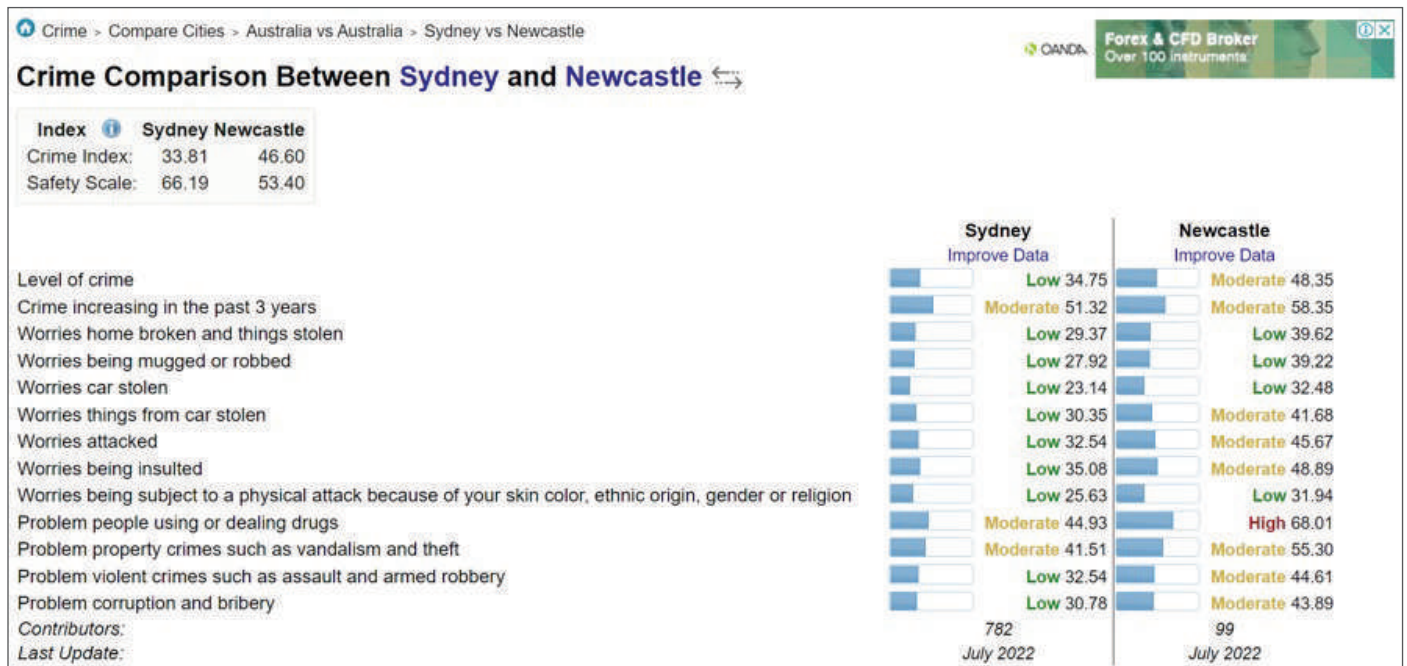


Figure 3: Pre trip planning for the author's upcoming Geriatric Conference

no delusions that people/life try to make things difficult for them – instead, life is life. As a result they are quite immune to the mini-psychotic episodes that characterise borderline states these days. They have insight into their infectious condition, and want to cascade the amazing gift of joy at and beyond work to others.

Physical examination is usually unremarkable as they have not damaged their internal organs.

Investigations

These can be kept minimal with regards the individuals who experience joy beyond work (as they are usually healthy).

However, for the various events that are planned, some investigation is prudent, for example the crime rate in areas one wants to holiday in (Figure 3).

Management

One of the skills learnt by the author during his COVID posting till present was administrative efficiency. The following (Table 1) is a snapshot of a Lazarus Island trip (which proceeded like clockwork), in which a shared understanding was achieved between him and his lady boss regarding the respective roles and responsibilities. Such holiday planning templates are available on request from the author - corresponding email gabriel.yee@hotmail.com.

Time	Issues Arising from Lazarus/St John Island Trip	Gabriel Action (tick if done)	Sally Action (tick if done)												
D-1 26/1/21															
2000	Buy Groceries for trip (Gabriel) <ul style="list-style-type: none"> - Biscuits, cheese, salami, canned foie de morue, canned fish, roast chicken? - Wine / whiskey - Plastic cup Bring Sephina's toy tent (Sally) <ul style="list-style-type: none"> - Dismantle and pack Pack bags (Gabriel, Sally) <table border="1"> <tr> <td>Sunblock</td> <td>Food/drink</td> </tr> <tr> <td>Goggles</td> <td>Plastic cup</td> </tr> <tr> <td>Underwear</td> <td>Power bank</td> </tr> <tr> <td>Change of clothes</td> <td>Book to read</td> </tr> <tr> <td>towel</td> <td>slippers</td> </tr> <tr> <td>Plastic bag</td> <td>Sephina's toy tent/Ground sheet</td> </tr> </table>	Sunblock	Food/drink	Goggles	Plastic cup	Underwear	Power bank	Change of clothes	Book to read	towel	slippers	Plastic bag	Sephina's toy tent/Ground sheet		
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Goggles	Plastic cup														
Underwear	Power bank														
Change of clothes	Book to read														
towel	slippers														
Plastic bag	Sephina's toy tent/Ground sheet														
2030	Make Sephina sleep (Sally)														
D0 27/1/21															
0700	Gabriel, Sally, Sephina wake up														
0730	Sephina finishes breakfast														
0800	Sephina drops off at school by car (Sally) Get bags ready (Gabriel)														

Table 1: Direction, delegation and dissemination by author to wife for necessary holiday actions - externally applicable to holidays in foreign lands too!

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Interview with

Dr Loo Yu Xian

Head of OCH PACC and Director of SCH Palliative Care Services

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



What are your newfound roles and responsibilities as Head OCH PACC and Director of SCH palliative care services?

As Head of the Post-Acute and Continuing Care department of Outram Community Hospital (OCH), I see my main role as working with various stakeholders to enable the talented physicians within the department to do a fantastic job and positively impact the patients under their care.

As the Director of SingHealth Community Hospitals (SCH) Supportive & Palliative Care Service, I develop the palliative care service by working hand in hand with clinical leads from the multidisciplinary team. Because SCH consists of three community hospitals (OCH, SKCH and BVH), this entails bringing together folks from different hospitals to work towards a common goal.

Why did you take up this role?

I am grateful to my superiors at SCH for granting me this opportunity, because I am just a simple person who focuses on doing my best on a daily basis. With that being said, I did agree to the role because I see the positive value in being able to facilitate work processes for my colleagues and ultimately empower them to be the difference maker for their patients. To put it simply, I realised that as one person there is a limit to how much I can do and how many patients I can reach. Fortunately, the sky becomes the limit if we are talking about a whole team of people.

What are your aspirations for your department and service?

Oh boy, aspirations and ambitions are tough for me. But I really like SingHealth's motto of "Patients. At the Heart of All We Do." and personally use it as something to guide important work-related decisions.

Being a family physician through and through, I hope that my department and service is one that can be proud of delivering person-centered care with compassion to each and every patient under us, in addition to clinical excellence and good patient outcomes.

What plans do you have for the department?

Firstly, working backwards from the previous question, I do subscribe to the belief that Happy (Healthcare) Workers lead to Happier Patients, so I wish to spare no effort in trying to understand my team mates' strengths, help provide them the opportunity to do work that they find meaningful and enable them to practise to their maximum potential.

Secondly, work in the community hospital setting offers us this unique position in straddling between acute care in the tertiary hospital and ambulatory care in the community. I see many areas where we can value add to both (i) patients and caregivers in helping them navigate this transition period, and (ii) healthcare system by streamlining patient flow and preserving the vital capacity of our tertiary centers. So it ultimately boils down to recognising such opportunities and working with various parties to address important needs.

How will this benefit our family medicine fraternity?

One thing I'm very proud of our family medicine fraternity is our ability to practise the principles of family medicine and person-centered care in a variety of settings: from inpatient to outpatient. By demonstrating that family physicians are able to contribute positively in a wide array of the healthcare landscape, it lends further credibility to our flexibility and capability as a discipline.

In addition, by helping to ease the transition of care from the acute inpatient to the ambulatory clinics, our work as the intermediary enables our fellow family physicians seeing the patients downstream to be able to focus on what really matters - providing excellent chronic and preventive care.

Can you describe some WOW moments in your work?

So I have been doing quite a lot of palliative work in the last couple of years, managing patients and their loved ones during the final months of their lives in the inpatient hospice ward. The interesting thing I've found is that the principles of family medicine, such as seeing the whole person before their illness and seeking to understand what matters to them, equally applies to this population.

(continued on Page 20)

(continued from Page 19: Interview with Dr Loo Yu Xian)

It is not always easy to do this in practice, but it can lead to genuine moments of connection and appreciation from both patients and loved ones when they sense your desire to aid them in the way that works for them. When that happens, simple affirmations from them like "You really understand me" or "I am glad that someone like you are around" can brighten my day. I have also seen difficult emotions and behaviours from patients or their kin miraculously dissipate once they get the feeling that you have heard them and are on their side.

What are some of the challenges that you foresee?

Healthcare is advancing far too rapidly for any person to know everything, and on the ground we are receiving patients that are on increasingly complex treatment regimens from our specialist colleagues. My department is still very young in the grand scheme of things, which has both pros and cons. While we have to recognise our limits in certain fields as generalists, it also means we have the chance to learn cutting edge knowledge from the experts in the fields through our interactions with them.

Another potential challenge is working with the healthcare landscape changes that are bound to occur as Singapore embraces the HealthierSG initiative. Uncertainty and

change will be inevitable and while it is understandable why some may experience discomfort, I feel that the need to shift out of our comfort zones can compel us to embrace models of care that were unthinkable to us previously.

How do you plan to push the frontiers in this area of work?

To be honest, I believe some helpful ingredients comprise of looking out for areas of need, keeping an open mind and working with partners to brainstorm on new approaches or care models to tackle the important problems. For us in OCH, this may mean working with specialists to upskill ourselves and co-manage patients with complicated comorbidities. It may also mean working with community partners in the ILTC sector (e.g. nursing homes, eldercare centers) and serving as a key resource node to support them.

Is there anything else you will like to tell us?

I wish to express my gratitude to the College for this invaluable chance to share my thoughts with my fellow family physicians, and to Dr Luke Low for reaching out to me.

■ CM

Life after Fellowship and Beyond

by Dr Zheng Lifeng, FCFP(S), Clinic Director, SingHealth Polyclinics (Bedok)

I completed my Fellowship of the College of Family Physicians Singapore (FCFPS) summative examination in October 2020. The fellowship programme enriched my life and was the platform that enabled me to forge strong friendships with like-minded peers in my study group and class.

About a year after my graduation from the fellowship programme, I was presented with the opportunity of taking on the role of clinic director of SingHealth Polyclinics-Bedok. I had been working in this clinic as a family physician since 2017. In 2019, I was promoted to deputy clinic director. As a relatively young family physician, I was not certain if I was ready for the role of clinic director. However, my then clinic director, Dr. Ng Lok Pui, affirmed my performance as the deputy clinic director and encouraged me to take on this challenge.

As Lao Tze's famous quote goes, "a journey of a thousand miles begins with a single step", I made my first step when I assumed the appointment of clinic director of SingHealth Polyclinics- Bedok on 1st Jan 2022.

I was propelled by the hopes of bringing public primary care in polyclinics to the next level through improving the delivery of care to our patients. I recall a case of a patient with end-stage renal disease with more than 10 Specialist Outpatient Clinic appointments but he did not attend any of them because of limited mobility and social isolation. Eventually, I coordinated his care with his renal physician and community partners, so as to enable him to age in place and avoid institutionalisation. Practising the tenets of Family Medicine, in the provision of coordinated care in a personalised manner, is essential to enhancing the care received by our patients. I hope I can bring this care to the patients who receive care at my clinic.

My new role comes with new responsibilities of ensuring the smooth operation of the entire polyclinic. My polyclinic is one of the largest in SingHealth Polyclinics with a daily attendance for about 1000 visits. Apart from adult consultation services, the polyclinic also provides various nursing services, dental, allied health services in physiotherapy, podiatry, dietetics and medical social work. In addition, SingHealth Polyclinics- Bedok also offers second tier clinics: Family Physician Clinic, GRACE Memory Clinic, GRACE Mobility and Falls Clinic and Health Wellness Clinic. The clinic is also a Family Medicine Residency Programme training site and it supports various ongoing research projects. Apart from managing the comprehensive range of services, I have about 180 staff under my purview. I

(continued from Page 19: Interview with Dr Loo Yu Xian)

It is not always easy to do this in practice, but it can lead to genuine moments of connection and appreciation from both patients and loved ones when they sense your desire to aid them in the way that works for them. When that happens, simple affirmations from them like "You really understand me" or "I am glad that someone like you are around" can brighten my day. I have also seen difficult emotions and behaviours from patients or their kin miraculously dissipate once they get the feeling that you have heard them and are on their side.

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coordinate with various departmental supervisors, such as nursing managers, clinic executives, pharmacy managers and dental surgeons to manage this large number of staff.

Balancing work and life is a challenge I face due to the multiple demands of the role. The dynamic COVID-19 situation resulted in fast-changing clinical guidelines that I needed to operationalise within short notice. Furthermore, the manpower in various clinic domains was threatened by staff COVID-19 infection. In addition, the resumption of “business-as-usual” operation and the development of new initiatives also added onto the rigour of the role. In order to overcome these challenges, I had to enhance my ability to prioritise my tasks. At the end of a long day, I set aside time for my family and self-care. Self-care means to be kind to myself, to remind myself that I have done the best I could in difficult situations and to set aside time to do things I love, such as yoga. I am blessed with supportive parents, who encourage me to persevere in this arduous journey. My peers, such as my friends from medical school, residency and fellowship programme, have made the journey easier. Support from family and peers, and most of the time, just a listening ear, are the best remedies for the challenges I faced as a fledgling clinic director.

The past six months as clinic director were made possible with the support of my clinic, my supervisor, helpful seniors, family and friends. I look forward to pushing the frontiers in my work by working with my clinic, SingHealth Polyclinics headquarter, cluster and community partners to transform our care delivery to bring about better health and quality of life for our patients. We will be working on initiatives for Healthier SG that will enable the patient’s chosen family doctor to provide care for him/her with a stronger emphasis on preventive health. In addition, I hope to enhance the coordination of care of every patient through consolidation of management plans to a personalised care plan among all the relevant care providers. I am privileged to have been given this opportunity to serve in my role in this exciting times of primary care transformation.

CM

With my extended work family at Bedok Polyclinic



Taking time off work to enjoy a nice afternoon tea



With my fellowship batchmates



Journey On - Singapore Chief Residency Programme (SRCP)

By Dr Teo Chiang Wen, FCFP(S)

Year 2022 has marked an important milestone in my career as I was chosen to participate in the 9th cohort of Singapore Chief Residency Programme (SCRCP), a national programme that aims to equip young doctors with leadership, teaching, management and policy competencies while nurturing a public service ethos that transcends healthcare clusters.

Multiple leadership dialogues were organised for us to learn directly from influential healthcare leaders. They shared their untold stories, the struggles they faced behind each success and failures. We learned about the evolution of Singapore's healthcare system; listened to the testimony of how new healthcare services being introduced; how innovative ideas using gaming, artificial intelligence and 3D-printing technologies were translated into clinical application. It was truly an eye-opening learning experience.

SCRCP had served as a mirror for me to reflect on my strengths and weaknesses. We went through personality tests to better understand our work preferences and conflict management styles. This also reminded me of the possible differences among team members. It is essential not to judge but to respect this team diversity to help each other achieve our goals and potentials. I also realised the importance of identifying pain points and effectively

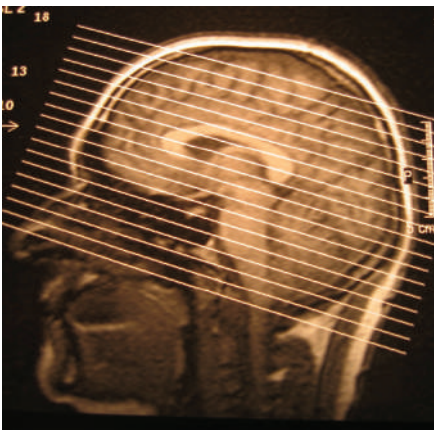
communicate my ideas to win buy-in from stakeholders to implement a change process.

My most memorable SCRCP moments were the team-building outdoor activities held in the FOCUS Adventure Sentosa. I had my first ever dragon boat rowing experience which nearly gave me a rhabdomyolysis. Team work was crucial as everyone had to paddle simultaneously and relentlessly for the boat to advance, similar to working in an institution. Having like-minded team mates with a common goal in mind made this daunting journey much enjoyable with loads of laughter. In addition, we had to overcome a 24-meters high hourglass shape tower that comprised of a series of 20 different challenges at 4 different levels. Many of us had height phobias, however we learned to trust the system and our friends. No matter how uncertain or difficult the next challenge was, we knew we have each other's back.

Family Medicine is at its era of transformation. Innovation is the key to more possibilities especially in the intermediate and long-term care settings. I hope to promote the "kaizen" spirit which I have learned from SCRCP to always redesign care and processes, eliminate waste, and boost productivity and value. SCRCP also taught me to be a servant leader and to always look at things via the systems lens. This learning experience will always be my guide as I embark on this lifelong journey of healthcare leadership. One day, I hope to inspire the next generation just as how I was inspired by the SCRCP family.

■ CM





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

A/Prof Ruby Lee (Lawyer)
Deputy director SMU Pro Bono Center

Dr Peter Chow Chiu Leung
Consultant, Geriatric Medicine, Changi General Hospital

Dr Giles Tan
Senior Consultant, Department of Developmental Psychiatry (Adult Neurodevelopmental), Institute of Mental Health

■ **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 (4.30pm - 5.30pm)

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

■ **DISTANCE LEARNING MODULE**
(3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
• Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

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



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

REGISTRATION

Mental Capacity Act

Please tick (✓) the appropriate boxes

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

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

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

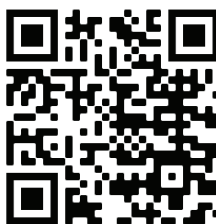
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We also accept payment via PayNow

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

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

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

<http://www.cognitofrms.com/CFPS/FPSC104>

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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