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One Singaporean, One Family Doctor

The Minister of State for Health, Ministry of Health Singapore, Dr Lam Pin Min, was the Guest-of-Honour at the 3rd Japan-Singapore Inter-Professional Collaboration Symposium (JSIP) on 14 May 2016. He emphasized the importance of resourcing and supporting our family doctors to contribute to the health of our nation.

INTRODUCTION

It gives me great pleasure to join you today at the 3rd Japan Singapore Inter-professional Collaboration Symposium co-organised by the College of Family Physicians Singapore, Bright Vision Hospital and Murayama Singapore. I would like to first extend a warm welcome to our honourable Japanese speakers and delegates attending this conference.

The theme “Sustainable Healthcare for an Ageing Population: Community Based Integrated Care” is a very pertinent one for countries such as Singapore and Japan, as both face an ageing population. Today, one in eight Singaporeans is aged 65 and above. By 2030, this will double to one in four Singaporeans. In Japan, the number of citizens aged 65 and above have almost quadrupled in the last four decades and by 2030, more than one in four Japanese will be aged 65 years and above.

In tandem with our ageing population, the prevalence of chronic diseases in Singapore is also rising. About a quarter of Singaporeans aged 40 and above will have at least one chronic disease. Not only will there be a larger chronic disease load, but also one with increasing complexity.

Demand for healthcare will increase even as our Singapore workforce is shrinking, making it even more challenging to sustain the provision of healthcare to meet the needs of our people. We cannot continue to provide care in the same way in the future. The shifts we need to make have to start now. We have to move from a hospital-centric care delivery model to



Guest-of-Honour, Dr Lam Pin Min, Minister of State, Ministry of Health Singapore (left) and Special Guest Mr Kenji Shinoda, Ambassador of Japan to Singapore (right).

a community-based one, well integrated with the rest of the healthcare sector and community at large. Primary care, being our first and continuous line of care is one critical element to enable this shift to happen.

ONE SINGAPOREAN, ONE FAMILY DOCTOR

Our vision of “One Singaporean, One Family Doctor” encapsulates the role of our family doctors as the trusted health partner of every Singaporean. A strong and long term family doctor-patient relationship enables family doctors to have a holistic understanding of the patient and his family’s medical, social and care needs. He is the patient’s health advocate, monitoring one’s risk factors

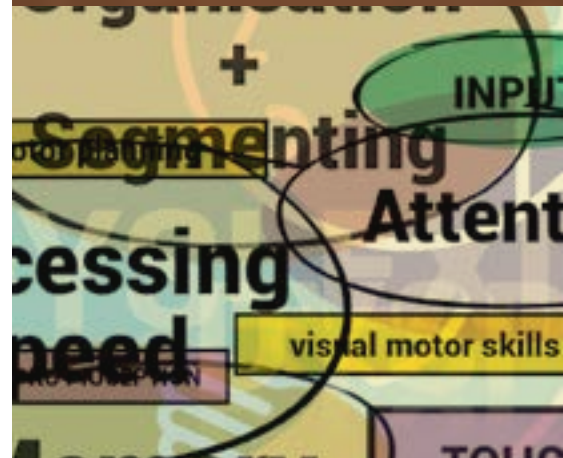
“We have to move from a hospital-centric care delivery model to a community-based one. ... Our vision of “One Singaporean, One Family Doctor” encapsulates the role of our family doctors as the trusted health partner of every Singaporean.”

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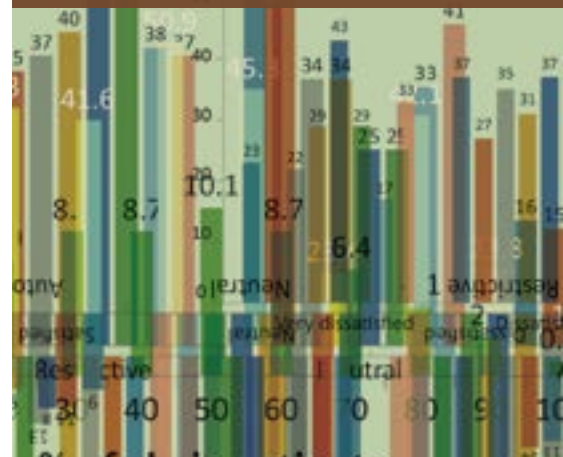
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Editor's Words

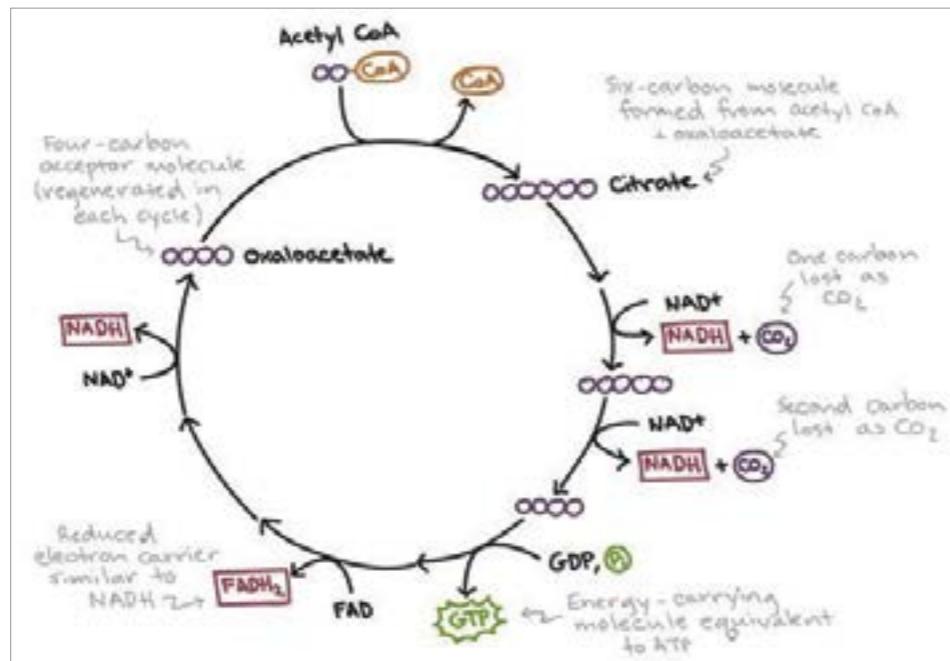
by Dr Irwin Clement A. Chung Wai Hoong, MCFP(S), Editor

Carl Rogers, an American psychologist, once said, "The only person who is educated is the one who has learned how to learn and change." It's akin to the old adage "give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime (Maimonides)". The process of teaching and learning is more than just a dishing out and receiving of knowledge on the part of teacher and student respectively. It's a passing on of life skills, perspectives, principles and values that really is the essence of the whole teaching and learning process, particularly the insight that there is always new knowledge to be gained and skills to imbibe.

But what is interesting, and oftentimes forgotten, is that in order to learn (and in fact the very purpose of learning), there needs to be a readiness to change. I have been in public service for all my working life, and I will not be wrong to say that within such a corporate structure there is no shortage of opportunity and incentive to

to the same old rut, chasing the same bottom lines and going about business as usual? Far too many.

Perhaps closer to home, for those of us who actively teach and mentor, how many wonder if those little nuggets of clinical wisdom we dish out to our students really take and will go on to make a difference in the way they practice in the future? Those long evenings of reading up the basic sciences again before delivering a clinical module, attempts to redraw the Krebs Cycle (see below) from memory, consider the 10 differentials of unilateral sensorimotor impairment and remember the diagnostic criteria for dementia, before delivering a lecture or engaging students in a tutorial... What do those efforts achieve? You and I know, that when we were student ourselves, the physical presence was at Bukit Merah Polyclinic but the mental (and perhaps spiritual) presence was at the hawker centre downstairs with its famous fish ball noodles and 'rojak'.



continue learning, be it formally or on the job. But I will bluntly say that oftentimes, the learning is really quite wasted when we return to our workplace finding it hard to bring ourselves and also others to embrace the change that is necessary from that learning. How many times have we been rapturously inspired by some new methodology of quality improvement, new technology, or compelling scientific evidence at a course or conference, only to return after that few days or weeks of enthusiastic downloading

Recently, a patient of mine in the clinic was most amused when a student asked me something that I could not quite answer satisfactorily. He quipped, "Aye... Go google it later, then you can let Dr Chung know the answer too. Just pay attention now to see how he manages this old man with so many medical problems, then next time you will also know how. Today, he will try convincing me to start insulin, and I might say no again." Well, I was floored. But

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“I would like to take this opportunity to acknowledge the immense contributions of the College of Family Physicians Singapore over the past 45 years ... to design and deliver postgraduate FM training programmes”

in chronic diseases and offering timely personalised advice from screening to prophylactic vaccinations. When necessary, he is also the patient's navigator across our complex healthcare system through providing appropriate referrals and coordinating care within the community. Our family doctors hence have a very big part to play in the provision of good and affordable care to our Singaporeans and helping them age and live well in the community.

RESOURCING AND SUPPORTING OUR FAMILY DOCTORS

With the critical roles that our family doctors play, we recognise the need to better resource them to manage the changing casemix and acuity of patients.

Since 2010, we have developed six Community Health Centres (CHCs) to provide support services required for chronic disease management. These CHCs serve to bring services such as nurse counselling, diabetic foot and eye screening and other ancillary services closer to our Singaporeans and primary care doctors in the community.

Our primary care doctors have also started new initiatives to cater to the needs of our people. One example is the Primary Care Network (PCN) pilot. Under this pilot, primary care doctors in various GP clinics have come together in a network, and share services such as nurse counselling for chronic disease management as well as care coordination and administrative services for their operations. The doctors have built their care provisions and evolved their clinic operations to be centred on patients, and this has shown promising results. We are working with our primary care doctors and partners in the community to see how similar networks can be set up.

Our primary care doctors have also partnered us in providing accessible, subsidized care to all Singaporeans through the Community Health Assist Scheme (CHAS). Across the island, we have 900 GP clinics and 650 dental clinics that are on CHAS. In 2015 alone, a total of 650,000 citizens benefited from the scheme.

To make it easier for these GPs to participate in CHAS and other healthcare financing schemes, we are enhancing existing IT systems and online portals to make it more hassle-free for GPs to submit claims. At the same time, we are planning to develop a more holistic IT solution that could assist GPs with clinic management, enable the use of electronic medical records, and connect GPs to national systems such as the National Electronic Health Record. This will better support our GPs in being the first and continuous line of care for their patients, integrated with and coordinating with other relevant care providers.



[From left] Mr Christopher Teo (Bright Vision Hospital), A/Prof Lee Kheng Hock (President, College of Family Physicians Singapore), Dr Lam Pin Min (Minister of State for Health, MOH), Mr Kenji Shinoda (Ambassador of Japan to Singapore), Ms Teoh Zsin Woon (Deputy Secretary (Development), MOH), Dr Kenichi Sato (JPCA), Dr Michelle Tan (Chapter of Family Medicine Physicians, Academy of Medicine Singapore, Mr Masaki Arakawa (Murayama Singapore Pte Ltd)

PROFESSIONAL TRAINING

Our primary care doctors have also been upskilling themselves to cater to the evolving needs of our people. Geriatric and palliative care skillsets are much needed given our ageing population. It is thus timely that this conference looks into these aspects of practice that are evolving for the family doctor of today.

I would like to take this opportunity to acknowledge the immense contributions of the College of Family Physicians Singapore over the past 45 years in promoting the values and ideals of Family Medicine (FM). This vision has led the College to design and deliver postgraduate FM training programmes, such as the Graduate Diploma in Family Medicine, to upskill doctors in their professional practice, as well as develop clinical leadership through the Fellowship programme (FCFPS).

MOH will continue to work closely with the College in our transformation journey as we co-create the future primary care landscape, and develop the appropriate training and accreditation frameworks for Family Physicians, to address the evolving needs.

CONCLUSION

Last but not least, I would like to extend my sincere gratitude to all of our primary care doctors for your tireless dedication in providing care in the community and working with us to achieve our vision of “One Singaporean, One Family Doctor”. I would also take this opportunity to wish you all in advance a Happy World Family Doctor Day which will take place on 19 May. I am sure the knowledge exchange and sharing at today's conference will further our plans to provide community-based integrated care for our ageing population.

The speech can be referred to at https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2016/speech-by-dr-lam-pin-min-minister-of-state-for-health-at-the-20.html

■ CM

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Family Medicine and The Ageing Population

by Dr Low Lian Leng, Council Member, College of Family Physicians Singapore and Dr Kenichi Sato, Representative, Consultant of Japan Primary Care Association (JPCA), Organising Chairperson



▲ Ms Teoh Zsin Woon, Deputy Secretary (Development), Ministry of Health

▲ Dr Jun Sasaki from Yushokai Medical Corporation Japan

▲ Emcee Dr Tan Shu Yun, A/P Tan Boon Yeow, Emcee Dr Low Lian Leng, Dr Jun Sasaki, Dr Kenichi Sato (Japan Primary Care Association), Mr Yoshiaki Sasaki, A/Prof Lee Kheng Hock, Mr Masaru Aso (MURAYAMA Singapore), Mr Yusuke Suzuki (MURAYAMA Singapore), Mr Yasuji Seki (Nihon Assist)

Healthcare systems around the world are re-discovering the importance of family medicine and primary care as they look for strategies to care for a rapidly ageing population. Japan has the most aged population in the world and Singapore is catching up fast as longevity increases and fertility plunges. By 2030, the number of citizens aged 65 years and above in Singapore is expected to increase to 900,000, with the elderly accounting for more than 20% of the population. Japan is well recognised as a nation that is ahead of the curve in this respect and has reached the stage of a super ageing society. Learning from this, Singapore has begun many initiatives to prepare for its own silver tsunami. To bring attention to the important role that family doctors play, the College and the Japanese Primary Care Association, together with other stakeholders of the Japan-Singapore Inter-Professional (JSIP) Collaboration Symposium, created a platform to discuss issues and learn best practices from both countries.

The 3rd JSIP Collaboration Symposium was held on 14th May 2016 at the Academia auditorium as a conjoint program with the Family Medicine Review Course 2016. The event took on added significance as it was part of activities organised to celebrate World Family Doctor Day and 50 years of establishing Singapore-Japan diplomatic relations. The theme of the conference was “Sustainable Healthcare for an Ageing Population – Community-Based Integrated Care”. The Guest-of-Honour for this symposium was Dr Lam Pin Min, Minister of State, Ministry of Health Singapore. In his opening address, Dr Lam reinforced the Ministry's vision of “One Singaporean, One Family Doctor” that encapsulates the

role of family doctors as the trusted healthcare partner of every Singaporean. The contributions of the College of Family Physicians in promoting the values and ideals of Family Medicine (FM) over the past 45 years were also acknowledged. His Excellency, Mr Kenji Shinoda, Ambassador of Japan to Singapore graced the occasion as special guest.



The symposium attracted more than 400 participants from all sectors of the healthcare family. Experts from Japan spoke on a range of subjects including community-based integrated care in Japan, the importance of home-based care in an ageing population, implementing a regional home care service and enhancing home care with information technology. The highlight of the symposium was a plenary lecture delivered by Ms Teoh Zsin Woon, Deputy

Secretary (Development), Ministry of Health Singapore. She gave insights to the Ministry of Health's strategy for a better healthcare system that will meet the future needs of our country. The master plan included a range of initiatives aimed at building capacity and new capabilities, improving integration through our regional health systems, promoting community-based services such as home care and seeding innovations in the intermediate and long term care sector.

The symposium was a timely call for action by family physicians to participate in the transformation of our healthcare system.

■ CM

All images courtesy of Murayama Singapore Pte Ltd

(continued from Page 2: Editor's Words)

he had really offered the student an ounce of wisdom – you will never know everything, and perhaps there is no need to even go anywhere near that, but what you should know is how to seek that knowledge when necessary, and more importantly, to be ready to stand corrected and be changed. Focus more on the learning experience.

My wife and I are preparing for the birth of our first child, and as it is for any other Singaporean parent, conversations on what care arrangements we have at our disposal for him eventually gravitate to where we think he might attend his first school. "It must be a nursery accessible from my parents' home," says the Wife, "they can take him once he turns two." I nearly choked on my coffee. "Two?!?" I thought our kid would have a chance to have a normal childhood. So this is the new normal? "At least for socialisation," the Wife insists, having forgotten that our 4-year-old godson whom we met just a weekend ago showed us a stack

of homework assignments he had been given from that very same kindergarten (for your information, he was made to spell "helicopter", "restaurant", "utensils" and the like; I don't recall spelling anything beyond two syllabi when I was that age, and not necessarily correctly too). I rolled my eyes... Not sure if that is the kind of learning I want to exact on him.

Sure, blame it on the "system", but we need to rethink how we are approaching the whole concept of teaching and learning in the modern day. And for a system to change, it needs to begin with us – the parents, the teachers, the tutors, the mentors, the administrators. What kind of doctors we produce for the future really hinges on what kind of doctors we ourselves aspire to be. "The aim of education is the knowledge not of facts, but of values", so said late 19th century English clergyman William Ralph Inge. The learning that we seek, and the teaching that we give, to what effect and end? Worth a ponder.

■ CM

Family Medicine Review Course 2016 Reflections

by Dr Wang Mingchang, Chairman, FMRC 2016 Organising Committee

The inaugural Family Medicine Review Course was held at SGH Academia on the afternoon of Saturday 14th May 2016.

This course was a joint initiative by the Chapter of Family Medicine Physicians and the College of Family Physicians Singapore. The intent was to provide updates for Family Physicians, FM trainees and medical students interested in Family Medicine. The review course would cover a panoply of subjects important for family practice, delivered authoritatively by specialists who have attained mastery in the subject and well known to be effective teachers.

Preparatory work began in October 2015. An organising committee comprising fellowship trainees from the FCFP batch of 2015/17 was assembled. We were tasked with shortlisting topics, inviting speakers, obtaining sponsorship and assisting with logistical matters. This being the inaugural edition, the planning journey was rough as there was no precedent template to follow. We initially hoped to "cut and paste" from last year's pedagogical course organised by our senior batch, but realised this was a different

kettle of fish altogether. We had to start de novo. To make things worse, key appointment holders of the committee had to take prolonged leaves of absence due to unforeseen circumstances and we scrambled to find replacements. The committee also had to contend with a last minute change of course venue, amongst other problems.

We were fortunate and thankful to have had the guidance from senior FPs (A/Profs Cheong Pak Yean, Tan Boon Yeow and Dr Chng Shih Kiat) from both Chapter and College, as well as secretariat support from College and Chapter. The scientific committee, ably led by Drs Joel Hwang and Kwek Sing Cheer, worked tirelessly throughout the December 2015 festive period, coming up with the topics and liaising with speakers. We were heartened to be able to engage 12 speakers of high calibre and standing in their respective specialty fields. The sponsorship committee, capably helmed by Dr Su Shengyong, engaged the major group practice chains and pharmaceutical companies, raising a respectable sum to fund this major initiative. Dr Tan Chee Wei, overseeing logistics,



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(continued from Page 6: Family Medicine Review Course 2016: Reflections)

also toiled away in the background, assisting the secretariat with publicity material and preparing of event day handouts. It was most encouraging to the team to learn that sign-ups were overwhelming and registration had to be closed even before the early bird period was over.

On event day, there was a large turnout of close to 200 family medicine practitioners, trainees and medical students. Unfazed by the large crowd, the fellowship trainees and College secretariat

performed their roles to clockwork perfection, be it registration, ushering, hosting the speakers, emcee-ing, time-keeping or hosting the pharmaceutical sponsors. There were four clinical tracks, namely respiratory, cardiology, musculoskeletal and dermatology. Two tracks ran concurrently and participants could pre-choose which ones to attend. For each track, the speakers covered latest updates in management, refreshers on clinical approaches and clinical pearls

of relevance to primary care. During lunch and tea breaks, the buffet area was abuzz with activity as the pharmaceutical sponsors engaged the family doctors with their latest products. Colleagues and friends amongst the FM fraternity also used this time to catch up.

Post-course, we were heartened to receive good feedback which validated the teamwork of the entire fellowship class. One of the fellowship supervisors even mentioned she will be using us as the benchmark for subsequent batches to match or improve upon. We are proud to be associated with the inaugural FM Review Course, and may it grow even bigger and better in subsequent years.

■ CM

(more photos of the event can be found on Page 16 and on www.cfps.org.sg/galleries)



The FMRC 2016 organising committee comprises trainees from the FCFP 2015/17.

World Family Doctor's Day Dinner 2016

by Dr Doraisamy Gowri, Council Member, College of Family Physicians Singapore

the World Family Doctors' Day Dinner was celebrated at the Academia, SGH on 14th May 2016. The opening address was made by Associate Professor Lee Kheng Hock, President of the College of Family Physicians Singapore. Following which, Associate Professor Tan Boon Yeow, Honorary Secretary of the College of Family Physicians Singapore and currently the Chair of the Chapter of Family Medicine Physicians, Academy of Medicine Singapore, gave a speech.

Dr Kenichi Sato, Consultant and Instructor of the Japan Primary Care Association (JPCA) gave a short opening address.

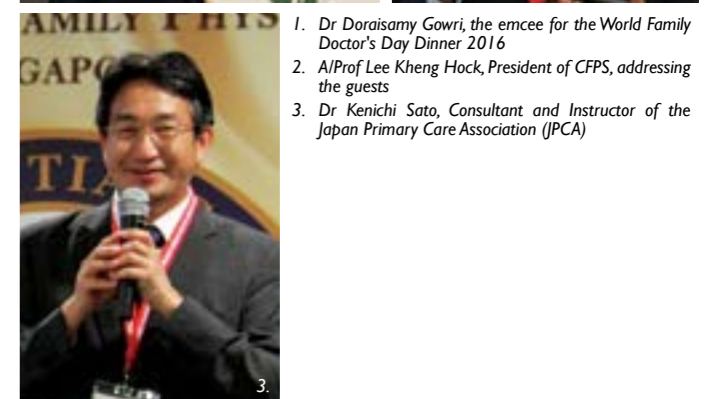
Following the speeches, the Distinguished Educators' Award and the College Teachers' Award were given. The recipients were:

DISTINGUISHED EDUCATORS' AWARD

This award is in recognition of the recipient's excellence and leadership contributions to teaching Family Medicine.

Dr Tan Hsien Yung David

(continued on the next page)



1. Dr Doraisamy Gowri, the emcee for the World Family Doctor's Day Dinner 2016
2. A/Prof Lee Kheng Hock, President of CFPS, addressing the guests
3. Dr Kenichi Sato, Consultant and Instructor of the Japan Primary Care Association (JPCA)

(continued from Page 7: World Family Doctor's Day Dinner 2016)

COLLEGE TEACHERS' AWARD

This award is to honour College teachers who served unreservedly for the College's education for at least 5 years.

The recipients were:

Dr Ang Seng Bin
Dr Cheng Kah Ling Grace
Dr Loh Wai Leong Jeffrey
Dr Seah Ee-Jin Darren
Dr Tan Shu Yun
Dr Tan Teck Shi



A/Prof Tan Boon Yeow delivered his address at the World Family Doctor's Day

The rest of the evening was spent enjoying dinner amongst friends and good company, reminiscing about the extraordinary contributions that a family doctor would make every day.

Here is the address delivered by A/Prof Tan Boon Yeow, Chairman, Chapter of Family Medicine Physicians.



Associate Professor Lee Kheng Hock,
 President, College of Family Physicians Singapore

Fellow Family Medicine colleagues and friends,

We have just concluded our inaugural Family Medicine review course this afternoon, which was jointly organised by College of Family Physicians and the Chapter of Family Medicine Physicians, Academy of Medicine, Singapore.

This being our first official collaborative project, I see it as symbolic of the unique relationship that the 2 organisations share.

As most of us are already aware, the Chapter of Family Medicine Physicians was officially formed in Jan 2015. It was an important milestone as it not only signified the close collaboration between the Academy and the College of Family Physicians but also represented a coming of age for Family Medicine as a discipline. With the formation of the Chapter of Family Medicine Physicians, we were officially recognised by our specialist colleagues as one of the specialty disciplines in Singapore.

I was recently asked by a Family Physician about how one becomes elected as a member of the Chapter of Family Medicine Physicians.

The process is as such: doctors must complete their fellowship training conducted by the College of Family Physicians. He or she must then obtain the support of 3 members of the Chapter who had exited the fellowship for at least 5 years.

Considering the above, we can see how intrinsically linked the Chapter and College is. Although we belong to 2 different academic bodies, we are truly members of the same family.

“The stars are also beginning to align as the 2 largest medical professional bodies in the Academy of Medicine and College of Family Physicians Singapore are collaborating in many aspects”

I am sure that as good family physicians we are aware that to develop healthy family relationships, there is both a need to have open communication as well as to spend meaningful time together. This has to be intentional and having joint activities like today's is a tangible way of fostering that relationship. I look forward to many more of such events in the days ahead.

I think it was Aristotle that once said “the whole is greater than the sum of its parts.” As an FM fraternity, we can do much more collectively when we stay united and focused on improving the care of our patients.

Just like children who decide to work in different settings from their parents or family members are not any less members of the family, our Family Physicians working in non-traditional settings should not

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be excluded. We need to accept each other and leverage on the strengths of our different settings to bring about better care for our patients.

For example, oftentimes, it has been difficult to bridge the clinical care delivered by sub-specialists based in hospital and family physicians based in the community. Now with our Family Medicine colleagues taking up clinical, academic and leadership positions in both hospital and primary care settings, we can work together to better align the practice at the different sites. This will certainly bring about better continuity of care for our patients and a more integrated health care system.

As I mentioned earlier this afternoon, the future is indeed looking bright for Family Medicine with many young and talented Family physicians and leaders in the making. The stars are also beginning

to align as the 2 largest medical professional bodies in the Academy of Medicine and College of Family Physicians Singapore are collaborating in many aspects. We also need to engineer more of such alignment between our regulators, funders and the general public so that the strengths of our speciality can be appropriately applied and appreciated.

Let us make the difference for our nation together as a family of physicians and colleagues.

Here's wishing all a joyous and impactful World Family Doctor's day.



CM

Why Should I Teach?

by A/Prof Lee Kheng Hock, President, 25th Council, College of Family Physicians Singapore

The Grumble

I was quite taken aback recently when a College faculty told me about feedback that was given by some trainees in our Fellowship by Assessment Programme (FCFP). One unknown trainee was unhappy that he or she was “forced” to chair our GDFM teaching sessions.

“Why should I teach in the College programmes? I think the College is taking advantage of us trainees and using us as cheap labour!”

The irony was that this feedback was given to one of our long-suffering “volunteer” faculty who is toiling in our FCFP programme, someone who has been trudging on for years to keep the programme going with little thanks and an honorarium that is definitely below minimum wage, should there ever be such a thing in Singapore.

My parents used to warn me that if one were to utter words that were atrociously lacking in piety, lightning will strike you dead. Such words certainly qualify for a jolt of a few thousand volts at least. Alas, I have since learned that lightning strikes, like many things these days, are completely amoral. The good and the bad have equal opportunity of being struck.

There were similar rumblings in the past. However, such whining had increased lately with the transformation of our traditional socialised, apprentice system of training into the contractual, fee for service residency training system. Makes me ponder why and I would like to share what I have learned.

The Cause

Since its inception in 1998, our College's FCFP programme requires trainees to participate actively in medical education as

teachers, as part of their duty to the community. Furthermore, only teaching in College-accredited or national level programmes is acknowledged. This is a unique tradition that has earned praise from the faculty of other specialty training programmes. It represents our fraternity's commitment to education and our expectations of a consultant level family physician, who, by virtue of his position, is called to leadership. Having benefited from the community of volunteer teachers, there is a moral expectation to pay back to the community.

Family Medicine in Singapore has had a long tradition of adopting the self-help and mutual-help approach to training. For the longest time, family medicine has been the Cinderella of specialty training. Until very recently, we received only incidental funding, no recognition and were constantly told that there was no need to specially train for family medicine. This was further aggravated by short-sighted leaders within our fraternity who chose to define family medicine according to their narrow world view and limited scope of practice. I have heard leaders who dismissed home care as not practical and therefore not part of family medicine. Another said that taking care of patients in nursing homes is out of scope for family medicine. One comment I heard that nearly made me fall of my chair was that “social care” in the community was not the business of family medicine and should be left to public health specialists. There were those who advocated that family medicine should withdraw from the community and that we should create a new specialty of community specialists so that we can be left alone to practice “pure” family medicine within the four walls of our clinics. I see this all as symptoms of an ailing system brought on by erosion of social capital within the medical profession. We define everything based on our personal interests instead of by what our community needs.

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(continued from Page 9: Why Should I Teach?)

The Solution

How then should we motivate teachers in our College programmes? Having seen thriving family medicine departments in some countries with full time faculty, I once held the wrong opinion that we should pay market price for all our teachers. Since then, I have come to realise that in medicine, especially family medicine, there will always be a need of volunteer teachers. Such teachers who serve in the trenches of healthcare teach things beyond the curriculum and do not just teach to the test. They provide role modelling and socialize students and young doctors, into our professional ethos. It is true that we need a core of dedicated full-time faculty but there are many things that academics cannot teach. No amount of e-learning, standardized patients with standardised testing can replace the experiential learning and the impartation of practical wisdom provided by practicing doctors who are walking the talk.

How should we pay such volunteers? Surely if they are so valuable, we should establish their true market value and pay them justly. Indeed with the recent changes in our training system we have tried to do that and have run smack into 2 problems. Firstly, we don't have enough money. Quite rightly, for the value they bring to patients in their clinical practice and the risk they take, the financial remuneration of practicing clinicians is universally higher than academics. If we convert the lost clinical time into dollars, the cost of medical education will be exorbitantly high and it will be unaffordable. The hard truth is that we need practicing clinicians to donate their time (and in a way, money) to teach the next generation of doctors in their community.

Secondly, even if we have enough money, we will destroy the quality of the teaching with money. Sociologist had long known that if you provide market-priced remuneration to volunteers who are motivated intrinsically by a sense of duty or enjoyment of the activity, they become de-motivated. This well documented but counter intuitive phenomenon as explained by the motivation crowding theory, is seen across the spectrum of altruistic, prosocial behaviour.¹ In medicine, we see this in the phenomenon of blood donation.² Some countries have sought to use market pricing to boost the number of blood donors and the supply of blood to the blood banks. This often leads to the unintended consequences of coerced donors, tainted blood and untruthful declarations during screening of donors. What is worse is that it puts off altruistic

"... we must recognise that we can never pay enough to compensate the sacrifices made by the generation of volunteer teachers before us. Our only recourse is to pay forward to the next generation of family doctors in our community."

donors to the point that they stop donating altogether. Money can crowd out the intrinsic altruistic motivation of donors and replace it literally with blood money. Like a tiger that is transformed into a man-eater after tasting human blood, once crowded out, the intrinsic motivation is hard to restore. Removal of monetary incentives after it is introduced will not bring back the goodwill that has been lost. Recognising this, the World

Health Organisation has declared its goal for all countries to obtain blood supplies from voluntary unpaid donors by 2020.³

The solution therefore does not lie in the monetisation of teaching but the restoration of intrinsic motivation in our clinical teachers. There is an African proverb that says that it takes a village to teach a child. Technical knowledge and skills is but garnishing. The main course in medical education is the socialisation of bright young minds into physicians of good standing. For that we need community action and we need to organise medical schools and professional bodies along this line.

The Return to Society

We must restore the sense of community back into our fraternity and into our patient care. We need to have an inclusive College that embraces our diversity and move ourselves to help one another to advance family medicine in Singapore. We must also adopt a population-based approach and integrate our practice with the greater community. We have to recognise that our care is not complete if we withdraw into our silos and refuse to integrate with the health system and the social care providers in the community.

Most of all, we must recognise that we can never pay enough to compensate the sacrifices made by the generation of volunteer teachers before us. Our only recourse is to pay forward to the next generation of family doctors in our community. While we can never adequately compensate the current cohort of volunteer teachers, we should at least give them the due respect and recognition.

Salute

■ CM

¹ Frey, Bruno S and Felix Oberholzer-Gee, 1997. "The Cost of Price Incentives: An Empirical Analysis of Motivation Crowding-Out", American Economic Review, American Economic Association, vol. 87(4), pages 746-55, September.

² Titmuss, Richard, The Gift Relationship: From Human Blood to Social Policy (1970). Reprinted by the New Press, ISBN 1-56584-403-3

³ Blood transfusion safety. http://www.who.int/bloodsafety/voluntary_donation/en/

Exploring Family Medicine medical students in the Clinical Special Interest Group (CSIG)

HE HUILING • DUKE-NUS

I am Huiling, a second year student from the Duke-NUS Graduate Medical School. My biggest interest has always been in Family Medicine. Family Medicine is different from other disciplines, in that it allows me to build a long-term relationship with patients and make a difference in their lives. I believe in holistic care, and would like to tend to my patients beyond merely managing their current disease. I want to take into consideration different aspects of the patient's life - lifestyle, family, living environment, concerns and aspirations. To me, that's fulfilment in medical practice.

The mentorship programme provides me with an opportunity to engage family physicians who are practicing in different settings, including home care, polyclinic, and community hospital. It also allows me to explore different areas of specialty, including palliative care, geriatrics, and sports medicine, from a generalist's perspective. Unlike residency talks and seminars, the mentorship programme is

more intimate and personal, allowing me to explore the discipline in greater depth. I will be able to discuss with my mentor about the daily routines of a family physician, work-life balance strategies, and perception on the practice of Family Medicine, career development and opportunities, as well as the joy and challenges of primary healthcare. In my endeavour to be an excellent family physician, I will also be looking towards my mentor on how to build up necessary clinical knowledge and experience.

This programme also provides me with the chance to meet other like-minded medical students with similar interest in family medicine. It would be exciting to befriend and learn from them.

Through this mentorship programme, I hope I can have a better understanding about Family Medicine, and so plan my future career accordingly.



All images courtesy of He Huiling

JOSIAH WONG • YONG LOO LIN SoM

Why I would like to explore Family Medicine

I strongly believe that family medicine has a big role to play in shaping our future healthcare system. Family medicine physicians deal with patients at the primary, intermediate and long-term care (ILTC) levels, and help ensure optimised care to patients – thus avoiding unnecessary entry into the tertiary care sector and ensuring appropriate utilisation of healthcare resources to the benefit of both patients and system as a whole. Family medicine physicians are also at the forefront of primary, secondary and tertiary disease prevention as well as delivery of personalised care – in addressing patients' ideas, concerns and expectations; and managing their physical, psychological, social and emotional issues.

I feel that Family Medicine is a discipline that must be "experienced" – by observing the lives that are transformed by good primary care, through the eyes of the physicians who provide such care. It is a discipline that, beyond clinical guidelines and management strategies, emphasises communication, empathy and compassion – and to experience this takes time. Thus, I am interested in exploring Family Medicine beyond the undergraduate curriculum, that I might better understand and appreciate it.

How I hope the mentorship programme will benefit me

I hope that through communicating with my mentor, I will gain greater insight into the role he/she plays in Family Medicine and the wider healthcare sector in general. I also hope to learn from

(continued on Page 13)

INFORMATION AT YOUR FINGERTIPS!

By **Agency for Integrated Care**

We understand that for you, our GP partners, having information tools at your fingertips saves a lot of precious time. The Agency for Integrated Care (AIC) now has three tools that provide you with easy access to resources and up-to-date information to help you provide the best holistic care to your patients.

Primary Care Pages

Primary Care Pages (PCP) provides resources to support and keep you updated on the latest developments within the primary and community care sectors.

PCP also hosts a "CME and Events" page to help coordinate all the GP activities organised. You can also enjoy the convenience of registering online for these events. Find out more at Primary Care Pages (www.primarycarepages.sg).



For more information, please visit the Primary Care Pages website at www.primarycarepages.sg or contact us at gp@aic.sg or 6632 1199.

SAVE DATE A milestone Primary Care event is coming your way on **9th July 2016!** Stay tuned to Primary Care Pages (www.primarycarepages.sg) for the latest updates on this event.

AICare Link (For Financial Assistance Schemes)

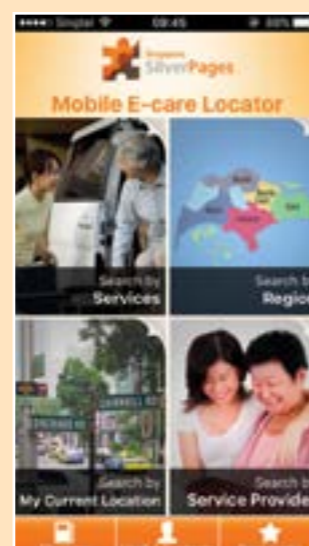


The AICare Link app shows the most appropriate schemes for your patient based on his/her profile, needs and socio-economic situation.

It also shares ways to apply for the recommended schemes.

Download the free app at <http://onelink.to/aicarelinkapp>

Mobile E-care Locator (For Community Care Services)



Help locate the nearest care service providers for your patient, based on his/her care needs and where he/she lives.

The app also provides with contact details and navigation directions to the providers.

Download the free app at <http://onelink.to/melapp>

INVITED ARTICLE / EVENT

(continued from Page 11: Exploring Family Medicine - aspirations of medical student in the CSIG)

his/her experiences, to develop a greater appreciation of Family Medicine as well as to confirm if Family Medicine is the right practice and career choice for me.

What I will be looking forward to engage my mentor on

I will be looking forward to engage my mentor on various aspects of his/her work. Clinically, I would be interested in hearing interesting cases he/she has faced and how these cases are dealt with. Practically, I would like to know more about the career path he/she has taken, as well as the day-to-day issues the family physician faces in running his/her practice. Psychologically, I would be interested find out my mentor's thoughts on Family Medicine and his/her role in healthcare. Of course, I would also like to just interact and enjoy discussions about non-work aspects of life as well!



Image courtesy of Agency for Integrated Care (AIC)
Josiah, with fellow medical student Edwin, at the SG50 Appreciation Dinner for Pioneer GPs (October 2015)

Top row (L-R): Dr Irwin Chung, Dr Lim Fong Seng, Dr Lee Wei Liang, Edwin Liang, Josiah Wong
Bottom row (L-R): Ms Winifred Lau, Ms Doreen Lim, Dr Lim Lean Huat, A/Prof Tan Boon Yeow

TAN WEI CHER • LEE KONG CHIAN SoM

Most of us who have signed up for the CFPS Mentorship Programme are second year medical students like me. I have come to realise that most of us have chosen to do so to find out more about Family Medicine and consider whether or not a career therein would suit us. Our medical school (LKCMed) has given us several opportunities of exposure to primary care and community-based medicine in our pre-clinical years, namely the polyclinic week in M1, the Long Term Patient Project spanning both years, and the Family Medicine teaching block in M2, and this has developed an interest in the discipline among some of my peers. For one, we appreciate the importance of having a robust system that can ensure continuity of care for patients as they transition in and out of their sick role. And personally, I have seen how Family Medicine is well poised to benefit the ageing population in my own grandfather. Thanks to Lakeside Family Medicine Centre, his health has improved and he has had to make significantly fewer trips to the outpatient clinics given better control of his multiple chronic conditions.

Through this mentorship programme, we hope to find out more about the practical aspects of Family Medicine practice. Very often, we hear doctors joking that Family Medicine is all about the "8-to-5 life", but surely that must be merely the tip of the iceberg! Some of us have also expressed special interest in mission work and sports medicine. We have not had many chances to interact with doctors having similar interests in the formal curriculum so this is definitely something that we look forward to.

Ultimately, even if we discover that this is not our cup of tea, we would like to have a clearer understanding of the choices that we have in planning our long-term career. We hope to understand Family Medicine better as a discipline, so that wherever we end up, we can establish healthy collegial relationships with our colleagues in Family Medicine in order to improve healthcare for tomorrow.

■ CM

Mentoring Medical Students

by Dr Lim Hui Ling, Council Member, College of Family Physicians Singapore

Collegiate members of College of Family Physicians Singapore (CFPS) were invited to mentor students from the three medical schools who have a special interest in Family Medicine (FM). We hope to serve as role models to inspire a younger generation of Family Physicians, to share our passion for FM, to serve as their link to CFPS and to serve as a touchstone for them on how to further their FM training.

We had a very encouraging response with 49 mentors and 99 students asking to be matched up.

As a prelude to the World Family Doctors' Day dinner, we invited the mentors to meet up with their students. CFPS Council member Dr Lim Hui Ling gave the students a short introduction about the mission and programmes, and invited them to join CFPS after graduation.

Following this, the mentors and students got together over tea to chat and hear more about Family Medicine. The conversation was lively and continued even after the event officially ended.

We would like to thank all the mentors who have responded even if you could not be at the event that day. Do meet up with your students at a more convenient time.

We wish all mentors and students a fruitful time of continued sharing.

■ CM



DYSLEXIA, DYSPRAXIA

by Dr Nicholas Foo Siang Sern, Editorial Board Member

Why the sadness in your eyes, Grandpa?

*You too, this thing that we have
Dyslexia, dyspraxia runs in our line
One or the other, perhaps both together
My mother and brother your mother too
Finally these two have come to you*

*They showed up bit by bit
The bigger you grew
The fretful baby one could not soothe
Became a toddler full of sensitivities
Just a difficult child one thought*

*Anxious temperament
Eyes finding normal light too bright
Little sounds scare you
Fine clothes too rough
Small things a crying fit triggered*

*Bumping, tripping, frequently falling
Weak muscles and great pain
Hindered you while playing games
Spilling and dropping
Unusual way of pen holding*

*Learning to read was tough
Difficulty with phonological decoding
Language meaning and structure confusing
Expression of thought a mess
Chinese characters a fright*

*Writing made your hand cramp
Copying and drawing lines
A challenge to complete these tasks
School was doubly tiring
So much more sleep you need*

*I could say the things gone wrong
But you've put up a good fight
Now able to read and write
Your speech is sounding okay
And I know you're pretty bright*

*A curious and creative mind
Difficulties breed resilience
From sadness comes tenderness
Strength amongst your weakness
Some day all this you'll find*

*One who looks normal
Yet battling with internal difficulties
Well hidden from sight
The road is long so keep your chin up
Unexpected blessings lift you when down*

*Now take my hand
Stand up and try again
Yes grandpa knows it all
You see my child, not sadness
But tenderness in my eyes*

CM

FAMILY MEDICINE COMMENCEMENT CEREMONY 2016


COLLEGE 45th AGM

30 July 2016 (Saturday)
2.00pm
College of Medicine Building
Auditorium (Level 2)
16 College Road Singapore 169854

Family Medicine
Commencement Ceremony 2016
2.00 - 3.30pm ♦ Auditorium (Level 2)

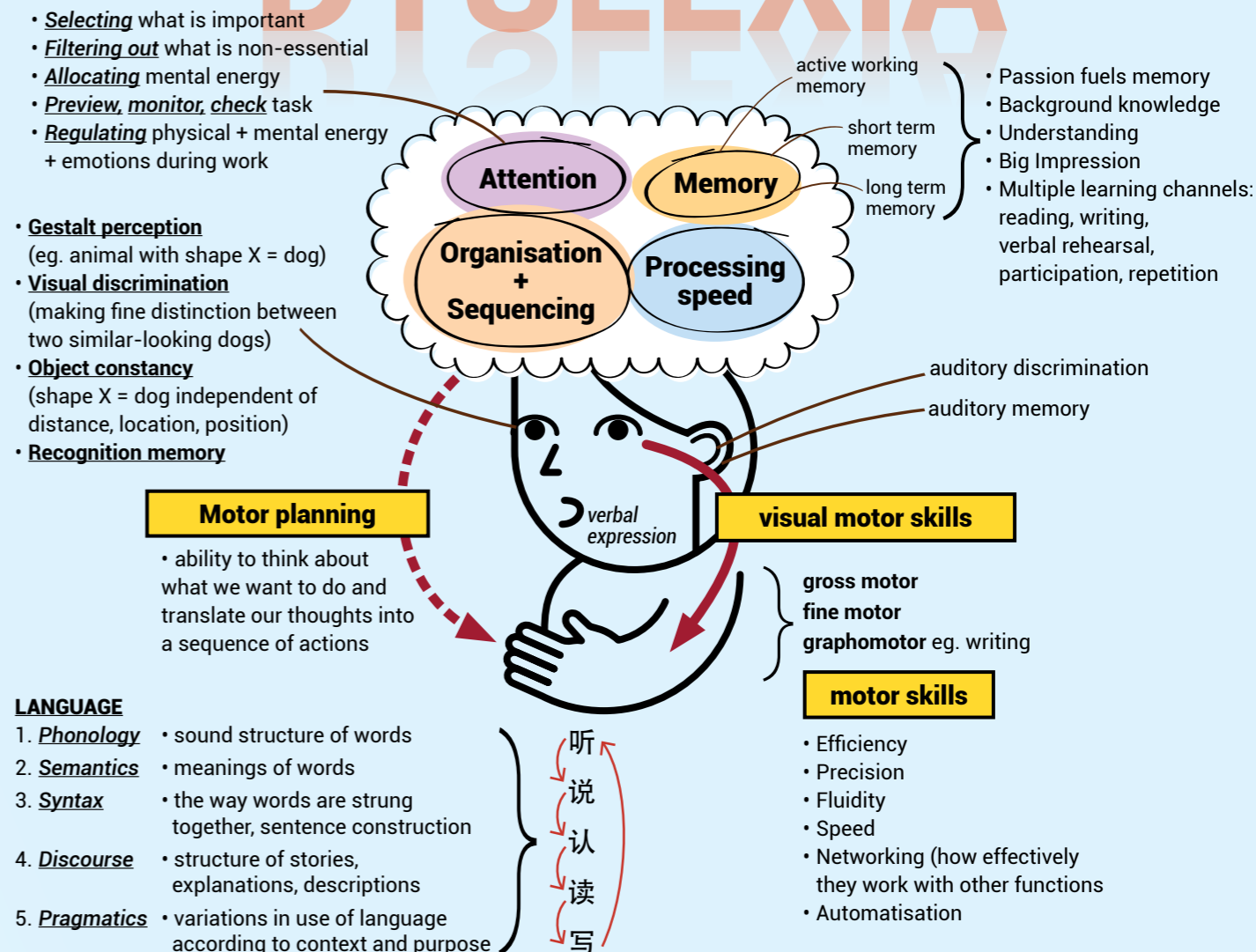
Tea Reception
3.30 - 4.00pm ♦ Function Room (Level 1)

College 45th AGM
4.00 - 6.00pm ♦ Auditorium (Level 2)

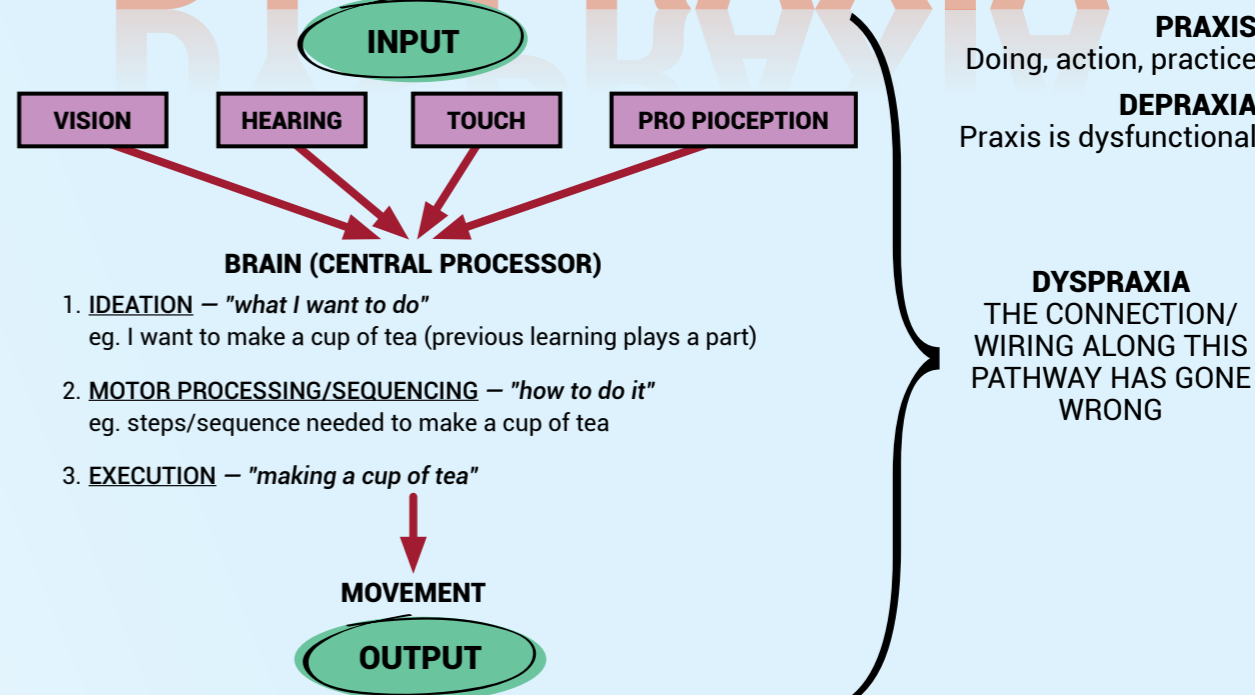


College of Family Physicians Singapore

DYSLEXIA



DYSPRAXIA



◆ FAMILY MEDICINE REVIEW COURSE 2016 ◆

◆ MEET-THE-MENTOR SESSION ◆

◆ WORLD FAMILY DOCTOR'S DAY DINNER ◆

14 May 2016 ◆ Academia, Singapore General Hospital





College of
Family Physicians
Singapore

Invitation to apply for post of

Executive Director

College of Family Physicians Singapore

The shortlisted candidate should ideally possess good leadership and interpersonal skills:

- be able to lead and supervise the secretariat in the daily work
- ensure effective implementation of College activities
- help ensure financial viability of projects and programmes run by the College
- be familiar with programmes and roles of the College
- be able to function in and out of College premises
- must be a College Member, preferably with experience in College Council / committee / workgroup

Executive Director will be remunerated on a contract of service by honorarium.

Interested applicants are invited to apply with detailed curriculum vitae, contact numbers and email address to:

College of Family Physicians Singapore
16 College Road #01-02
College of Medicine Building
Singapore 169854
Email: contact@cfps.org.sg

Only shortlisted candidates will be notified.

Bringing Care Closer to the Home - A Mobile Community Health Centre

by Dr Irwin Clement A. Chung Wai Hoong, MCFP(S), Editor

the National Healthcare Group (NHG) Mobile Community Health Centre (CHC) has been bringing accessible and affordable healthcare services directly to patients living in Central Singapore since November 2014. The mobile unit is part of NHG's vision to provide integrated community care by working with its General Practitioner (GP) partners to support holistic care for their patients. Patients with chronic conditions such as diabetes, hypertension and high cholesterol can be referred to the mobile centre for secondary health screening and nurse counselling services.

This mobile CHC is the latest addition to five other CHCs located in Tampines, Bedok North, Bedok South, Jurong East and Tiong Bahru, operating from a retrofitted bus that stops monthly at more than 20 locations, including community centres and HDB car parks, providing convenience to patients in the neighbourhood.

More than 40 GPs have referred patients to the mobile CHC in the past year, and about 300 patients have benefited from its services.

Dr Yik Keng Yeong, from Tan & Yik Clinic & Surgery, is one GP who refers his patients to the mobile CHC. "The introduction of the mobile CHC made things much more convenient for my patients," he says. "In the past, patients had to go a bit further to get screened, but the problem was that older patients can neither drive nor travel long distances on their own. It took some gentle persuasion to get them to visit the centre the first time around, but none of them have come back to me expressing any displeasure."

Access to the mobile CHC services are by appointment only and Dr Yik can get information on the bus' schedule via the mobile CHC webpage (partners.nhg.com.sg) or through the hotline before referring his patients for scheduled appointments. If at least 10 patients are present for screening, he can even make arrangements for the bus to be parked outside his clinic to render services.

"Apart from it being so close by, the staff is patient, the experience is pleasant and the service is inexpensive." Patients have found that the fees for services at the CHCs are comparative to that of polyclinics. Community Health Assist Scheme (CHAS) and Pioneer Generation cardholders pay subsidised rates for services at the CHCs.

Dr Yik also appreciates the quick turnaround time for test results, enabling him to review the results and follow up with his patients in a timely fashion. "It's great that the mobile CHC works closely with GPs to make this process easy and efficient. At the end of the day, what is most important is that we can help patients."

For enquiries, please contact:
CHC Hotline: 9088 5562
E-mail: chc@nhg.com.sg
Website: partners.nhg.com.sg

More information can also be obtained from:
www.primarycarepages.sg/CHC

Bringing up Children: Character Building

Interviewed by Dr Lim Khong Jin Michael, Editorial Board Member

this is an interview with Dr. Wong Liang Fu (LF) and his wife, Kay Ho (KH). Dr. Wong is a family physician in private practice and is a board member of Character and Leadership Academy, a social development enterprise that seeks to equip youths with leadership skills alongside appropriate character traits. Kay is a businesswoman. They have three lovely children.

College Mirror (CM):

How do you contribute to Character and Leadership Academy?

Dr Wong Liang Fu (LF):

I sit on its board as a director chairing its legal and safety subcommittee. As a medical doctor, apart from the usual statutory duties of a board director, my main contribution naturally is in the advice of medical matters relating to the Academy.

CM:

What do you consider as important appropriate character traits that children should develop and why?

Kay Ho (KH):

Having a grateful attitude, especially for many Singaporean children living in relative comfort, so that they can appreciate goodness, and pay it forward someday. Kindness, because it is a universal quality that directly affects how we treat others. Grit and diligence, because only then can we tackle life's problems in a responsible manner.

LF:

I would like to stress on the importance of resilience, a trait that is important for success, but more importantly, survival in an ever changing and uncertain world. In an affluent and meritocratic society very often children are trained to work for success and to expect success. One may not be prepared to suffer failure and more importantly to recover from it.

CM:

Is there a particular period of a child's life when he or she is most receptive to character building and how should parents be involved?

KH:

According to author and psychologist Dr James Dobson, a child's first five years are his formative years. I agree. I am not saying

we should try to teach all the values during that tender age, but I think that at least values such as respect for others, and being humble and teachable, need to be trained early because that would keep the communication channels open for all the many years of character molding that lie ahead.

LF:

Parents play a critical role in developing a child's character. In the child's younger years dads and moms are beheld as the primary role models and authority figures. As parents we should be sensitive to the effects of our words and actions on our children as knowingly or not we are steering them towards certain behavioural responses. Such developed responses will become part of the child's character over time.

CM:

What were your thoughts on character building when bringing up your children and what influenced them?

KH:

Firstly, Bible wisdom. There are many people with well-meaning advice and many expert opinions to refer to, but for me, sticking to basic Bible principles is the best way to go. The second major influence is my husband's views. Finally, my parents, especially my mum influenced the way I am bringing up my children. I often hear myself repeating the words she used to say to me to my children.

LF:

In building the character of our children, our own world views, value system and desires dictate to a large extent the kind of character traits we will inculcate in them consciously or subconsciously. Hence as parents we should often be doing self review or even re-

orientation in these aspects of our lives so that our children can be the products of our wisdom and not prejudices or misgivings.

CM:

How did you incorporate character building in bringing up your children?

KH:

In my earlier years as a mother, I read a book about sleep-training and child-training, and started applying its methods to my second child to disastrous results. From that, I learnt not to ignore my maternal instincts and also to be more discerning. Certain issues are amoral (such as, sleeping patterns, toilet training), so don't sweat the small stuff. Others (such as disobedience, dishonesty), however, need to be dealt with directly as they concern positive character building.

(continued on the next page)

(continued from Page 19: Bringing Up Children: Character Building)

I believe in pushing my children out of their comfort zone whenever the opportunity arises. For example, we encouraged our shy daughter to embrace the challenge that presented itself for her to speak on stage. On the other hand, we try to temper the competitive spirit of our middle son by letting him join a team sport in school, so that he learns the value of teamwork and experience winning and losing graciously. Also, when we provided respite foster care for three toddlers for a very brief period of time, that process also allowed my youngest daughter who is the family baby, to learn to take care of others younger than her.

LF:

I feel that bringing up children is about loving them and making sure that they feel loved by us above other desires we may have for them including that they develop good character. It is not so much a "project approach" but rather awareness when it comes to the building of our children's character in the process of bringing them up. I find that the best way is to serve as good role models and also to use daily situations to guide them towards an understanding and appreciation of certain positive character traits. One example was getting my children to open their Christmas presents only on Christmas Day even though the presents were laid at the Christmas tree days before Christmas. This to me was a simple lesson on delay gratifications which was met with mostly failures in their younger days. I find that guiding our children on their reading journey is also very important. Reading of stories of great men and women will have an impact on our children's aspirations and serve as a guiding light in their own paths of lives.

As our children grow we may find that they are more developed in certain character traits and hence we may try to help them focus on developing other traits. For example, my eldest daughter is more intellectual by nature and focused on the tasks at hand, but a little shy. So we strongly encouraged her to join team sports when she enrolled in primary school. Today she is a very confident young girl who is a head prefect as well as the captain of her school netball team. On the other hand, my middle son is very active, sporty and easy going by nature. He seems to be always on the go. So at a fairly young age, we encouraged him to take up violin lessons, hoping to develop his ability to be still, focus and to persevere at challenging tasks. He surprised us all by passing his grade 5 violin exam recently. We can also see that he is starting to apply the same perseverance at his academic pursuit which is praiseworthy.

CM:

Is play an important part of character building?

KH:

Play is an important part of a child's life, but to me, its main function is to satisfy the child's curiosity, and be an outlet for his imagination and to have fun. Children relax through play.

LF:

Play is a good way to develop character traits in children. Many values can be inculcated in a very natural and stress free environment. Very often lessons learnt during play are lessons most well remembered for the children. And since play is repetitive, values and lessons can be easily reinforced.

CM:

What do you perceive as unique challenges to character building today as compared to thirty years ago when you were a child?

KH:

Firstly, there is the challenge of growing up in an environment with higher parental expectations partly as a result of an increasingly competitive landscape. I know of many parents, including myself, who bemoan the loss of free time for children to be themselves and to relax. The familiar refrain "During our time, we never had to do so much work" speaks of a wistful longing for a simpler and less stressful childhood for our children. Unfortunately, I don't see how that is going to change in the near future. So I think it is up to us, the parents, to modulate our expectations and pace for our children. All we ask is that each child puts in their due diligence and best effort, and always maintain a positive attitude towards learning.



Children can learn much through sports. Seen here, David with his team making new friends at the National School Games Softball Championship 2015.

All images courtesy of Dr Wong Liang Fu and Kay Ho

Another challenge is the widespread use of smartphones. Children today are faced with games addiction, encountering undesirable content being pushed to them, or are simply spending too much time sending messages via their phones. These are all issues parents now need to grapple with. I don't believe in abstinence; rather I think we should seize the opportunity to teach the child about self-control (so tough, I know!) and moderation. For example, we allow my son to play games on the iPad every Saturday for an hour or so, and he has to learn to know when to put it away willingly. So far, reasoning with him, rather than nagging, has worked.

LF:

Positive character building for the children has become particularly challenging in the world we live in today. The influence of the internet is daunting. Children are now exposed to differing and often contrary values that may have a negative impact on their character. Parents should equip themselves to protect and to help their children understand such influences and when challenged or questioned by them to be able to explain the values that one is trying to impart to them without coming across as dogmatic.

CM:

For yourself what are three important factors that helped to shape your character when you were a child?

KH:

Firstly, my parents. Secondly, school teachers and friends. Lastly, I can only think of the many television dramas that I used to watch as a child, especially the Japanese drama "Oshin" and the like. They always stress virtues like hard work and loyalty.

LF:

When I was a child, reading has a great influence on my character building. Reading stories of great men and women through history inspired me. The opportunity to learn leadership at primary school when I was a head prefect has also helped in the development of my character. And finally the role model my dad was to me inevitably shaped a good part of my character, for good or not so good.

CM:

What is the most important advice you have for parents who are also hoping to build appropriate character traits in their children?

KH:

Let your children know that you love them unconditionally. I think in the process of developing what we consider desirable character traits (perseverance, resilience, respect, humility, etc) the children are going to have to undergo some trying experience as they grapple to do the right things, just as we adults go through. Sometimes they fail. But, they should be able to draw strength from those closest to them, to pick themselves up again.

LF:

The most important advice I have for parents who are hoping to build appropriate character traits in their children is that parents must first love their children for who they are. It is not a project or a task at the end of the day. It should be an interaction of love between the parents and their children, with the parents having a keen awareness that his or her words and actions will have a tremendous impact on these young souls. Then with some creativity and spontaneity seize the natural opportunities to communicate important values of life to your beloved children.

■ CM

College Mirror Write Up on the 1st COP-FME meeting

by Dr Chan Hian Hui/Vincent, FCFP(S)

the inaugural Community of Practice for Family Medicine Educators (CoP-FME) was held at KKH on 26th March 2016. This is a new subcommittee formed by our College to organise sessions for all interested Family Medicine teachers. This first session was chaired by Dr Ang Seng Bin, with a talk by Prof Goh Lee Gan, followed by a sharing among participants.

Dr Ang opened the session with an introduction into the CoP-FME, stating that this was to be community of teachers in Family Medicine, across all settings and institutions in Singapore. Its objective is to allow participants to share, develop and document the various pedagogy and teaching methods practiced. This would be a platform for all Family Medicine teachers to learn from each other, and find out the latest developments in teaching.

Prof Goh Lee Gan, then spoke on "Family Medicine teaching and role modelling in the in-patient setting." Prof Goh shared that we must begin with the end in mind, meaning that our end point, is to train a Family Physician who is a medical expert, a professional and a scholar, who is also a good communicator, health collaborator, manager and a health advocate. We must also consider the relevant curriculum, for instance ACGME.

With these in mind, we can then organise a tailored education plan. Using the ACGME as an example, Prof Goh proposed the "RIME framework." This framework is based on a student's seniority. For instance, for Residency year 1 students, the focus is on "recording" a clinical encounter with the patients, while the focus is on "interpretation" for residency year 2 students. By residency year 2 and 3, we can emphasize clinical "management" and "education."

Prof Goh also suggested a precepting framework for teaching in the inpatient setting. Essentially, there are 3 elements relevant to each clinical case seen by the students. Firstly what is the Family Medicine focus for that case chosen, what the disease content was and lastly, whether there are any communications issues involved. Upon conclusion of Prof Goh's talk, participants held a lively discussion on their own teaching experiences, before the session concluded.

The CoP-FME is for all interested Family Medicine teachers, regardless of background and setting. There will be sessions every 3 months. For further information, interested colleagues may email our college secretariat at contact@cfps.org.sg.

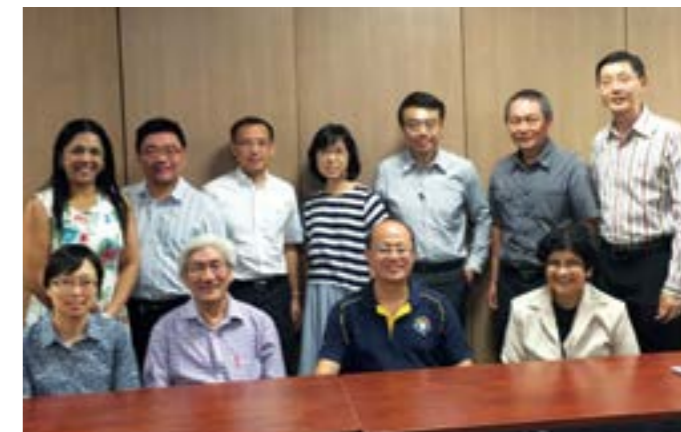


Photo of participants at the CME-FME session of 26 March 2016, including guest speaker Prof Goh Lee Gan, Subcommittee chairman Dr Ang Seng Bin and members, Dr Goh Lay Hoon, Dr Gowri and Dr Vincent Chan. Dr Suraj Kumar was at an MMedFM College Programme teaching session.

■ CM

Managed Care Survey 2015

by Workgroup on Managed Care, Private Practice Committee

INTRODUCTION

This is the third survey conducted on managed care in Singapore, following up on previous surveys by the SMA in 2003 and 2006. This survey was jointly conducted by the SMA and the College of Family Physicians Singapore (CFPS) to better understand the current business environment surrounding doctors in Singapore.

An updated survey is timely as the business practices, third party plans and structure of Managed Care Organisations (MCOs) could have changed since the 2006 SMA survey and discussion about managed care at the SMA National Medical Convention in August 2006. This survey reflects the opinions and perceptions of respondents towards MCOs, and their satisfaction levels and challenges with managed care schemes.

METHOD

The survey was sent out in two email blasts between November and December 2015 simultaneously to members of the SMA and the CFPS. The survey was not anonymised so as to avoid duplication, since many in the survey population would have been members of both organisations. For the second email blast, the submission of personal details was made optional to encourage more responses. The list of survey questions can be found at <http://bit.ly/1MF7Vyl>.

RESULTS

RESPONSE AND BACKGROUND

A total of 218 responses were received. The response rate was similar to that of the survey conducted in 2003 (220 respondents) but lower than that of the 2006 survey (277 respondents).

Based on the type of practice, 45% of the respondents were in a one-person proprietorship, 18% were in a two-person proprietorship, while 37% were part of a group practice.

In terms of location, 60% of the respondents' clinics were located in Housing Development Board estates, 21% were in shopping centres or commercial buildings and the remaining 19% were spread out in other types of locations.

PARTICIPATION AND EARNINGS IN MANAGED CARE

About 29% of the respondents were not on any MCO schemes and thus did not have earnings from them. Of the remaining respondents who did participate in the schemes, 54% of them had less than 50% of patients on MCO schemes; of these, 20% reported that less than 10% of their patients were on the schemes. The detailed breakdown is shown in Chart 1.

In terms of clinic earnings, 75% of the respondents derived less than 50% of their earnings from MCO schemes; of these, 30% reported deriving only 10% of their earnings from the schemes. Chart 2 shows the breakdown of clinic earnings from MCO schemes.

The respondents' participation rate in the individual MCOs is shown in Chart 3. The highest rates were for Alliance Medinet, Fullerton Healthcare, Integrated Health Plans (IHP), Make Health Connect (MHC) and Parkway Shenton, all of which had more than 40% participation. Do note that survey respondents were allowed to make multiple selections for this question; as such, the percentages do not add up to 100%.

SATISFACTION WITH MCOS

When asked for the overall level of satisfaction with MCOs, 14% of respondents were "very dissatisfied", 42% were "dissatisfied" and 36% were "neutral".

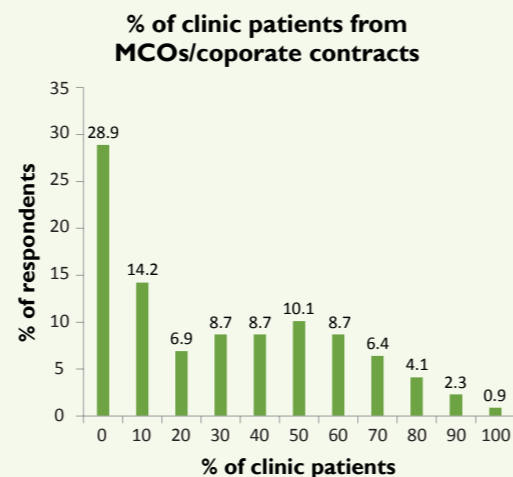


Chart 1

■ Response rate

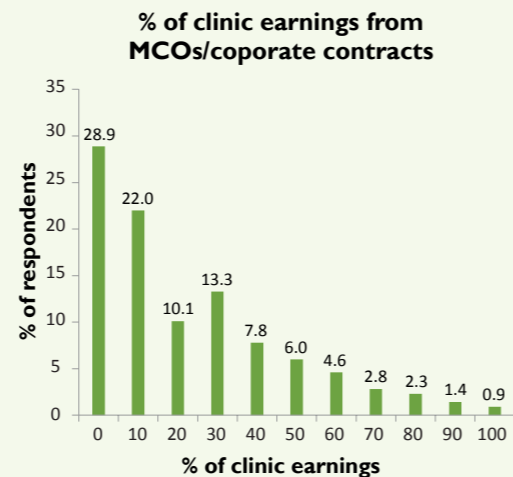


Chart 2

■ Response rate

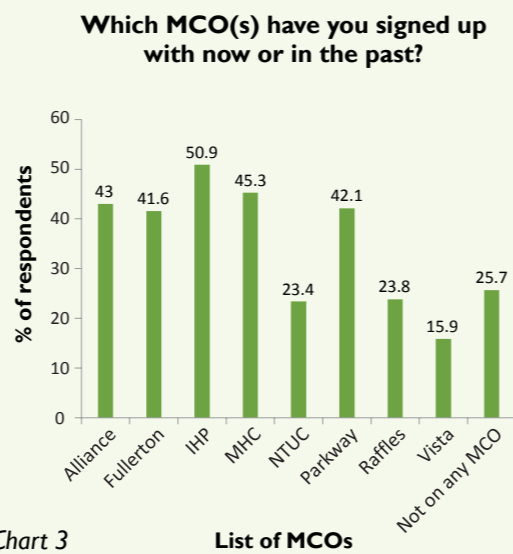


Chart 3

List of MCOs

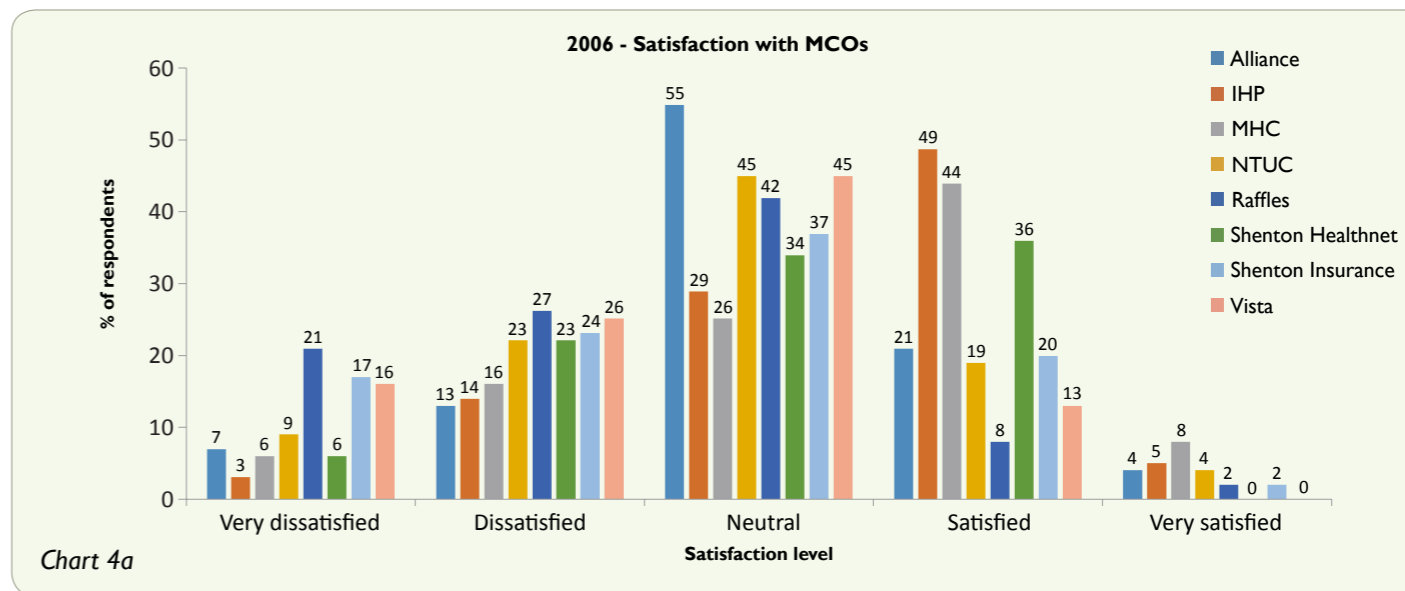


Chart 4a

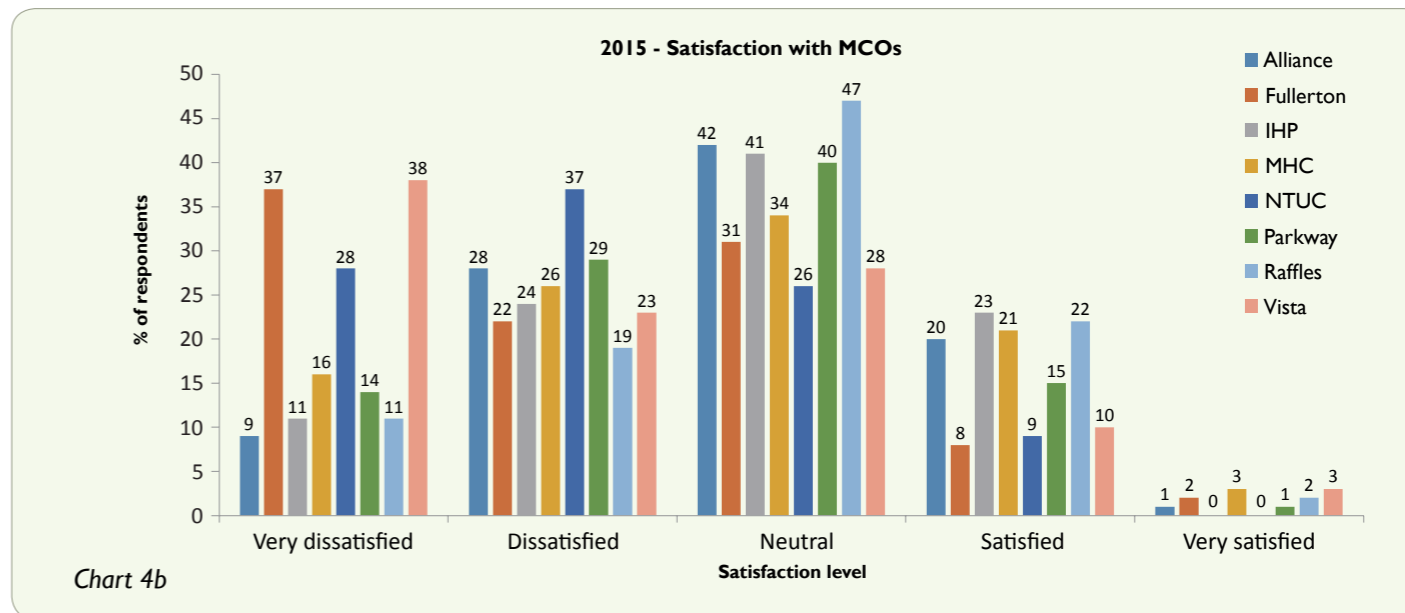


Chart 4b

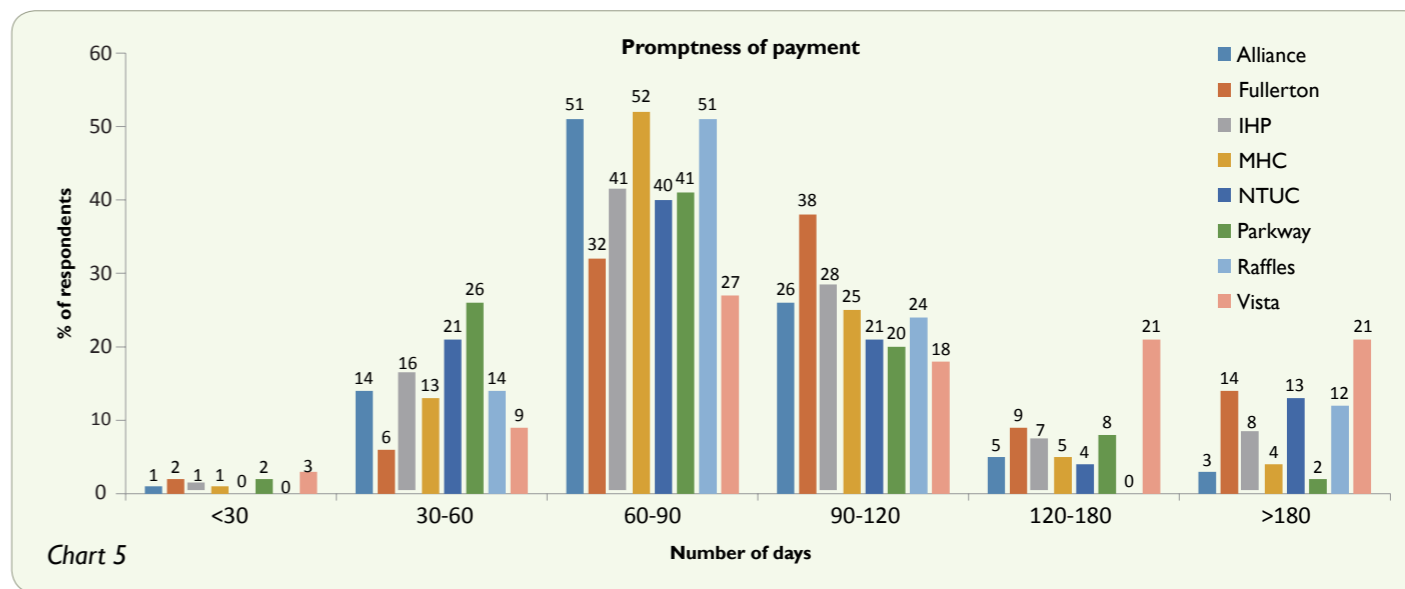


Chart 5

Charts 4a and 4b show the respondents' level of satisfaction with individual MCOs. In the current survey, the top three MCOs with the highest "very dissatisfied" percentages were: (1) Vista (38%); (2) Fullerton (37%); and (3) NTUC (28%). The top three MCOs with the highest combined "very dissatisfied" and "dissatisfied" percentages were: (1) NTUC (65%); (2) Vista (61%); and (3) Fullerton (59%).

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(continued from Page 23: Managed Care Survey 2015)

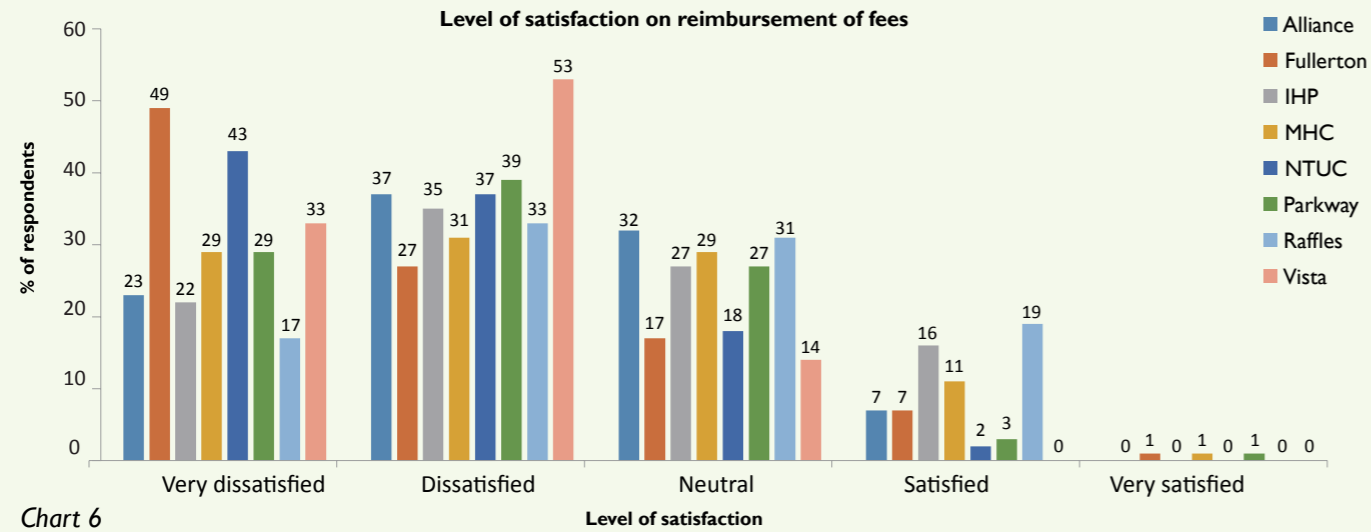


Chart 6

REIMBURSEMENTS AND FEES

Based on the survey, the general consensus is that most MCOs make payment within 60 to 90 days. The comparison with the previous two surveys shows similar figures, illustrating that there has been no improvement in this area. Chart 5 provides the details for each MCO.

In the current survey, the top three MCOs with the highest percentages of payment after 180 days were: (1) Vista (21%); (2) Fullerton (14%); and (3) NTUC (13%). The top three MCOs with the highest combined percentages of payment within 120 to 180 days or after 180 days were: (1) Vista (42%); (2) Fullerton (23%); and (3) NTUC (17%).

With reference to the reimbursement of fees, as shown in Chart 6, the general perception is that there is high dissatisfaction and low satisfaction among the respondents. In the current survey, the top three MCOs with the highest percentages of "very dissatisfied" responses in terms of reimbursement of fees: (1) Fullerton (49%); (2) NTUC (43%); and (3) Vista (33%).

An overwhelming 92% of respondents felt that the fees have not increased over the last ten years. In contrast, 76% commented that their non-MCO consultation fees have increased over the same period. 42% strongly disagreed and 24% disagreed that the payment received was commensurate with the standard of care provided to patients. This disparity only serves to increase physician dissatisfaction with MCOs.

RESTRICTIONS OF CHOICE

Generally, autonomy in prescribing medication and specialist referrals has decreased from the last survey in 2006.

In the current survey, the top three MCOs with the highest percentages of "very restrictive" choice of medication were: (1) NTUC (28%); (2) Fullerton (23%); and (3) Vista (14%). The top three MCOs with the highest combined percentages of "very restrictive" and "restrictive" choice of medication were: (1) NTUC (66%); (2) Fullerton (61%); and (3) Parkway (58%). Charts 7a and 7b provide the details for each MCO.

Autonomy in making referrals to specialists has also shown a general decline from 2006 to 2015. The top three MCOs with the highest percentages of having "very restrictive" referrals to specialists were: (1) NTUC (16%); (2) Vista (14%); and (3) Fullerton (13%). The top three MCOs with the highest combined percentages of having "very restrictive" and "restrictive" referrals to specialists were: (1) NTUC (55%); (2) Parkway (50%); and (3) Alliance (49%). Charts 8a and 8b provide the details for each MCO.

GENERAL

In all, 90% of respondents opined that MCOs should be liable for the settlement of their fees in the event that corporate clients fail to pay the MCOs.

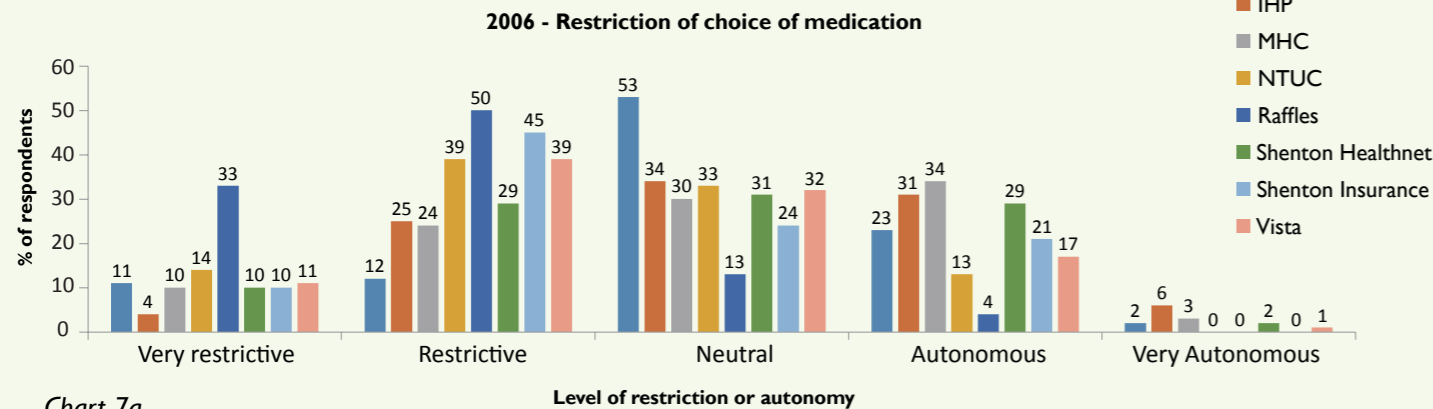


Chart 7a

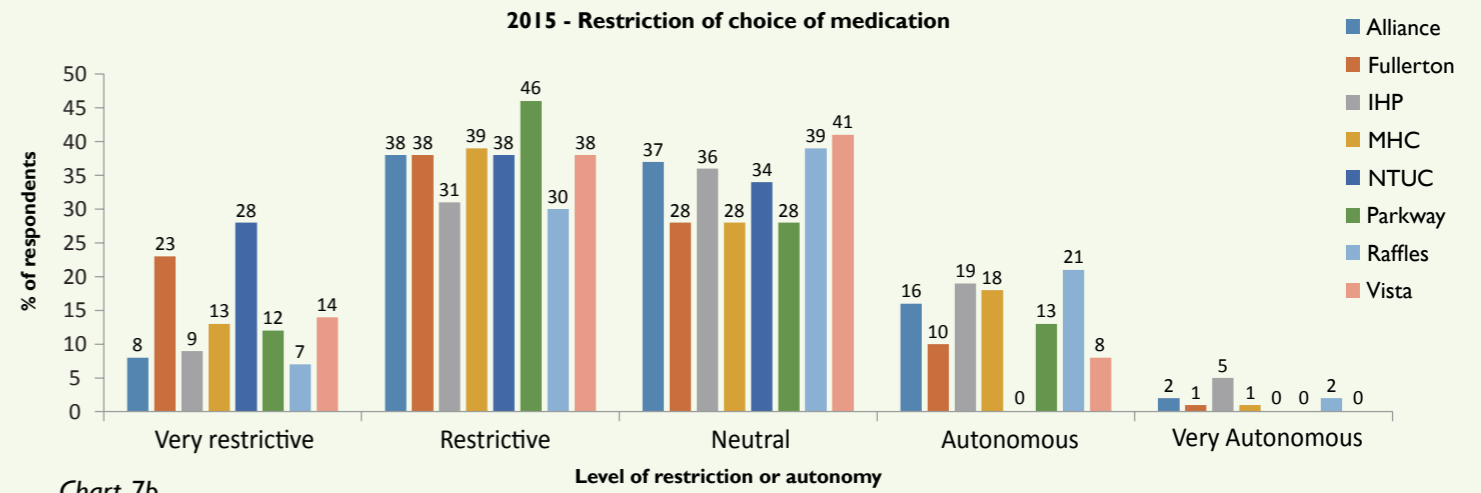


Chart 7b

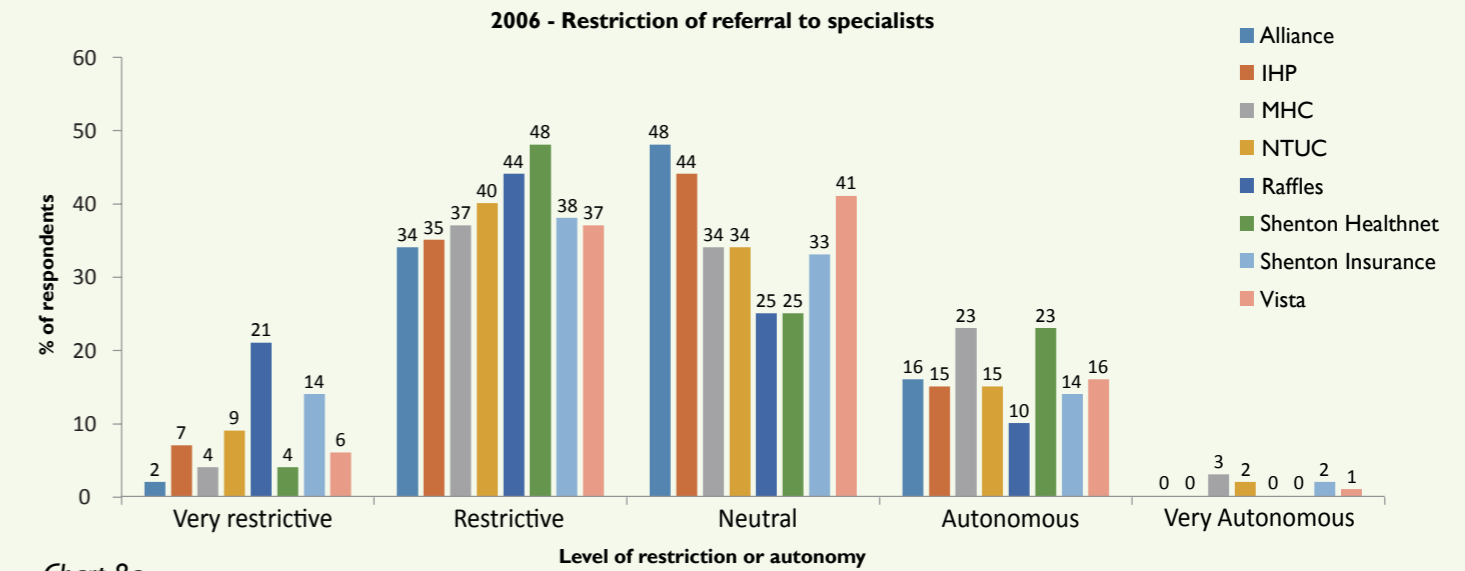


Chart 8a

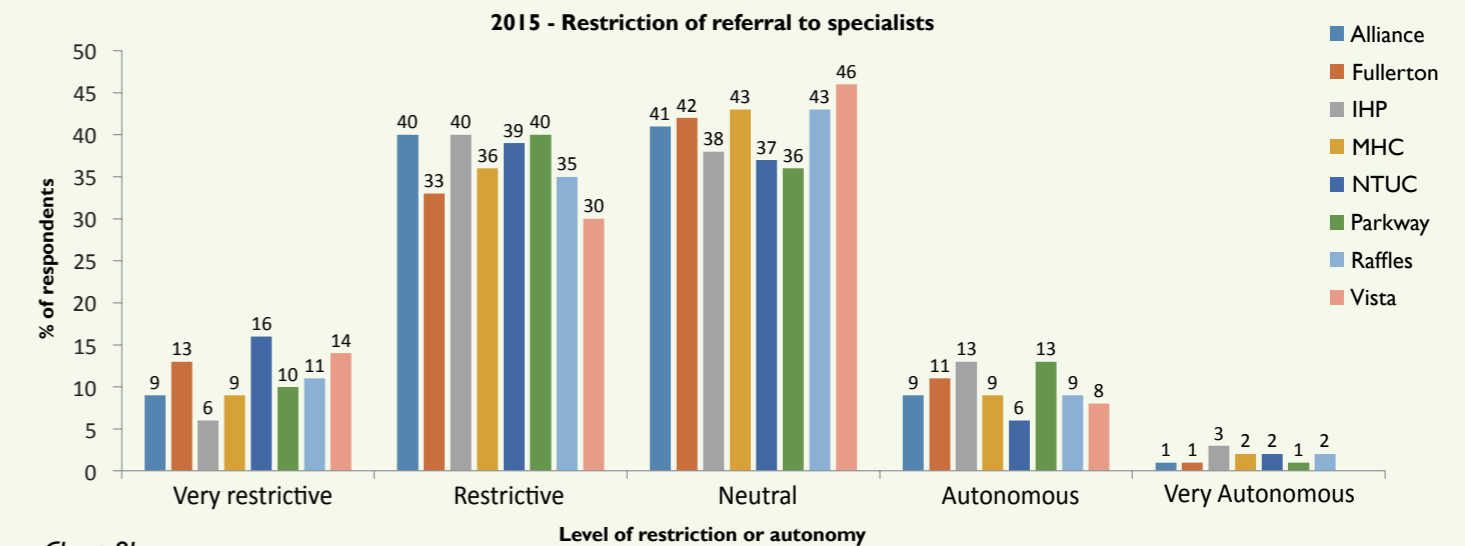


Chart 8b

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(continued from Page 25: Managed Care Survey 2015)

The majority of the respondents (60%) did not think that MCOs should continue to operate in Singapore. Only 22% of the respondents felt that MCOs should continue, while the remaining 18% reported that they did not know. The percentage of respondents who opined that MCOs should continue operating in Singapore was lower than that of previous surveys (29% in 2003 and 36% in 2006). The details are presented in Table 1.

Year of survey	Yes	No	Do not know
2003 (N = 220)	29%	65%	6%
2006 (N = 277)	36%	55%	9%
2015 (N = 218)	22%	60%	18%

Table 1

About 80% of respondents who have terminated their contracts with MCOs or are likely to quit in the next 12 months highlighted that it was due to finance-related issues such as low remunerations or disputes regarding payments. Among those who are continuing with MCOs, about 35% are doing so as they felt that MCOs bring in significant patient load and business.

CONCLUSION

The interpretation of the results is limited by the survey's small sample size and low response rate, and generalisability is likewise restricted. Nevertheless, it represents the opinions and perceptions of physicians towards MCOs.

While the overall dissatisfaction rate is not high, it remains a matter of concern. The performance of MCOs shows a high degree of variability, with some MCOs recording high levels of dissatisfaction across different domains. While many issues have contributed to this sense of dissatisfaction with MCOs, those surrounding the payment of fees appear to be the main factor. The perceived restriction in choice of medication and specialist referrals may affect the quality of patient care. As the trend appears to have worsened over the last ten years, MCOs with low satisfaction rates should work with physician providers to improve the situation. The triple aim of enhancing patient experience, improving population health and reducing cost can only be achieved when care providers feel that they are treated fairly and find meaning in their practice.¹

The operations of the MCOs have a major impact on our primary care system. Making our health system futureproof requires new models for delivering primary care and a motivated healthcare workforce that is committed to improving quality and safety. The SMA and the CFPS welcome initiatives to improve the present state of managed care in Singapore.

References

1. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med* 2014; 12(6):573-6.

■ CM

The Managed Care Survey 2015 report was originally published in SMA News (May 2016)

Understanding Undergraduate Pedagogy in the Family Medicine Curriculum

Interviewed by Dr Phua Cheng Pau Kelvin, FCFP(S), Editorial Board Member

Dr Wong Teck Yee

Family Physician Senior Consultant, Department of Continuing & Community Care Assoc Prof & Assistant Dean, Lee Kong Chian School of Medicine, Nanyang Technological University



I students in both the polyclinics and hospitals to introduce them to different healthcare settings early on in their medical education journey. We also planned team-based learning (TBL) sessions on FM topics in Year 2 and split the FM rotations into 2 different years to increase the contact time and experience the students could have with family medicine as a practice.

CM:

What do you think is essential to impart to these students?

College Mirror (CM):

What were the issues you had to consider in setting up the family medicine (FM) undergraduate programme in your new medical school?

Dr Wong Teck Yee (WTY):

When we were planning the LKCMedicine FM curriculum, we had a mental model of what medical students needed to learn at the undergraduate level. However, we challenged ourselves to rethink some of these models. We took the opportunity to review the Imperial College General Practice curriculum and also the logistics of placing students in community-based healthcare settings in Singapore. We wanted to introduce community-based and primary care early in our curriculum, which meant having a FM curriculum that was continuously and meaningfully integrated from Year 1 to Year 5, something which was quite unheard of in our medical education system at that time. We decided to place Year

WTY:

I think it is important for students to understand that the practice of medicine depends very much on the setting in which a doctor practices. To achieve this, students need to be exposed to doctors from different specialties working in different clinical settings. Students also need to understand that healthcare practice is continuously being transformed even as they start practicing – especially in the area of technological advances and better patient knowledge and empowerment. What cannot change is the importance of the doctor's responsibilities and duties to the patient. Patients sometimes will not fit neatly into an algorithm – we still need to use our clinical judgment – which is as much an art as it is a science if we are to be faithful practitioners of patient-centric family medicine.

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CM:

What have been the changing trends in local undergraduate pedagogy over the years?

WTY:

Due to the changing profile of our students, there is an increasing need to move away from a purely lecture-tutorial based approach to a more hands-on, collaborative and interactive engagement with students. Today's millennials (I may be stereotyping here) have varied interests and many can multi-task, such as observing and researching at the same time with the help of electronic devices and access to the Internet. They are able to obtain almost instantaneously content online previously residing only in experts and books. So we need to ask - how can we keep pace and engage them meaningfully so that key concepts are better understood, internalised and subsequently applied to real scenarios? One way is to capitalise on these new capabilities and attitudes by making learning a truly two-way process.

CM:

Is there anything we can do to interest medical students in a career in family medicine?

WTY:

Having interacted with colleagues from different specialties, I feel that doctors working in the same field are likely to share a similar



All images courtesy of Lee Kong Chian School of Medicine, NTU

(using a term Prof Goh Lee Gan used to tell me) "worldview". This defines what they think about their work and specialty. I think as Family Physicians, we also share certain ideals – to be doctors for patients of all ages and different health conditions. All of us should articulate this "worldview" that we share whenever we interact with students or young doctors. Those who are interested will find that the work we do is both meaningful and compelling, which is probably enough to convince them to join our fraternity.



College Mirror (CM):

How has family medicine undergrad pedagogy developed in YLLSoM over the last few years?

Dr Victor Loh (VL):

The pivotal role of FM in the undergrad pedagogy

At YLLSoM, the main learning activities that directly involve family medicine oversight are in Year 2's (Phase II) communication with patients (CWP) unit of the basic clinical skills course, where we oversee the teaching of basic communications and history taking skills, and the Year 3 (Phase III) FM posting.

Some of the emerging themes in FM teaching are:

More Integration

Within the 5-year NUSMed curriculum itself, there is a move to increase integration between specialties as well as between the clinical and foundational sciences. As an integrative discipline, family medicine has a huge role to play in this process. For instance, in the collaborative learning cases (CLC) that are being piloted in Phase I and Phase II at YLLSoM, FM tutors are involved in the design and delivery of teaching items on respiratory system in collaboration with our physiology colleagues, in recognition of the fact that family physicians are often in practice at the forefront of managing many respiratory conditions.

This move to greater integration is occurring also in terms of how we prepare our medical graduates for future practice. We need to prepare future graduates to be ready to work in integrative



Dr Loh Weng Keong Victor
Education Director, Family Medicine
Yong Loo Lin School of Medicine
National University of Singapore
Department of Medicine (Family Medicine)
National University Health System, Singapore

Image courtesy of Dr Victor Loh

teams as the weight of chronic disease care shifts increasingly to the community. The trans-disciplinary conversation is too large for Family Medicine alone, and is occurring across different specialities. We are hopeful this will bear fruit in the years ahead.

Instructional Methodology

In terms of instructional methodology, there is an increased use of technology. For instance, having online lessons, webcasts, online quizzes, the use of simulations are the norm as in most medical schools. Much of the assessment in NUS is now technology-enabled, for example online marking for clinical cases, as well as BYOD (Bring Your Own Device) for MCQ assessments.

Simulations are another area that has become a fixture in the undergraduate calendar, both for learning clinical skills and procedures, as well as in learning emergency drills, e.g. ACLS. Simulations, in the form of standardised patients, are used extensively in the FM posting. Consultation skills, which sit at the heart of family medicine, is learnt using trained Standardised Patients (SPs) early in the curriculum. Students thus practice

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(continued from Page 27: Understanding Undergraduate Pedagogy in the Family Medicine Curriculum)

consultation skills on SPs who are trained to give specific feedback, before they take the supervised "hot seat" sessions with real patients in an actual clinic setting.

CM:
What are the challenges in teaching undergrad Family Medicine?

VL:
The main challenge is the size of the student population. There are 300 students in each cohort at YLLSoM, and the invitation and the question is always about how we meaningfully engage all our learners to become the competent, critical-thinking, self-directed, collaborative medical professionals for tomorrow. Added to this is the pressure of finding tutors and placements for students from LKCMedicine and Duke-NUS Graduate Medical School.

Other than the numbers, the challenge of teaching has not changed much. Teaching remains largely about engaging learners and leading them to the next level of understanding or competence. Despite the widespread use of technology, the need to engage and listen does not ever escape the role of teaching, just as it does not supplant the role of doctoring.

CM:
What can be done better in the face of an ageing population and increasing healthcare demands?

VL:
Yes, we need to prepare our future graduates for the new normal that is upon us: a burgeoning population of ageing persons with multiple comorbidities and impaired independence living in the community.

On one level, it is about preparing graduates with the skills to work in the structures that the present generation has thought about and are in the midst of effecting to varying degrees of success: greater care integration, regional healthcare groups, inter-professional teams. Students do well to experience and understand the problems faced by the ageing patient and how they and their caregivers may access the health and social care services available to them.

But I think there is a greater need to impart in the next generation the skills of critical thinking, innovation, collaboration, change management and leadership, so that they may truly be ready for the uncertainties that will confront the health and social care landscape of the future. The gamut of initiatives started by medical students in terms of local neighbourhood screening, overseas community improvement projects, and projects to involve the elderly to stave off dementia are a healthy mix of idealism, medical knowledge, enthusiasm and good plain fun that I think bodes well for the future. What we need now is enlightened mentoring.



Image courtesy of Dr Tan Shu Yun

Dr Tan Shu Yun
Consultant,
Department of Family Medicine and Community Care
Clerkship Co-ordinator,
Duke-NUS Family Medicine Programme

CM:
How is Family Medicine taught differently in Duke-NUS?

TSY:
We have a very innovative approach. It is modular and longitudinal, running over one year. The first module is called Knowledge Foundation where we have an interactive 4-day programme that teaches students the conceptual and clinical foundations of Family Medicine.

In the Patient-centered Care module, the students follow up on two complex patients in the community and their homes for one year and reflect on what they have learnt through a secure blog that is shared with their peers and tutor.

For Continuity Care Clinic module, students go through a clinical attachment of 22 sessions with a polyclinic preceptor, a GP preceptor and a Medical Social Worker (MSW).

CM:
What is the vision for Duke-NUS over the next 5-10 years?

TSY:
Our school's vision is "Transforming medicine, improving lives". We encourage the exploration and testing of new ideas, to find improvements that make an impact.

■ CM



Family Practice Skills Course #67

Complex Care

Sat, 22 Oct 2016: 2.00pm - 5.30pm
Sun, 23 Oct 2016: 2.00pm - 5.30pm

College of Medicine Building, Auditorium Level 2,
16 College Road, Singapore 169854

Fellowship trainees and residents are strongly encouraged to attend*

TOPICS

- Unit 1: Concepts in providing primary care to complex patients
- Unit 2: Approach to patients with complex care needs using the SBAR structure
- Unit 3: Working in multi-disciplinary teams
- Unit 4: Care Transitions in Complex Patients
- Unit 5: Care and Assessment of complex patients in the home setting
- Unit 6: Linking medical and social care

WORKSHOPS

- Day 1: Practice complex patients case scenarios, SBAR approach, Pendleton consultation tasks
- Day 2: Practice interdisciplinary team meeting to work out transitional care, home care and social care plans for complex patients

■ **SEMINARS** (2 Core FM CME points per seminar)
Seminar 1 • Unit 1 - 3: Sat, 22 Oct (2.00pm - 4.00pm)
Seminar 2 • Unit 4 - 6: Sun, 23 Oct (2.00pm - 4.00pm)

■ **WORKSHOPS** (1 Core FM CME point per workshop)
Day 1: Sat, 22 Oct (4.30pm - 5.30pm)
Day 2: Sun, 23 Oct (4.30pm - 5.30pm)

* Registration is on first-come-first-served basis. Seats are limited. Please register by 14 October 2016 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 organised by **College of Family Physicians Singapore.**



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

REGISTRATION

FREE REGISTRATION for College Members!

Complex Care
Please tick (✓) the appropriate boxes

	College Member	Non Member
Seminar 1 (Sat)	<input type="checkbox"/> -\$21.40 FREE	<input type="checkbox"/> \$21.40
Seminar 2 (Sun)	<input type="checkbox"/> -\$21.40 FREE	<input type="checkbox"/> \$21.40
Workshops (Sat-Sun)	<input type="checkbox"/> -\$42.80 FREE	<input type="checkbox"/> \$42.80
Distance Learning (MCQ Assessment)	<input type="checkbox"/> -\$42.80 FREE	<input type="checkbox"/> \$42.80
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: _____

Signature: _____

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

Name: Dr. _____

MCR No: _____ NRIC No: _____

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Mailing Address: (Please indicate: Residential Practice Address)

_____ E-mail: _____

Tel: _____ Fax: _____

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

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College of Family Physicians Singapore
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Or fax your registration form to: 6222 0204

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Possess a basic Medical Degree registrable with the Singapore Medical Council, and postgraduate qualifications recognised by the Fellow of College of Family Physicians Singapore or Specialist Accreditation Board.

Resident Physician

Basic Medical Degree or recognised postgraduate qualifications registrable with the Singapore Medical Council.

JurongHealth is Singapore's public healthcare cluster formed to facilitate the integration of services and care processes for the community in the west. We are managing the new integrated healthcare hub comprising the 700-bed Ng Teng Fong General Hospital and 400-bed Jurong Community Hospital to provide holistic care for patients. The two new hospitals are an integral part of the Jurong Lake District Masterplan, with easy access to public transport services and retail/entertainment hubs. We are also managing Jurong Medical Centre to provide a range of quality and affordable specialist services and community health support services for residents in the west.

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Mental Health... Thought About It?



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- Learn management skills and prescriptions of medications

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GDMH Administrator / GDMH@imh.com.sg

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Loving Hearts, Beautiful Minds



Family Practice Skills Course #66

Advance Care Planning and End of Life Care

Sat, 24 Sept 2016: 2.00pm - 5.30pm
Sun, 25 Sept 2016: 2.00pm - 5.30pm

College of Medicine Building, Auditorium Level 2,
16 College Road, Singapore 169854



TOPICS

- Unit 1: Evidence of ACP in the health care setting
- Unit 2: ACP Advocacy
- Unit 3: Handling different personalities in ACP conversations
- Unit 4: Pain Control
- Unit 5: Breathlessness
- Unit 6: Agitation

WORKSHOPS

- Day 1: Case Studies and Practice Role Plays
- Day 2: Case Studies

SPEAKERS

- Dr Raymond Ng
- Dr Siew Chee Weng
- Mr Andy Sim
- Ms Sharon Ganga
- Dr Peh Tan Ying
- Dr Laurence Tan
- Dr Tan Yew Seng

■ **SEMINARS** (2 Core FM CME points per seminar)
 Seminar 1 • Unit 1 - 3: Sat, 24 Sept (2.00pm - 4.00pm)
 Seminar 2 • Unit 4 - 6: Sun, 25 Sept (2.00pm - 4.00pm)

■ **WORKSHOPS** (1 Core FM CME point per workshop)
 Day 1: Sat, 24 Sept (4.30pm - 5.30pm)
 Day 2: Sun, 25 Sept (4.30pm - 5.30pm)

* Registration is on first-come-first-served basis.
 Seats are limited.
 Please register by 19 Sept 2016 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 organised by **College of Family Physicians Singapore** and sponsored by **Agency for Integrated Care**.



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

REGISTRATION

Advance Care Planning and End of Life Care

Please tick (✓) the appropriate boxes

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Seminar 1 (Sat)	<input type="checkbox"/> -\$21.40 FREE	<input type="checkbox"/> \$21.40
Seminar 2 (Sun)	<input type="checkbox"/> -\$21.40 FREE	<input type="checkbox"/> \$21.40
Workshops (Sat-Sun)	<input type="checkbox"/> -\$42.80 FREE	<input type="checkbox"/> \$42.80
Distance Learning (MCQ Assessment)	<input type="checkbox"/> -\$42.80 FREE	<input type="checkbox"/> \$42.80
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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MCR No: _____ NRIC No: _____

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Tel: _____ Fax: _____

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

Or fax your registration form to: 6222 0204