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THE COLLEGE MIRROR

OCT-DEC 2002

PRESIDENT'S COLUMN

Symposium: Surviving General Practice:
The Changing Healthcare Landscape

The Family Physician (FP) aspires to deliver primary, personal, comprehensive and continuing care. The changing healthcare landscape in Singapore challenges each of these roles.

Two surveys of primary care done in 1993 and then 8 years later in 2001 revealed the changing landscape and are tabulated in Table 1 and Table 2. The findings of the 1993 were published in the Singapore Family Physician 1994 (Vol. 20:2 page 75 -91) while the paper for the recent survey is still in preparation.

Table 1 shows that though the absolute number of consultations in private General Practitioners' (GP) clinics and the public sector polyclinics has gone up in tandem with the increased population, the attendance per person per year has declined from 5.2 to 4.0. The encounter-load per GP has dropped from 40 to 33 encounters per day due to the dilution factor as the number of GPs has increased by about one-third. The polyclinic share has remained about the same at 18%.

There is a decline in young children seeing both private and public sector FPs as shown in Table 2. This could be accounted for by the increased number of primary care paediatricians in the community. The polyclinic now sees a greater proportion of continuing care problems such as hypertension.

These trends can be explained by the fact that primary healthcare is increasingly delivered by a plethora of healthcare providers. Most specialists accept consultation from patients who directly access them without medical referral. In recent years, pharmacists in the private sector also provide consultation on self-medication for a slew of medicine declassified from prescription to over-the-counter and pharmacist-dispense. In addition, primary care is provided by state registered traditional Chinese physicians.

The trend of setting up specialist clinics in polyclinics to make it convenient to patients who need specialist referrals can be viewed in two ways. These clinics could empower FPs in polyclinics to handle more complex cases in a share-care model but it

Table 1: Changing Landscape – Statistics of Primary Healthcare Survey – 1993 and 2001

	1993	2001
Population	3.3 m	4.1 m (⇧25%)
Total Attend.	16.6 m	18 m (⇧8%)
Attend/pat/yr	5.2	⇩4.4
No. GPs	1103	1480 (34%)
Pat/Day/GP	40	⇩33
GP share attend As % total	13.6 m (82%)	15 m (83%)

Table 2: Changing Landscape – Statistics of Primary Healthcare Survey – 1993 and 2001

	1993	2001
<5yrs at FP	12%	⇩8%
Elderly pop	5.8%	6.4%
Polyclinic old	11%	⇧16%
GP Old pat	5.8%	⇧6.4%
URTI GP (Poly)	38% (28%)	⇩30% (24%)
HPT GP (Poly)	5% (15%)	⇩8% (18%)

can also disenfranchise FPs by functioning as an outpost of the hospital specialist departments to sequester patients that only need primary care after their more complex medical problems are resolved.

There is a decreased burden of what is traditionally considered illness. Patients live longer and enjoy a life relatively free of infirmities. There is however greater illness attribution giving a new dimension to what constitutes personal care. This stems from unbridled access to information, product advertisements masquerading as health education and inordinate focus on self over society coupled with a weakening of medical authority to arbitrate the resultant demands. Delivering personal care for cosmesis such as skin-peels, new wave anti-ageing treatment once at the fringe of general practice may distract from the more important tasks of providing good personal care by attention to healthy living and managing common diseases well.

FPs do provide comprehensive care for the majority of common ailments. However, the term, comprehensive healthcare now needs to be re-defined in the fast changing healthcare landscape of heightened patient expectations and market-driven proliferation of specialized services. Take for example ailments like headache and sprains after serious illnesses have been excluded. The proverbial aspirin may be not all that is expected. Must the FP himself be skilled in providing stress relieving therapy for headache and basic physiotherapy for sprain or should he refer patients to these specialized services because they are now more readily available, shift the cost and be found wanting for not providing these services?

The FP is challenged to provide continuing care of the multiple diseases and problems of ageing. The specialists do not have the numerical capacity to tend to the masses. The multiple diseases also confound the compartmentalized organization of specialists' services. Further, there is a burgeoning need for stepped down and domiciliary care.

The FP needs therefore to redefine his roles in the light of the changing healthcare landscape. It is not the survival of the form of the FP practice that matters. The focus should not be on the market share of the different FP sectors be it solo, group or polyclinic practice. Such a fixation fragments the fraternity and undermines the central role that

FPs should play in the healthcare system. It is the survival of the core values of what the four roles when taken together exemplify that is at stake.

Though there are erosions into each of these four roles in recent year, the FP must have the confidence that because the care he provides is firmly anchored on core values integral in all four roles as a whole, only he alone can provide an integrated sustainable healthcare solution. Only then can contextual vocational training be revved up to level up the whole fraternity. If the FPs believe in these values and equip themselves with the necessary skills, patients, payers and policy makers should understand why they should give the 'focus back to the FP'. An integrated primary care system with FPs providing all four roles is more effective and efficient than the aggregate of disparate services that would evolve if left unchecked.

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

Into the last quarter of 2002, time to call for a celebration and get-together? This year, the College dinner would be held in conjunction with the convocation dinner where the first batch of GDFM holders, together with the new batch of MCFP and Fellowship holders, will be presented to the FM fraternity. Letters detailing the dinner have been sent to all members and information can also be found on the College's website. If you did not receive the letter, maybe it is time to call the College Secretariat to update us on your latest mailing address.

Also, in this issue, we have the regulars – new members of the College, and a recap of the events and happenings at the College. The First GDFM Examination was held on July 27 & 28, 2002 and we are pleased to present to you the list of successful GDFM holders. Moving over, the new batch of FM trainees had their commencement of the FM Academic Year on June 29, 2002. Lastly, together with the Ministry of Health, the College has organised the Eldershield/IDAPE Course to familiarise doctors with the Eldershield/IDAPE schemes. The course was also subsequently held again on September 21 & 29, 2002.

So much for this issue. See you next year!

Ms Emily Lim
Administrative Executive

Welcome To New Members

A warm welcome to the following new members who joined the College in June/July 2002. We look forward to your participation and support in the College's activities!

Ordinary Membership

Dr Chew Ban Soon (Private practice)
Dr Chew Yew Meng Victor (Private practice)
Dr Goh Swee Lian Eileen (Locum)
Dr Hui Keem Peng John (Private practice)
Dr Ramesh Sadasivan (Private practice)
Dr Sathy Nair Madhavan (Government practice)

Associate Membership

Dr Aung Gyi @ Du Jean Min (Government practice)
Dr Eu Chin Yuan David (Private practice)
Dr Kao Chin Yu (Government practice)
Dr Khin Naing Naing Htut (Government practice)
Dr Lee Cheng San Kenneth (Private practice)
Dr Lee Mei Kam Irene (Private practice)
Dr Lee Swee-Meng Kelvin (Government practice)
Dr Lee Yah Leng (Private practice)
Dr Low Chai Ling (Private practice)
Dr Tan Chee Keong (Private practice)
Dr Yap Kian Sung (Private practice)

New Staff at the Secretariat

Ng Hai Yan joins the College as an Accounts Executive as of August 26, 2002. She graduated with an accounting degree from ACCA and her ambition is to become a Financial Controller. Knowing it will not be easy but she believes with hard work and determination, it will take her there.

Though an introvert who prefers indoors activities, Hai Yan does enjoy some outdoor activities like swimming and shopping. She looks forward to learning more things during her employment with the College.

MCFP(S) & FCFP(S) AWARDEES 2002

MCFP(S) Awardees:

Dr Ling Yee Kiang (Government practice)
Dr Kalaimamani D/O Kanagasabai (Government practice)
Dr Moira Clare Goh Chin Ai (Private practice)
Dr Charlotte Kim Yung (Private practice)
Dr Kang Aik Kiang (Private practice)
Dr Lim Hui Ling (Government practice)

New Fellows of the College

Dr Chong Phui-Nah (Government practice)
Dr Chow Mun Hong (Government practice)
Dr Goh Choon Kee Shirley (Private practice)
Dr Goh Khean Teik (Government practice)
Dr Leong Soh Sum Helen (Government practice)
Dr Lim Fong Seng (Government practice)
Dr Ng Joo Ming Matthew (Government practice)
Dr Tan See Leng (Private practice)
Dr Tay Ee Guan (Government practice)
Dr Thng Lip Mong Barry (Private practice)

Congratulations to the First Batch of GDFM Holders 2002

Congratulations to the following doctors for successful completion and passing of the Graduate Diploma In Family Medicine Examination 2002.

About the GDFM Book Prize

In support of primary care doctors to practise Family Medicine at an enhanced level to meet the needs of the child, the adolescent, the adult and the elderly, the College of Family Physicians Singapore is pleased to institute the Graduate Diploma in Family Medicine Book Prize.

The award will be governed by the following condition:

* The GDFM Book Prize will be awarded to the best candidate in the Graduate Diploma in Family Medicine Examination. The candidate must be in the category of those who achieve 100% pass in the OSCE (without borderline passes) and be the top performer within this category for the theory papers in the GDFM examination.

GDFM Holders 2002:

Dr Anbumalar Ramiah
Dr Aw Lee Fhoon Lily
Dr Chay Wai Mun Jason
Dr Chong Tsung Wei
Dr Chia Hong Chye Vincent
Dr Chua Kok Keong
Dr Eng Soo Kiang
Dr Ho Chiuen Leey Victor
Dr Howe Wen Li
Dr Hui Seng Yin
Dr Iskandar Bin Idris
Dr Koh Sien Ming Michael
Dr Koh Thuan Wee
Dr Henry Kothagoda
Dr Lee Khai Weng Michael
Dr Lee Woon Lin
Dr Ler Teng Noh Diana
Dr Lim Heuk Yew
Dr Long Mei Ling
Dr Long Li Chern Iris
Dr Loo Choo Choon Andrew
Dr Masayu Zainab Bte Masagos Mohd
Dr Ng Delvin
Dr Ng Seo Peng Christine
Dr Ong Eu Jin Roy
Dr Ong Lan Fang Rebecca
Dr Radiah Binti Salim
Dr Sarani Bte Omar
Dr See Toh Kwok Yee
Dr Siew Chee Weng
Dr Soh Soon Beng
Dr Tan Li Mei Joanna
Dr Tan Peck Kiang Angela
Dr Teo Hui Ling
Dr Teo Yi Jin
Dr Tey Colin
Dr Tham Tat Yean
Dr Wu Ming Jark Basil
Dr Yap Siong Yew Mark
Dr Yong Molly

GDFM BOOK PRIZE RECIPIENT:
DR ISKANDAR BIN IDRIS

An address delivered by Dr Iskandar Bin Idris at the 2002 Graduate Diploma Presentation Ceremony held at Clinical Research Centre, MD 11, Auditorium, National University of Singapore, on October 2, 2002, 5.30p.m. (Wednesday).

The Graduate Diploma course in Family Medicine was first launched in July 2000. When I first learnt of it, I decided to enrol myself as I know that it will provide an excellent opportunity for me to further develop my skills in the field of Family Medicine. I firmly believe that Family Medicine is a speciality in its own right. The wide variety of cases that a General

Practitioner encounters is but only one aspect of his practice.

In addition to that, he plays the important role of an orchestrator in the myriad of services and resources available in the community. He has to identify the nature of the problem and to decide the need for further specialist referral where necessary. The practice of medicine has evolved such that the various fields have become more and more specialized and access to them is readily available. Correspondingly, there now exists higher expectations of patients of us and their ever readiness to obtain specialist consult. In this respect we serve as an important gatekeeper in preventing the over-flooding of the resources available in the tertiary institutions by differentiating cases which can be managed at a primary care level from those which genuinely require further care. Moreover this will also serve to keep health costs in check.

In order to perform this essential role, we will require good clinical acumen and judgement. Furthermore, it also involves risks taking, something which we have to be mindful of in this increasingly litigious climate which we are practicing in. Hence we do need to train and equip ourselves with the necessary skills and knowledge to enable us to fulfil this role in the most proficient and professional manner. Only when we are perceived to be in possession of such levels of competency will we gain the confidence and trust of the public, and our image and role as a Family Physician will be strengthened. It is with this aim in mind, that I think my participation in the course was essential.

The GDFM course provided an excellent opportunity in keeping ourselves updated on the latest developments in various fields of medicine. The structure of the course which employed workshops and seminars inviting Consultants from the respective fields ensured that GPs receive up to date information and current practices in the tertiary institutions.

These sessions also enabled the exchange of ideas between GPs and our colleagues in these institutions for the benefit of overall patient care. In the same vein, it provided an arena for GPs to interact with one another and discuss various issues ranging from updates, to problems encountered in day-to-day management. This is especially true of us with heavy work schedules who would otherwise have had limited time for interaction.

Aside from the more familiar and well-established areas of medicine, the course incorporated topics which may have suffered less emphasis in the undergraduate curriculum, topics which nonetheless are of vital importance in everyday practice. We are all too familiar with the concept of the disease model of an illness which we were taught in medical school. Then, we may have been too pre-occupied with the acquisition of knowledge and facts of a disease that the skills required in an actual interaction with patients were not given its due weightage. It is with the realization of this area of deficiency personally, that it is heartening to see that the early part of the course emphasized on the patient – doctor relationship, and the skills required to conduct a satisfactory medical consultation. Family Medicine is unique in that not all presenting complaints have an organic basis or be an accurate reflection of the true underlying problem. It is up to us then to decipher what the actual problem is, to elicit its true nature without missing and overlooking any real disease process. To this end, the relevant segment of the curriculum imparted skills, techniques and knowledge essential for the fulfilment of this important role.

Other useful topics covered include the administrative, logistic and medico-legal aspects of everyday practice. It also introduced to us resources available for future references and research relevant for everyday practice e.g. websites available on the net.

May I congratulate everyone of us upon our successful completion of the respective diploma courses. However, let not this be the end of our journey towards the acquisition of knowledge. Instead, we should see it as a milestone in the continuous process of lifelong learning.

Thank you.

Dr Iskandar Bin Idris

LOOKING BACK:

Graduate Diploma in Family Medicine Examinations 2002

July 27 & 28, 2002

(PHOTOS LEFT & FAR LEFT)
FINAL BRIEFING SESSION FOR THE EXAMINERS AND INVIGILATORS BEFORE THE EXAMINATION BEGIN.

CANDIDATES STANDBY TO BE BROUGHT TO THEIR RESPECTIVE OSCE STATIONS.

INVIGILATORS AND CANDIDATES GETTING READY OUTSIDE THE CONSULTATION ROOMS (OSCE STATIONS).

Eldershield / IDAPE Course

Jointly organised by the College and Ministry of Health, Singapore, the Eldershield /IDAPE Course was run on June 16, 2002 to familiarise doctors with the Eldershield/ IDAPE schemes and the assessment of the disability in the six ADLs and to provide an examiner's report to the Insurance provider.

A competency test was also conducted on June 22, 2002, to certify doctors that are qualified to carry out the assessment.

Various areas were covered, which include:

- the administrative consideration of the programme by Mr Kelvin Bryan Tan
- Geriatric Disease, Disability and Assessment by Dr Carol Goh, and the use of Eldershield/IDAPE system of assessment by A/Prof Goh Lee Gan and Dr Gerald Koh.

OPENING ADDRESS BY GUEST-OF-HONOUR, MR MOSES LEE, PERMANENT SECRETARY, MINISTRY OF HEALTH

A/PROF GOH LEE GAN (COURSE DIRECTOR FOR THE ELDERSHIELD / IDAPE ASSESSMENT COURSE) TALKED ON "ROLE OF THE FAMILY PHYSICIAN IN THE CARE OF THE ELDERLY".

DOCTORS WERE GIVEN CASE STUDIES, FOLLOW UP WITH SMALL GROUP DISCUSSIONS.

For those who wish to know more about the Eldershield and IDAPE schemes, the FAQs on Eldershield and IDAPE can also be found on MOH's website:

http://app.internet.gov.sg/scripts/moh/newmoh/asp/faq/faq0104.asp#faq0104

Commencement of FM Academic Year 2002

Held on June 29, 2002, the commencement of the FM Academic Year 2002 sees the 3rd and also the largest intake of trainees for the Graduate Diploma in Family Medicine (GDFM) Programme. This year, there are a total of 87 trainees, with 67 of them in the GDFM programme, 13 in the Family Medicine Fellowship programme (FMFP) and 7 in the Masters of Medicine In Family Medicine Programme (Private Practitioners Stream).

FROM LEFT:
DR ARTHUR TAN – VICE PRESIDENT, CFPS; GUEST-OF-HONOUR: DR BALAJI SADASIVAN, MINISTER OF STATE FOR HEALTH, MINISTER OF STATE FOR THE ENVIRONMENT; DR LAU HONG CHOON – CENSOR IN CHIEF, CFPS, AND A/PROF CHEONG PAK YEAN – PRESIDENT, CFPS.

Besides the induction of the new trainees, an appreciation award ceremony was held.

This year, the Teacher of the Year Award (GDFM Programme) goes to Dr Matthew Ng Joo Ming.

About Dr Matthew Ng:
Dr Ng (photo inset) has been a GDFM tutor for the past 2 years. His teaching experience spans from being a clinical teacher for General Practice at the Department of Community Occupational and Family Medicine National University of Singapore since 1995 to an assistant supervisor for the M. Med. (Family Medicine), private practitioner stream. He is currently with NHGP as a Registrar at Clementi Polyclinic and was appointed as the Deputy Doctor in-charge since December 15, 2001.

In addition, Dr Matthew Ng and Dr Chow Mun Hong were officially appointed as the Deputy Directors for the GDFM programme. Not forgetting the tutors, the College expressed words of thanks to them for their support and hard work to make the GDFM programme a success.

This year, the College is also glad to see an overwhelming response from doctors offering tutorship assistance. New tutors were also officially appointed at the ceremony.

Others ...

Professor Rick Botelho (below left), NUS Visiting Professorial Fellow in Family Medicine, gave a talk on “Skill Training On Behavioural Modification” on September 13, 2002 at the College’s Lecture Room.

2nd run of the Eldershield/IDAPE Course held on September 21 & 29, 2002 at the College’s Lecture Room.