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THE COLLEGE MIRROR

APR-JUN 2003

PRESIDENT'S COLUMN

Becoming Vocationally Trained Family Physicians

The vocational training programme leading to Diplomate membership of the College (MCGP) began with the founding of the College 31 years ago. The first National University of Singapore (NUS) examination for the Masters in Family Medicine MMed (FM) degree to replace the MCGP was held in 1993, marking a new benchmark of vocational training. In the same year, the name of the Singapore college was changed from 'College of General Practitioners' to 'College of Family Physicians' to better reflect the adoption of Family Medicine (FM) as a discipline. The challenge ahead for the FM fraternity is to work towards further acceptance of the discipline of FM by the medical profession, the public and the government on par with the other medical specialties.

The MMed (FM) degree is a rigorous benchmark achieved by 180 doctors to date. The FM leadership has the vision that the journey to excellence could be made less onerous if it can be a two-step development for those who wish to choose a less compressed course of development. It is with this in mind that the Graduate Diploma in Family Medicine (GDFM) was launched in 1999 to fill the important alternative first step of vocational training in FM. The college leadership hopes that all doctors in primary care will aspire to take it. Of the pioneer batch of 1999-2001, 40 doctors were awarded the GDFM last year. 100 more are presently in training.

Of course some Family Physicians may be contented to stop at the diploma level. That is all right as he or she can be satisfied that professional development has taken place. Over time, a proportion of GDFM holders may choose to take up the learning journey again to the Masters level. For those who have Masters, there is the 2-year fellowship programme and beyond that, further clinical training to hone the leader, clinician and trainer. A career path to excellence is thus available to all. Table 1 gives an overview of these vocational training programmes.

It will be useful to position all these programmes in relation to the work that family physicians could now do and be recognized for. The GDFM, Masters and College Fellowship awards are professional pre-requisites in career development upon which other eligibility criteria, for example administrative and leadership attributes, are added. The term, "Family Physician" is now a term that defines those doctors vocationally trained in FM. These doctors are now put to work to provide extended and enhanced clinical services to patients. Some family physicians are taking the extra step to develop expertise in these areas by completing graduate diplomas (such as that in Geriatric Medicine and Psychotherapy from NUS), by clinical attachments and/or mentorship by experts in those fields.

It may be pertinent to quote here what Professor Ian McWhinney wrote in 'A Textbook of Family Medicine' 2nd edition page 25, "Because the family physician is a generalist, this does not mean that all family physicians have identical knowledge and skills. All of them share the same commitments to patients. By virtue of special interest or training, however, a physician may have knowledge that is not shared by colleagues. In any group of physicians, this can be a source of enrichment. One may be skilled in reading ECGs, another may have a special interest in child health or the care of elderly patients. The important point is that this should not lead to fragmentation…Family physicians may be differentiated but family medicine should not fragment. If it were to do so, the role of the generalist would be lost."

The FM vocational training programme is now developed to be flexible enough to cater to doctors with different needs and aspirations. Recognition is given for attainment of each stage of development. Crafted in this manner, vocational training like continuing medical education (CME) can continue through the professional life of family physicians. (Table I)

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

Table 1: Overview of the Family Medicine Training Programmes (FMTP) in Singapore

	Family Medicine Training Programmes (FMTP)			
	GDFM	**Masters**		**Fellowship**
		Programme A	**Programme B**	
Entry requirements	1 year as medical officer (MO) or GP	At least 2-year MO & selected for Ministry of Health Traineeship programme	GDFM and 2 years primary care postings OR 4 years primary case postings	MMed-MCFP & actively involved in FM clinical practice, teaching & professional development
Duration	2 years off-the-job training	3 years on-the-job 2 year hospital postings & 1 year primary care	2 years off-the-job training	2 years off-the-job training
Supervising Body	Institute of FM CFPS	NHG & Singhealth polyclinics in 3rd year	Division of Graduate Medical Studies, NUS	Institute of FM CFPS
FMTP Modular Courses	8 quarterly modules each comprising of distance learning & 4 workshops covering whole-person medicine, systems and practice management.			
Tutorials & small group meetings	8 tutorials based on quarterly themes	10 Combined Rounds & 10 monthly tutorials	20 Combined Rounds, 40 weekly tutorials, 20 clinical rounds	20 FMFP meetings held monthly
Courses	3 mandatory courses: Principles & Practice (P&P); Communication & Counselling (C & C); & Exam Revision;	Short skills courses conducted by polyclinics;	1-week full-time Hospital Attachment	3 mandatory courses viz. Method of Instruction, Audit & Research Methodology;
	BCLS & 2 electives	BCLS & 2-week fulltime MMed Revision Course in hospitals		Clinical Elective
Course Work	Distance learning & tutorial assignments	6 case commentaries 1-week practice audit		Log book documenting learning, clinical work, research & teaching involvement
Summative Assessment by	Division of Postgraduate Medical Studies, FM Committee National University of Singapore			Censor Board CFPS
Format Of Assessment	MCQ & KFP	MCQ, MEQ & spot/slide examination		Exit Interview
	Objective Structured Clinical Examination (OSCE)	2 long cases in Paed & IM 4 short cases in Paed, IM, OG & either Surgery or Orthopaedics		
College Membership Eligibility	Ordinary Membership	Collegiate Membership		Fellowship
Professional Recognition	Certified Family Physician	Senior Family Physician		Consultant Family Physician

We are well into the first half of the year 2003. Despite minor glitches in the CME accreditation system, it has no doubt been successfully underway.

If you have read our previous issue, you may have realised that the Mirror is undergoing a revamp. Through the new format of the Mirror, we hope to "reflect" to you the latest medical news concerning doctors in Singapore and around the world through the following themes: College Reflections, Singapore Reflections and World Reflections.

Included in this issue is a write-up on the 1st batch of Family Practice Skills Courses (FPSC) - Home Health Care Skills and Asthma Skills Course – that are lined up for the next 2 years. For doctors who would like to know more about the skills courses offered by our College, please read on to find out more!

Ms Dawn Lim
Administrative Officer

Welcome to New Members

We extend a very warm welcome to the following new members who have joined the College in September/ October 2002. We look forward to your participation and support in the College's activities.

Ordinary Membership:
Dr Ang Boon Keng Steven Gregory, Dr Low Kian Chuan David Andrew, Dr Ng Koon Keng, Dr Pow Chun Wei Dr Tan Chay Hoon, Dr Yap Chee Lip
Associate Membership:
Dr Lai Tien Yew Jeffrey, Dr Toh Sheng Cheong

Wonca Asia Pacific Regional Conference in Beijing, China

The Wonca Asia Pacific Regional Conference will be held in the Beijing International Convention Centre, China from the 4-8 November 2003. The theme of the Conference is "Quality General Practice in the New Century" and the conference's official language is English. Organized by the Chinese Society of General Practice and the Chinese Medical Association under the auspices of Wonca, this conference will provide participants with an opportunity to interact with their international colleagues. Participants will also share and learn about the challenges and constraints faced by many Asia Pacific countries in providing health care.

Interested parties can find out more details about the Conference or download registration forms from its Official website www.chinamed.com.cn/WONCA/index.html

	Before Sep 1, 2003	After Aug 31, 2003
Wonca Direct Member	US$400	US$450
Non-member	US$450	US$500
Accompanying person	US$200	US$250

For enquiries, please contact:
Wonca 2003 Secretariat
International Convention Services
Chinese Medical Association
42 Dongsi Xidajie
Beijing 100710 China
Tel: +86 (10) 6524 9989 Ext 1607/2461
Fax: +86 (10) 6512 3754 / 65244086
wonca2003@chinamed.com.cn (Registration)
sci-wonca@chinamed.com.cn (Scientific)

Conferment of Honorary Fellowship to Dr Chew Chin Hin by the Hong Kong College of Physicians

The College of Family Physicians Singapore would like to congratulate Dr Chew Chin Hin, who was conferred Honorary Fellowship by the Hong Kong College of Physicians in recognition of his dedication to the service of medical education, clinical medicine and research.

Free CME-Accredited Talks at St Luke's Hospital for the Elderly

St Luke's Hospital for the Elderly will be organising free monthly talks on the practical aspects of the elderly through a Continuing Education Program for the year 2003. CME points are accredited at one CME point per session. Details to the courses are stated below. Vacancies are limited to 100 places per talk. Interested parties may book places one week in advance of the respective talks with St Luke's Hospital for the Elderly via tel: 65632281 or fax: 65618205.

Venue : St Luke's Hospital for the Elderly
Conference Room, Level 2
2 Bukit Batok St 11
Singapore 659674
Time : 1.00 pm to 2.00 pm
Date : First Tuesday of each month
Cost : Free
Tel : 65632281
Fax : 65618205

Date	Topics	Speakers
6 May	Elderly Abuse	Mrs Helen Ko
3 Jun	Ortho Geriatrics Rehabilitation	Dr Noor Hafizah
1 July	Management Of Agitated Patient	Dr Ong Pui Sim
5 Aug	Cardiac Rehabilitation In The Elderly	Datuk (Dr) Johan Bin Abdullah
2 Sept	Legal/Ethical Issue In The Care Of The Elderly	Dr JJ Chin
7 Oct	Pulmonary Rehabilitation In The Elderly	Dr KC Ong
4 Nov	Healthy Aging	Dr Pang Weng Sun

Dean of St George's Medical School visits the College

Renewing Links

PROFESSOR SEAN HILTON, DEAN AND PROFESSOR OF GENERAL PRACTICE OF ST. GEORGE'S MEDICAL SCHOOL

Professor Sean Hilton – Dean and Professor of General Practice of the St George's Medical School in London – visited the College on Saturday, 18 January 2003. Prof Hilton's visit has renewed the links between his medical school and the College.

A guest of St George's Medical School fifteen years ago, Prof Goh Lee Gan visited both Prof Hilton and his predecessor Prof Paul Freeling in 1988. Prof Freeling was subsequently the HMDP Expert in Family Medicine and visited Singapore in 1992. During his stint here, he taught in the FMTP session at the College premises.

British general practice education compared

Prof Hilton shared with the College leadership the changes that have taken place in their undergraduate MBBS programme. He noted a great similarity between the undergraduate programme in his medical school and that in NUS. Both medical schools have implemented the recommendations of the GMC document "Tomorrow's Doctors". The document called for the promotion of the problem-solving method as the way of teaching medical science. It also advocates that more time should be devoted to communication skills and to the teaching of general practice and preventive care. The content and teaching methods of both medical schools are similar if not identical, with the only difference being that under the system of most medical schools in the UK, family medicine posting is taught over a 10-week period (during which students also studied other subjects), whereas the posting in NUS is taught over a dedicated block of 4 weeks.

A GROUP PHOTO OF THE SOME OF THE COUNCIL MEMBERS WITH OUR GUEST AT THE COLLEGE'S CONFERENCE ROOM. FROM LEFT: A/P GOH LEE GAN, PROF SEAN HILTON, DR ARTHUR TAN, DR LEE KHENG HOCK AND CFPS PRESIDENT A/P CHEONG PAK YEAN.

British vocational training compared

Prof Hilton said that the system for vocational training is still very much a two-year period in hospital posting and a one-year period in the practice. This is the system that we have for the MMed (FM) Programme A, i.e. the MOH stream. The British vocational training has a summative assessment programme made up of a video-recording of 10 cases, an audit project, satisfactory completion of the vocational training attachments and the MRCGP examination. The endpoint for this stage of training is the MRCGP diploma. There is a route for MRCGP by assessment for veteran GPs. There is also the Fellowship by Assessment programme run by the Royal College of General Practitioners.

The world is a global village. With the renewal of links, there will be opportunities for the College and St George's School of Medicine to collaborate on teaching and research.

At the scene: Basic Home Health Care Seminar

The Basic Home Health Care Seminar was the first of the series of Family Practice Skills Courses (FPSC) offered by the College. It was an overwhelming success with a capacity participation of 48 doctors. The seminar was conducted on 25 January 2003 (Saturday) at Ang Mo Kio Community Hospital.

The seminar aimed to equip participants with specific hands-on knowledge and skills required to manage commonly encountered clinical situations in home care for the elderly. A concept of rotating stations, made up of demonstrations/teaching, video presentations and group discussions, was adopted. Participants were divided into 6

cont on page 5

cont'd from page 4 "At the scene: Basic Home Health Care Seminar"

groups of 8 and stops are made at each of the 6 stations for facilitators to instruct on the specific topics.

The College was honoured to have with us Dr Richard Geeves, Honorary Fellow of the College of Family Physicians Singapore since 1975, to deliver the opening speech for this eventful day. Dr Geeves has 15 years of experience as a Community Physician in Geriatrics and Rehabilitation and in providing Home Health Care back in Australia. In his speech, Dr Geeves spoke on the phenomenon of an increasing number of the aged around the world and Home Health Care as the most cost effective and viable option of caring for them. He talked about his experience in caring for the elderly by illustrating the Home Health Care model in Australia and discussed current issues in Home Health Care and the Family Physicians' role in providing care for the elderly. More details of Dr Geeves' speech can be found on the page facing this report.

FROM LEFT: A/PROF CHEONG PAK YEAN, DR MARY ANN TSAO, DR RICHARD GEEVES, DR WONG HECK SING, DR PATRICIA LIM, DR LIM TOAN YANG AND DR ARTHUR TAN.

The College would also like to extend our appreciation to Dr Chong Weng Chiew, CEO of Ang Mo Kio Hospital, for the free usage of its premises for the seminar. We would especially like to thank Ms Ivy Lok and Mr Abdul Jalil for all the assistance rendered to us in ensuring the smooth running of the event.

Address to College of Family Physicians Singapore
at the Basic Home Health Care Seminar, 25 January 2003

Involvement of Family Physician in Elderly Care

1. Background:

With the increased effectiveness of preventive and curative health care, the number of people living to an advanced age has increased enormously in all societies.

People as they age tend to need an increased level of support to enable them to function happily.

Traditionally in many countries, especially in Chinese countries and communities, this support has been provided by extended families. For a number for reasons, this support is less likely to be available than in the past, mainly because of the much larger numbers involved.

The attempted solution, in many countries, has been a government-subsidized scheme to accommodate old folks in retirement villages like serviced apartments, hostels and finally in nursing homes. This solution has proved to be a very expensive option and many governments are looking for alternative solutions over the past few years.

Not all, but most old people, have spent their lives acquiring their own residences and thus when they stop work, they want to live in their own homes.

Governments have come to realize that the option of home care is the least expensive way of caring for the old. So in many countries they have started to divert more funds to provide an increased level of community care and support to enable more elderly citizens to remain in their own homes.

We thus have seen the development of government funded community care programs – you have some of them here [Singapore] – to provide this option for the care of its ageing population.

cont on page 6

cont'd from page 5 "Involvement of Family Physician in Elderly Care"

The overall care of old people, i.e. Geriatric Medicine, has become the province of Specialists in Internal Medicine. However, these clinicians have always worked in institutional settings and are uncomfortable with working in the domiciliary situation.

Family Physicians, at least those who work in the private sector, have been accustomed to work on their own, or perhaps with a practice nurse. They, on the other hand, literally feel "at home" in the domiciliary situation.

So, firstly because of a shortage of Geriatricians, i.e. Specialist Internists, to meet this need many areas in Australia some years ago, the Health Departments created "Area Geriatric and Rehabilitation Services". These consisted of multidisciplinary teams with district nurses, social workers, physiotherapists, occupational therapists, home-aids, meals-on-wheels services, etc. They appointed senior Family Physicians to head up these teams and co-ordinate the provision of these Services.

2. What happened next?

This is where I came into the picture in the early 1970's. I have been in family practice for 20 years and I was approached by my local District Hospital to take on the role of Community Physician in Geriatrics and Rehabilitation, as a salaried medical officer employed by the Hospital to head up this newly created service. The hospital changed it name from "The Hornsby-Kuringai Hospital" to the enlarged "Hornsby-Kuringai Hospital and Area Health Service". There were 360 hospital beds servicing about 250,000 people, out of which about 25,000 of the old were aged over 65 years. This created a stir because the local family physicians did not want the health service and government hospitals to come into their territories. They were resistant, for a good reason too, as historically this has happened in a bad way before in other departments.

Over the next 15 years, a miracle seemed to happen. The service grew into a service provider for Family Physicians who take care of elderly patients. It was available to family physicians or GPs as a consultancy service. These GPs would consult me about a patient and I would tell them what I think we could do. From then, they would manage the case, not me.

We had many growing pains but gradually we obtained the blessing of our professional colleagues. The best way to win the approval of one's specialist colleagues is to bail them out of a difficult situation when one cares for their ageing parents!

We were fortunate that the funds made available to us were adequate to supply back up, such that we could cope with any problem presenting. We also eventually attracted additional funds from the private sector to further our operation. If you deliver the goods people will usually show their appreciation. It was a very rewarding experience, especially working in a multi-disciplinary team.

3. Lastly, a possible career path for family physicians

Once upon a time most specialists had to spend a period of time in general practice prior to their specialist training. This is no longer the case. You have to start early to get to the top. So once a family physician, you usually remain one for a long time.

The role of community physician, geriatrics and rehabilitation offers a new career path opportunity for family physicians, especially experienced and skilled family physicians. He or she can become a Consultant in Geriatric and Rehabilitation. The recognized post graduate qualification for this position, in Australia, has to be someone who possesses a post graduate Diploma in Family Medicine or the Fellowship of the Royal Australian College of General Practitioners.

That's the challenge. Go for it!

Thank you.

RBG

Jan 2003

At the scene: Asthma Management Skills Course

The Asthma Management Skills Course was conducted over two consecutive Sundays on 9 and 16 February 2003 at the COMB building. Similar to the Home Health Care Seminar, the Asthma Seminar was oversubscribed despite a larger class size of 100 participants. An equally successful rerun has also been held on 23 February and 2 March 2003.

A post event survey conducted by the College showed that the majority of the participants (98%) liked this new concept in CME. High approval ratings were given for content, speaker's presentation and the facilitators.

This event gave participants a maximum of 6 CME points if they attend all the seminars and teaching sessions. The Asthma Panel Discussion enabled participants to voice out questions regarding the subject matter of the course as well as practice issues that the encounter.

DR JASON YAP – ONE OF THE PARTICIPANTS POSING QUESTIONS DURING THE ASTHMA PANEL DISCUSSION.

SENIOR STAFF NURSE PARVATHI GIVING A DEMONSTRATION ON THE DIFFERENT TYPES OF INHALERS AND APPARATUS.

The workshops combined the knowledge gained from the seminars with the practical skills that participants can apply to their clinical practice.

Deputy Chairman of BUPA Foundation visits the College

Dr Andrew Vallance-Owen, Deputy Chairman of the BUPA Foundation, visited the College on 29 January 2003 and met up with A/Prof Goh Lee Gan, Dr Tan See Leng and Dr Lee Kheng Hock for a discussion on issues regarding research in primary care. Dr Vallance-Owen, who was trained as a surgeon at Newcastle-Upon-Tyne, is a keen advocate for improved doctor-patient communication and shared decision-making. BUPA Foundation is an independent, non-profit, medical research organization that helps to fund research in the prevention, relief and cure of sickness and ill health. BUPA Foundation's funding has focussed on the main areas of surgery, prevention, epidemiology, health maintenance, health information and communication. Since its establishment in 1979, the Foundation has granted more than £8 million for medical research and health care initiatives.

FROM LEFT: DR TAN SEE LENG, DR ANDREW VALLANCE-OWEN, A/P GOH LEE GAN AND DR LEE KHENG HOCK

Bill to make Amendments to the Medical Registration Act

The Minister of Health Mr Lim Hng Kiang explained the amendments to the Medical Registration Act in Parliament. His speech covered many important areas and the following are some of the points made in the speech:

Compulsory CME

- Voluntary CME participation rate is unsatisfactory even after taking into consideration that some doctors who participated in CME may not have notified the SMC
- Many developed countries have made CME compulsory in their jurisdictions
- SMC will be allowed to prescribe conditions to the granting and renewal of practicing certificates, including mandatory CME.

Strengthening SMC's Disciplinary Procedures

- There are some limitations to SMC's current disciplinary process
- Inquiries into disciplinary matters may take up to 2 years to complete and there may be compelling reasons to suspend a doctor in the interests of public safety, pending the outcome of the inquiry
- Interim Orders Committee (IOC) will be established. IOC has the power to summarily suspend or restrict a doctor's practice before the outcome of an inquiry is known
- Provisions will be made to safeguard the rights of doctors who are referred to the IOC
- The IOC will be closely modelled after the current legislation and system in the UK
- Complaints Committee will be empowered to inquire into matters of professional conduct that were discovered in the course of investigations, even when they were not in the original complaint
- The Complaints Committee will be allowed to continue an investigation even after a complaint had been withdrawn
- The SMC will be authorized to refer any information regarding the criminal conviction of a doctor to the Complaints Panel even when no formal complaints are received
- SMC will be allowed to institute disciplinary proceedings against doctors who falsely hold themselves out to be specialists.

Registration of Medical Practitioners

- Foreign degree-holders seeking registration will be required to complete their housemanship locally or produce a SMC-recognized certificate of experience as evidence to the completion of overseas housemanship
- SMC will be allowed to impose conditions on the restoration of doctors who had been struck off the Register.

Related Matters

- The Schedule of the Medical Registration Act that lists the medical degrees recognized in Singapore will be expanded
- The one-third quota limiting female medical student intake will be lifted in 2003.

Mr Lim concluded by saying that the proposed amendments will allow the SMC to maintain the high professional standards of doctors practising in Singapore. This will ensure that Singaporeans will continue to have full confidence and trust in the doctors whom they consult.

(Source: The Health Minister's Speech, Second Reading Speech on the Medical Registration Amendment Bill. 5th December 2002)

Amendments to the HOTA Act will help more patients with organ failure

Despite introducing laws that seek to increase the availability of donor organs for transplantation, Singapore continues to face a progressively longer transplant waiting list and a growing shortage of organs available for transplants. More than 140 people have since died while waiting for new organs. In view of this shortage, the Ministry of Health is in the midst of proposing amendments to the Human Organ Transplant Act 1987 (HOTA) so as to create a better supply of organs available for transplantation to patients. The table below summarizes some of the key issues.

Current HOTA	Proposed Changes to HOTA
Only kidneys from accident can be used for transplantation unless the person had earlier opted out of this system. o Applies to all Singapore Citizens and Permanent Residents between 21 and 60 years of age (with the exception of Muslims).	Inclusion of non-accidental deaths victims who are brain dead o Death from medical conditions o Estimated increase in the number of available kidneys for transplantation by 24 each year. Inclusion of livers and corneas o In view of a shortage of suitable cadaveric livers available for transplantation and urgency of transplants within a short period of time for survival. o Increase in the local availability of corneas so that reliance on corneas from overseas will be reduced and the quality of corneas for transplantation can be improved. Regulation of living donor organ transplants o Ethical issue about abuse of this option for organ trading is to be addressed. o Concerns regarding endangering of donor's health

(Source: Proposed amendments to the Human Organ Transplant Act (HOTA), Ministry of Health)

Health Care – among the top issues in public feedback

According to the feedback received by the Feedback Unit of the Ministry of Community Development and Sports, health care is one of the top 5 issues that the public is concerned about. The people expressed sentiments that they expect the public hospitals to concentrate on providing basic healthcare.

(Source: Feedback News, January 2003. Quarterly Newsletter of the Feedback Unit)

List of the medical schools recognised for registration up by three-fold

The Ministry of Health (MOH) has announced that with effect from 14 March 2003, the list of recognised foreign universities and medical schools in the Schedule of the Medical Registration Act (MRA) will be revised to 71 institutions, a three-fold increase from the original list of 24. For more information about the new list of approved schools, visit the MOH website www.moh.gov.sg.

(Source: Revised schedule of the Medical Registration Act, Ministry of Health, 7 March 2003)

Medical Council reforms in the UK

The General Medical Council (GMC) of the United Kingdom is undergoing major reforms and a draft order for legislation had been laid before the parliament. Among other things, the reform seeks to create a smaller and more efficient Council; quicker and simpler procedures; greater lay representation and link registration to performance through the introduction of a license to practise, which is in turn tied to re-validation. GMC President Sir Graeme Catto said that the reforms are on schedule and will result in a more accountable, efficient and effective GMC. UK Health Minister John Hutton said that there is growing pressure for reforms in the regulating bodies. He also said that the proposed changes signify progress in the modernization of professional regulation.

(Source: GMC News Issue December 15, 2002)

UK doctors' working hours to be reduced

Under the requirements of the European Working Time Directive (EWTD), National Health Service hospitals will follow guidelines to reduce the working hours of trainee doctors to a maximum of 58 hours a week on average. Trainees will spend less time on call at hospitals but will provide emergency cover for more patients than at present.

Besides requiring junior doctors to work fewer shifts, legislators have also called for hospitals to make better use of other healthcare workers. These changes will enable trusts to comply with the EWTD. 19 pilot schemes in hospitals across England are currently in the pipeline to identify ways trusts can comply with the new rules. The Department of Health has also published guidelines to help the NHS adhere to the directive so that other healthcare workers could be used more efficiently and information technology could improve working practice. President of the Academy of Medical Royal College, Peter Hutton said: "The European Working Time Directive was introduced to improve the working lives and safety of the workforce."

(Source: BBC News January 3, 2003)

More GPs in England intent to quit

A national survey of job satisfaction and retirement intentions among 1949 general practitioners published in the recent issue of British Medical Journal (BMJ) has highlighted an important issue: one in five GP's in England intend to quit. The proportion of general practitioners under 65 years of age who intend to quit direct patient care within the next five years has risen to 22% in 2001, up from the 14% who expressed such intentions in 1998. Decreased job satisfaction appeared to be the most important factor contributing to this rise, as GPs encounter difficulty in adapting to the changes of the organisation/governance of general practice, longer working hours, demanding patients and mounting paperwork.

(Source: British Medical Journal, January 4, 2003)

GPs pay raised by up to 50%

If the new contract between the British Medical Association (BMA) and National Health Service Confederation (NHS) comes through, British doctors may be in for a pay rise of up to 50%. The contract, which increases spending on general practice to £8bn a year by April 2006, will result in a 33% rise in investment in primary care over the next three years. Both BMA and NHS Confederation believe that if successful, the contract would be able to solve recruitment and retention problems in GP practice.

According to the Chairman of BMA's General Practitioners Committee John Chisholm, family doctors can provide any one of the 3 options: essential/basic services, additional services like childhood vaccinations and cervical screening, or enhanced services that encompass areas such as minor surgery and improving access to patients. Doctors who provide enhanced services will be able to enjoy the greatest increase in their pay, compared to those who only provide essential or additional services.

British Health Minister, John Hutton, said that for the first time, GPs' pay will be dependent on the quality of the services they provide. Hence, the more NHS work they do, the higher their rewards will be. There is therefore an incentive for GPs to treat patients in the community rather than referring them to hospital.

(Source: British Medical Journal March 1, 2003)

More Asian-American women to join the US medical fraternity

The number of Asian-American women who enrolled in US medical schools has increased by more than 50%, bringing their population to 5994 medical students, up from 3928 in 1992. This group of doctors form the second largest segment of women after White-Americans to join the medical profession and they are rapidly gaining in strength, acceptance and political savvy. Factors that count towards these Asian-Americans' decision to join the medical profession include parental pressure, the tendency to accord high prestige/respect to higher education especially in maths and science and the Asian family value of the need to do their parents proud.

(Source: amednews.com - The Newspaper for American Physicians, March 10, 2003)

Remembering Dr Peter Wong 1971-2003

It is with a heavy heart that I inform you about the tragic death of a dear friend and colleague: Dr Peter Wong

On Sunday evening I received a call from Peter's wife, Sherlyn. She was extremely distraught and in tears. After she calmed down a bit, I managed to find out that that Peter had been involved in a serious car crash. My composure totally disrupted. I finished the rest of my clinic and rushed down to the hospital where he was. Alas, I was too late.

I was stunned by the suddenness of the event. He is taken away from us just like that. Even in my sadness, I can only imagine the grief that his family is going through. A father, husband, brother and son has been lost. His 6-month-old daughter, Megan, will never know her father.

Peter was my CG mate and friend. He was a responsible and dependable guy who was always willing to lend a helping hand. He was generous and good-natured, sometimes to a fault. Although we studied and worked hard, he was always game for an outing or a midnight movie, followed by roti prata, on the weekend. He loved to travel and would plan his holidays meticulously. To a person like me who tends to leave planning to the last minute, he was the best companion. He was never verbose or particularly articulate, but one could tell that he loved his wife and daughter with a passion. He was willing to sacrifice so much for them. He would work extra hours to provide for them, but would still volunteer to get up in the middle of the night to help feed his baby daughter almost every day. I always thought of him as an inspiration to aspiring fathers. He was a good conscientious doctor who was well-liked by his patients. In fact, a few of his patients cried when they found out he had passed away. Now his dream of starting his own GP practice will never be fulfilled.

Goodbye Peter, we will remember you.

Dr Kieron Teoh

It is with much sadness that I write this short note. On the morning of 10th February, I received a telephone call that announced the shocking news. It was Peter's wife on the line. I listened in disbelief as she struggled to get the words out. Our colleague and dear friend, Dr Peter Wong, had passed on in a car accident on the evening of 9th February 2003.

I remembered the grief that enveloped the entire clinic that day. News of his death caused tremendous pain for the colleagues and the sorrow was evident in the eyes of each and every one of us. The mood was sombre and we spoke little. Many of the staff from the clinic expressed that thoughts of Peter were constantly in their minds. This grief has affected us so greatly that many of us had great difficulty coping with the day's work. Patients who had been under Peter's care were stunned and some even wept openly at the clinic upon hearing the tragic news.

I first got to know Peter when he joined IOH Polyclinic about two years ago, not long after I was posted there. During the short period that I have known him, he struck me as being warm and admirably composed. Throughout his stint at IOH, he had demonstrated wholehearted commitment to the clinic with his participation in clinic projects and outings.

As a trainee in the GDFM (Graduate Diploma in Family Medicine) Program, he displayed keen interest and good clinical sense. Most important of all, Peter had shown equal care and concern to both his patients and colleagues.

Dr Peter Wong's demise has been a great loss to our clinic and the fraternity of Family Medicine in Singapore. It is, most of all, an irreparable loss for his wife and his six-month old baby girl.

Peter's sudden demise struck me about the frailty of life, the reality and inevitability of death and the great pain of a dear one's loss that only time can heal. Our hearts go out to his family and loved ones who bear the greatest burden of this pain. We will fondly remember his presence, all the bantering and the goodwill that we have shared in the short time he spent at IOH Polyclinic.

Dr Mark Ng Wai Chung

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The Council and members of the College of Family Physicians Singapore convey our heartfelt condolence to Sherlyn and Megan, wife and daughter of Dr Peter Wong on their bereavement. Peter is a dedicated family physician. We have lost a colleague and a comrade.