



The College Mirror

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College Art Gallery



"Roses" by Dr Earl Lu, From College Art Collection

College of Medicine Building
16 College Road #01-02 Singapore 169854
Tel: (65) 62230606 Fax: (65) 62220204
Email: collegemirror@cfps.org.sg

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Convocation 2003

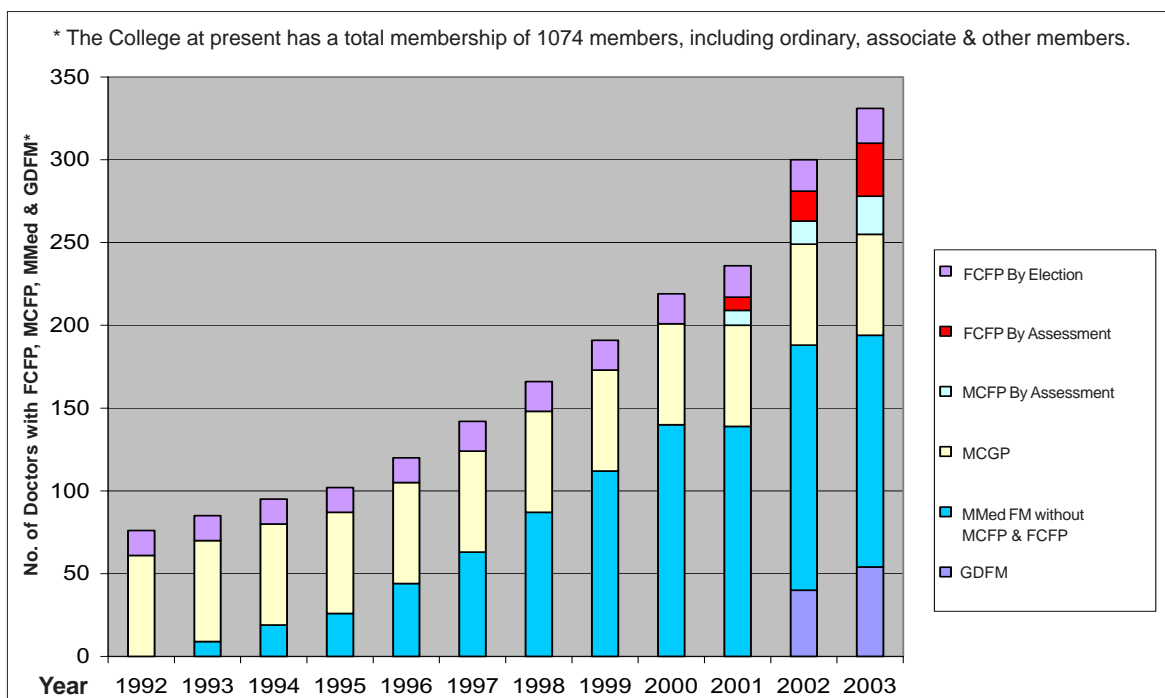


Family Medicine (FM) Convocation 2003 held on 16th November 2003 had a record 28 doctors who were conferred Collegiate membership and Fellowship on completion of their advanced FM training. The significant increase in vocationally trained Family Physicians (FPs) has achieved a critical mass of teachers and trainers to further train a larger number of FPs for our nation. (see chart below)

A/Prof Cheong Pak Yean, President of College in his welcome address announced three College initiatives to further enhance the critical mass of capacity and capabilities. Firstly the web-base e-learning would be integrated into the FM Training programmes as from next year (Page 4). Secondly, special interest groups on elderly care and mental health have been formed to hone clinical skills in these special areas (Pages 6 & 7). Thirdly, to increase recognition of those who have undergone FM training, the College has developed the patient education series "Doctors for Life" (Page 11) and has permitted the College Crest to be used on the frames of College diplomas and on College insignias to be worn (Pages 12 & 13)

The keynote address was delivered by the Guest-of-Honour Dr Lily Neo, chairperson of the Government Parliamentary Committee on Health and Member of Parliament. Dr Neo outlined the roles that FPs can play in preventive, long-term and step-down care in the context of the whole healthcare system (Page 5).

Two respected Family Physicians, Dr Tan Cheng Bock and Dr Arthur Tan Chin Lock were conferred Fellowships by election for their outstanding contributions to FM and to society at large. The convocation ceremony and dinner held at the Orchard Hotel was attended by 300 FPs and their friends and families.



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Walk the Talk

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

Dr Lily Neo, Chairperson of the Government Parliamentary Committee on Health in her keynote speech in the FM Convocation 2003 outlined the roles that Family Physicians (FPs) can play in preventive, long-term and step-down health care in the context of the whole healthcare system (Pg 5). The Acting Minister, Mr Khaw Boon Wan defined the qualities of a good general practitioner in these areas in a Straits Times interview (ST Pg 6, Aug 26 '03 & quoted in the previous issue of the College Mirror pg 3).

Does Singapore have the critical mass of capacity and capabilities of good well-trained FPs to make an impact on our healthcare system?

The College has trained a large number of doctors in recent years. Certainly, there are some FPs in practice who did not have the opportunity of formal postgraduate training but nevertheless doing good clinical work in the community. To make a significant impact however, there is an urgent need for

Singapore to further train a larger number so that most, if not all clinicians who are not on the MOH specialist register are well trained and equipped to play the roles envisaged by the policy-makers.

In recent years, the College has struggled under severe conditions to develop the training infrastructure. Many College members have sacrificed their time to develop courses and teach. We have now close to 400 vocationally trained FPs. A training cascade has been developed where those trained teach those one or more levels below right to undergraduate level.

We need to recognize the capabilities of these trained doctors by providing the opportunity for them to play the enhanced role. This mindset change can be achieved by reforming administrative structures, by appropriate funding of professional development, subvention of services and by patient education.

It is now the time to *walk* the talk.

19th Council 2003 - 2005

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Editor's Words

From the Editor's Desk

As the year draws to a close and year 2004 beckons, it is a time for reflections. In Charles Dickens' classic tale of human redemption, *A Christmas Carol*, the Ghosts of Christmas Past, Present and the Future takes Ebenezer Scrooge through his life, finally to bring about renewal, joy and hope.

College Mirror takes a leaf from its pages and attempts a look at the College Past, Present and Future.

College Past in **Down Heritage Trail** tells of the Singapore- Australian connection leading to the founding of the College of General Practitioners, Singapore in 1971.

College Present sees a growing pool of GPs committed to vocational training and continuing education. The recent **Convocation** ceremony saw more graduates of the Diploma and Masters programme as well as new Collegiate Members and Fellows

added to the fold. Formation of two **Special Interest Groups (SIGs)** - Mental Health and Elder Care in College is in line with the call to enhance the role of the GP.

College Future include the less explored yet important areas and challenges such as the **GP and Research**.

Taking an honest look at ourselves past, present and future, there can be renewed spirit and hope for a bright era for Family Medicine and ultimately for better patient care and health care in Singapore.

Finally, as Tiny Tim observed, "God bless us, Everyone!" A toast to blessed times with family and friends this season, good health and success in the New Year!



A Christmas Carol Online <http://www.stormfax.com/dickens.htm>

Ong Jin Ee

Dr Ong Jin Ee
Editor of The College Mirror



The 19th Council & Editorial Board wish all doctors & their families a Merry X'mas & a Happy New Year



Lights! Camera! CME!



Cinemedicine may be the new catch phrase in the coming years. Clinical situations are dramatized and filmed. The material is then used to train doctors to handle clinical situations where communication skills are an important ingredient of a good outcome.

"You can get a patient with a cardiac murmur or a palpable liver to test a trainee on psychomotor skills. It is more challenging to test a candidate's ability to communicate and handle difficult situations," said Dr. Lee Kheng Hock, Project Director of the CFPS E-learning program.

"Simulations are often not realistic so we hit upon the idea of using actors to dramatize a consultation. The participant is then presented with a series of options, each of which will lead to different outcome. It is like a world of parallel reality which unfolds according to the choices we make."

"There are some limitations as we do not have a full fledged game engine and resources are limited.

However I foresee that it is only a matter a time before someone would adapt a computer game platform into a medical training program. If only we had the resources..."

Nevertheless, the prototype multiple outcome multimedia structured clinical examination (MOMSCE) that the elearning team at the College had come up with is quite impressive. They have engaged award winning Film Formations to do the video dramatization. Film Formations is a local video production house that had produced well-known local TV dramas such as *Altered Asians*, *Restless* and *Brothers Four*.

Mr Lee Chang Yong, the Managing Director of Film Formations, was rather amused when he was first approached to work on the project.

"We had done many shows involving doctors and patients but they

were all fictional and often done with a large dose of artistic license. So this time we had to really do it as close to real life as possible. I think this is a very interesting development where art, science and education all come together to produce something useful that will help doctors and patients."

The new section will appear in Module 2 of the e-learning program and is now ready.

So remember to tune in, or rather, click on ...

<http://www.onlinemedlearning.org>

Video filming In progress



Launch of E-learning website

The College e-learning website was officially launched at the Convocation 2003 ceremony. Mr Francesco Della Casa, Senior Manager from the Infocomm Development Authority "pushed the button" that officially activated the website.

The College would like to express our appreciation to the Singapore Medical Council and the Infocomm Development Authority for the support and encouragement that moved the e-learning project from the drawing board into cyberspace.

Module 2 of the E-learning program is now ready and it is still FREE!

Go to www.onlinemedlearning.org. To subscribe, please email to elarning@cfps.org.sg with subject header: "Register for onlinemedlearning.org"

Please include the following information:

- FULL NAME as in the SMC register
- MCR Number
- Email address

A password will be given to you.



Launch of Elearning website by Mr Francesco Della Casa of IDA

GP's roles in preventive, long-term & step-down care

Dr Lily Neo, Chairperson of the Government Parliamentary Committee on Health and Member of Parliament gave the keynote address as Guest-of-Honour at the FM Convocation 2003. The College Mirror provides a brief report on aspects pertinent to General Practitioners (GPs). The full text of her speech would be published in the Singapore Family Physician.



In her address, Dr Neo said that she has 'no doubt that good primary healthcare should be prioritized in the healthcare system for Singapore. Primary healthcare provides for convenience and affordability to the population that is so essential in our continuing pursuit to contain our healthcare cost escalation. "She believes that to achieve a good and affordable healthcare system, we should keep our population healthy and the elderly independent for as long as possible. We should also ensure that the healthcare services are utilised appropriately." She added that "GPs are most befitted to facilitate us to achieve that healthcare system by their roles in preventive, long-term healthcare and step-down care".

PREVENTIVE HEALTHCARE

Dr Neo noted that GP clinics are geographically well located, GPs' fees affordable, they deliver competent healthcare and have close rapport with their patients. As such she felt that "involvement of the primary care doctors in preventive care will be the way to go in promoting this important area of healthcare because they are looking after 80% of patients at this level of care". She added that "The Ministry of Health (MOH) should prioritize harnessing our doctors in both the private and public sectors and have an integrated effort towards enhancement of preventive healthcare". She provided some examples on how this could be achieved.

LONG-TERM HEALTHCARE

Dr Neo pointed out that Singapore population is ageing and that "a recent NUS/IPS study commissioned by MOH indicates that Singapore's national health expenditure, at the current level of health servicing, will rise to 7% of GDP by 2030" from the present 3% as the elderly would constitute 20% of the population. She observed that "Our current healthcare system has been very much orientated for a young population" and "We have to be more pro-active to meet the needs of a 'mature population' in the planning for long term healthcare."

"GPs are most befitted to facilitate us to achieve that healthcare system by their roles in preventive, long-term healthcare and step-down care"

- Dr Lily Neo

She noted that the "GP's involvement is crucial to enable the chronic ill patients to stay in the community as much as possible. Upon this basis, it is necessary to ensure that those with diagnosed chronic diseases can get their regular long-term medications. Good control of chronic diseases will prevent disabilities that need more hospitalizations, inconvenience to patients and their families and higher costs." She then elaborated on the ten basic tenets of long-term care.

STEP-DOWN CARE

Dr Neo noted that "Since voluntary groups run the majority of our nursing homes, the government may have to review the present

method of funding to make it easier to encourage more voluntary groups to build more and reduce our shortfall. Some of our present sharing of running costs and the capital sharing by government may have to be reviewed as well." She went on to talk about the "training of more healthcare professionals and other informal caregivers for the elderly. Training in geriatrics for doctors has to be accelerated and the opportunity for such training must be extended to all doctors."

Under step-down care, GPs can play a bigger role for example in the area of rehabilitation. Other relevant therapists are also needed to provide comprehensive assessments, followed by implementation of individual care plans"

She pointed out that "Our homecare services are almost non-existent at present. We need to make this service available quickly in order to lessen the need for high cost stay in the tertiary institutions, especially the acute hospital." And the need

for "Effective rehabilitation" which "has to be purposeful with the involvement of a number of agencies and disciplines" and readily available.

Dr Neo concluded by outlining two issues that she has raised in Parliament. The first is the concept of "health risk pooling" through insurance as (a risk-transfer mechanism) may be better than plain dependence on savings alone. The other is the "need for both public and private sectors to come together, preferably through integration" to realise Singapore as the regional Medical Hub. Hopefully, there is the will and the tenacity to see to it that we succeed before it is too late.

College Special Interest Groups

Special Interest Groups (SIGs) were announced at the FM Convocation 2003 to enhance the clinical skills of family physicians. Drs Tan Yew Seng and Tan Boon Yeow, chairmen of the mental health and elder care groups respectively provide overview of activities.

Mental Health SIG

Dr Tan Yew Seng
Chairman, Mental Health SIG &
Member of 19th College Council
tan_yewseng@pacific.net.sg



What is mental health and how to attain mental health?

Research has begun to uncover some genetic, biochemical and neuro-structural basis for disorders like obesity and depression. In spite of this, lifestyle and problems of living issues are still equally important processes in such diseases.

These are but two of the many ailments with the psychological and social ramifications that present to the family physician. The others include affective conditions such as anxiety and depression, behavioral conditions such as smoking, substance/alcohol abuse and eating disorders, poorly defined entities like "stress of daily living" and inevitable responses to medical illnesses in particular chronic illnesses like diabetes mellitus.

Collectively, these conditions can be construed as "psychosocial or emotional burden" of our patients in family practice.

It is only when we actively address these various forms of "mental unwellness", and not just the well-defined ones, that we will be able to help our patients attain "mental health". The term "mental health" is used here in its broadest sense, and admittedly is neither precise nor elegant. The concept is perhaps better conveyed and accepted in its

negative definition as a state of "absence of mental illness or distress".

Pharmacological management is frequently an incomplete treatment for these ailments. Even if the 'perfect drug' exists, the very psychological and social processes in these conditions will confound whatever effectiveness claimed by the drug companies or drug trials.

"that by far the most frequently prescribed drug in general practice is the doctor himself"

- Prof Michael Balint

The missing component can be found in the words of the renowned psychiatrist and psychoanalyst Professor Michael Balint, fifty years ago – "that by far the most frequently prescribed drug in general practice is the doctor himself". The skillfulness of the doctor in the doctor-patient interaction has to be an inseparable part of the treatment package.

The College of Family Physicians is thus forming a Special Interest Group on Mental Health. We hope to eventually expand into a larger program to achieve the following:

1. To promote interest among FPs in managing socio-psychological conditions in general practice.
2. To empower FPs with the necessary knowledge, skills and attitudes to deal effectively with socio-psychological issues in the clinic setting, within the time constraints.
3. To create a conducive environment for practice of bio-psycho-social medicine.

These goals are derived from an approach that encompasses "Person (awareness, knowledge), Skills (practice), and Environment (conducive setting/infrastructure and acceptable care pathways)". Hence, one will know "what to do", "how to do" and "the best place and way to do". The proposed tasks of the interest group will include education, facilitation, development of care network/pathways, and personal development of its members.

The Family Medicine Grand Round on Mental Health on 6th January 2004 will inaugurate the group. Other events planned are skills courses,

workshops, and small discussion groups. The emphasis will be on mental health topics relevant and practical to the FPs. They include counselling and communication skills, psychological techniques and strategies. We welcome comments, contributions, ideas and feedback from you.

WONCA 2004

Plan now to be a part of this historic event by attending the 17th World Conference of Family Doctors (WONCA 2004) in Orlando, Florida; USA October 13-17, 2004. It will be the opportunity to network with your colleagues from around the world while providing an unforgettable experience!

Go to www.wonca2004.org for more information.

College is organizing a delegation for members attending. Please contact Minfen of College Secretariat tel 62230606 to indicate interest.

Elder Care SIG

Dr Tan Boon Yeow
Chairman, Elder Care SIG &
Fellow by Assessment 2003
tanby@slh.org.sg



The Need

As we are all aware, our nation faces a potential crisis in physician expertise to care for our ageing population. The baby boomers, persons born following World War II between 1946 and 1964, begin to turn 65 in 2011. By 2030, there will be about 800,000 or 19% of the population that will be aged 65 years and above.

The most striking demographic trend in Singapore this century has been the increase, in both relative and absolute terms, of elderly people in the population. Within the elderly population, the greatest expansion is among the very old. As the prevalence of disease and disability increases with age, elderly people place a disproportionate demand on the health care system. This demand on health resources will increase dramatically in the decades ahead. Elderly people also constitute an increasing proportion of the family physician's workload. Overseas data¹ show that family physicians can anticipate in 2020 at least 30% of their outpatients, 60% of their hospitalised patients and 95% of their nursing home and home care residents to be individuals aged 65 and older. (This study was conducted in USA where the population of elderly above 65 is poised to grow to about 20% of their population in the year 2030 which is similar to Singapore) Well-trained family physicians, along with general internists and geriatricians, are essential to provide primary care to the future generations of older adults.

Our Role

It is with the above in mind that College of Family Physicians Singapore has initiated the set-up of a Special Interest Group in Eldercare. The role of such a group will include:

a. Generating interest in the care of the elderly as well as promoting the

awareness of the needs of this subgroup of the population.

b. Increasing the capacity of the family physician to care for the elderly by empowering them with the appropriate knowledge, skills and attitudes.

c. Improving the quality of care provided by family physicians as a result of achieving the above two objectives.

Proposed Tasks

It is proposed that the special interest group will bring together a core group of family physicians with interest and passion for the care of the elderly. This group will co-ordinate and organise skills course, seminars and be responsible for a quarterly update of topics relating to the care of the elderly at the Family Medicine Grand Rounds. It is envisaged that with time, the group could also initiate/co-ordinate research and even validate assessment tools for the elderly, especially for use in the local primary care setting.

1st Eldercare SIG meeting will be held on the 16th Jan 2004 (Fri) at 5:15pm at the College Lecture Room, COMB (MOH) Building. All family physicians interested in being part of this SIG are most welcome to attend this meeting as we formalize the roles and activities of this SIG.

Conclusion

Caring for older adults is in harmony with the core values and future directions of family practice. Since its inception, the discipline of family medicine has prided itself in the care of the whole family. If family practice is going to fulfill its promise to care for patients in the context of the family, then the care of the elderly needs also to be emphasized. This, together with the exponential rate of growth of elderly population in the nation, makes it imperative that we make special effort to develop the medical expertise in the care for this subgroup of the population. I would encourage my fellow family physicians to consider the above proposal and participate either by being part of this special interest group or joining in the activities that would soon follow.

Family Medicine Grand Round

First Tuesday of the month

Time: 5:15 pm to 6: 45 pm

Venue: College Lecture Room, COMB (MOH) Building

All Doctors welcomed. Free admission. One Core FM CME point.

Date: Tuesday, 6th January 2004

Theme: "Symptom and Disease Attribution in Family Practice"

Chairman: Professor Kua Ee Heok, Senior Consultant Psychiatrist

Outline: Three short cases would be presented on how mental problems may be attributed by patients to common symptoms like fever, chest pain and heart diseases.

Presenters/Discussants:

Dr Dixie Tan & Dr Tan Yew Seng
Dr Dixie Tan, a cardiologist, underwent a one-year course in the Institute of Psychiatry in London for family therapists. Dr Tan Yew Seng, a family physician has a Graduate Diploma in Psychotherapy NUS and incorporates psychotherapy as part of his practice.

Date: Tuesday, 3rd February 2004

Theme: "Treatment Resistant Depression in the Elderly"

Outline: The concept of treatment resistant depression in the elderly will be discussed with illustration of cases encountered. Various therapeutic measures including the use of different classes of antidepressants as well as other treatment modalities will be also explored.

Presenters/Discussants: Dr Tan Boon Yeow / Dr Francis Ngui

Dr Tan, family physician with a special interest in community geriatrics, recently underwent a year and half clinical geriatric attachment in Australia, as well as completion of a Masters in Medicine (Geriatrics), UNSW. Dr Francis Ngui is a consultant psychiatrist with special interest in geriatric psychiatry. He is also the president of the Singapore Psychiatric Association and medical director of Adam Road Hospital.

Both Dr Tan and Dr Ngui had the privilege of training under Professor Edmond Chiu, a world-renowned psychogeriatrician in Melbourne, Australia.

Interview with Graduands 2003

College Mirror spoke to Dr Sharon Kaur and Dr Rachel Gwee who recently completed their Graduate Diploma in Family Medicine and Masters in Family Medicine respectively.

The GDFM started in 1999, is a two year vocational training programme for GPs. There were 17 candidates this year with 14 completing it successfully. The MMed(Family Medicine) since 1993 is a rigorous programme culminating in long and short cases examinations covering the breath of Family Medicine. 20 MMed(Family Medicine) trainees from polyclinics and private practice took the exams with 15 passing this year. With the current batch of graduates, there are now 195 GPs with MMed(FM)/MCFP and 70 GPs with GDFM.

Dr Sharon Kaur Minhas is Book Prize Winner of the Graduate Diploma in Family Medicine while Dr Rachel Gwee is Gold Medallist, Masters in Family Medicine for year 2003. We caught up with them in between their busy polyclinic patients to do an interview with College Mirror.



(Top-Bottom) Dr Sharon Kaur & Dr Rachel Gwee at Convocation '03

CM:
Could you tell us something about yourselves?

Sharon:
 I graduated from NUS in 1994. Subsequently I went through postings of A&E, paediatrics, anaesthesia, palliative care medicine and school health services. I have enjoyed my postings and they have given me invaluable experience and exposure to the wide field of medicine. Currently, I am practising at Ang Mo Kio Polyclinic. I am married and have no children yet.

Rachel:
 I graduated in 1998 from the Royal Free Hospital, University of London. Missing home, I decided to return to Singapore to do my housemanship. After the first year and newlywed, my husband and I applied for our traineeships - he in internal medicine and myself in family medicine. I then enjoyed various postings in internal medicine, otorhinolaryngology, paediatrics and O&G in my first two years of traineeship.

The wide scope and variety of clinical exposure and experience is something I still draw on in my everyday practice. Then in my

second year of traineeship, new challenge...I discovered that I was expecting. My son was born in January 2002 so he is a year plus now.

CM:
You both chose to pursue careers in family medicine...so let's hear from both of you. Sharon, what made you decide to do the Graduate Diploma in Family Medicine? And for Rachel, why did you choose Family Medicine as career path rather than specialising?

Sharon:
 Well...it was continuing education. I wanted to improve myself, upgrade my medical knowledge and keep abreast with current practices so as to ultimately serve my patients even better.

Rachel:
 It started way back as a fourth year medical student... I found the one-month posting I had at a GP practice in London, the most enjoyable amongst all my student postings. It was really challenging.. how one does not know who and type of patient that will step next into the consulting room. I discovered the spectrum of cases a general practitioner had to deal with. It ranged from common respiratory illnesses, chronic illnesses to

psychiatric, psychological problems and life issues. I was struck by how my tutor managed her cases using her understanding of her patients' families. I learnt how a recent bereavement in the family can affect another family member's health ...

In early working years, I concluded that hospital medicine was not my cup of tea. While one has an adrenaline rush dealing with acute life-threatening emergencies, clinic work suited me more. This was confirmed once I started my final polyclinic year! I was happiest in my polyclinic when I got a chance to follow-up my very own patients!

CM:
It is always a challenge to balance studies with work...family life...extra-curricular activities. What factors contributed to you doing well...who were the people who encouraged or spurred you on?

Rachel:
 My mentors and friends who encouraged me and cheered each other on after each "depressing" tutorial when we discovered our gaps in knowledge and skills.

My family especially my parents and parents-in-law who looked after,

◀ Continue from Pg 8

watched and showered my son. So he did not get a chance to feel neglected as his mummy was always returning home late from tutorials!

Most of all, my husband who supported by coaching, bearing with unreasonable moods, and believing in me through the MMed journey.

Sharon:

Yes, have to agree... It could not be my efforts alone. Words cannot express the gratitude I have towards tutors who shared with us, never hesitating to spend extra time coaching us and encouraging us.

Of course what also really helped...I felt that the GDFM course was conducted in a very structured manner and certainly catered to the busy GP and was conducted at a comfortable pace over 2 years.

CM:

You obviously enjoyed the learning experience. So what was your greatest gain?

Sharon:

I gained from the Saturday afternoon workshops where we had to discuss problem-oriented case studies. The scenarios presented to us were reflective of the cases we encounter in daily practice. We were made to put on our thinking caps and solve cases in a systematic manner. The holistic approach to patient care which is the core of family medicine was seamlessly incorporated. Never forgetting the patient's ideas, concerns and expectations.

I also felt that the small group tutorials were absolutely fantastic! Our tutors imparted gems of knowledge. It gave me the opportunity to clarify my doubts and picked up practical tips along the way.

Rachel:

For me... my year at Woodlands polyclinic as a final year trainee was the best. Whilst we learnt much through exposure in hospital

postings, now we were the trainees in our chosen field. Tutors were asking us for our needs and tailoring the teaching to us. Our mentors and trainers were approachable and encouraging. I learnt daily through discussions about difficult cases and also through following up my own patients. Developing rapport with my patients and seeing them improve was most fulfilling to me.

CM:

But let's be real, there must have been stressful moments during your course?

"I hope to see a growing appreciation by the public and colleagues of the unique roles that family physicians have. That we can work closely as team of healthcare providers in primary, tertiary or domiciliary care, for patient benefit."

- Dr Rachel Gwee

Sharon:

I guess the most difficult and stressful part of the whole course was the preparation for the exams itself! ... because the topics covered in family medicine is very wide-ranging! However, the mock OSCE helped as it prepared me on what to expect during the real thing.

Rachel:

Hmmm... the "low points"... the beginning of revision for the MMed examination! I didn't know where to start - the theory or clinicals, long or short case preparation, paediatrics, surgery, O&G or internal medicine?! The scope was daunting.

CM:

So Sharon, would you recommend this GDFM course to fellow doctors?

Sharon:

Certainly. It is comprehensive, well-designed, highly applicable to our daily practice.

It is also an excellent opportunity to exchange ideas, clarify uncertainties and share experiences to improve patient care and ourselves.

CM:

Question for Rachel, having a busy polyclinic practice, do you think you

will be able to apply what you have learn in MMed?

Rachel:

The challenge for us in the polyclinics is how to make the best use of the limited consultation time. The skill of prioritising is still something I struggle to practice and improve on. Effective communication and picking up on the cues, verbal or non-verbal, that our patients drop, is also key and helps hone in on the real agenda. I try not to be pressured by heavy workloads and see "numbers" alone.

CM:

Any future plans? What do you look forward to see in yourself or the family medicine fraternity in the future?

Rachel:

I hope to see a close knit fraternity- the kind of camaraderie and willingness to learn from each other. Like in the MMed(FM) course experience. I'd love to attend another course like that with fellow colleagues - minus the stress of cramming for the examinations!

I hope to see a growing appreciation by the public and colleagues of the unique roles that family physicians have. That we can work closely as team of healthcare providers in primary, tertiary or domiciliary care, for patient benefit.

Sharon:

Yes, I am inspired and intend to continue my professional development. I am currently enrolled in the NUS 2-year part-time FM Masters programme and plan to take the Masters Examination in 2005 (more stress!)

Yes, and I would like to wish my fellow and future trainees..All the very best in this enriching journey they have embarked on !

FAMILY PHYSICIANS
Doctors for Life

FCFP

What do these
letters after your
doctor's name
mean?

Your doctor is specially
trained & certified
in Family Medicine ...

A doctor with MMed(Family Medicine) may be conferred Fellowship of the College of Family Physicians Singapore (FCFP) by assessment. This means that your doctor:

- Has completed the training programme prescribed by the Ministry of Health, National University of Singapore(NUS) & the College and attained the postgraduate medical degree of Master of Medicine(Family Medicine);
- Has completed the two-year FM Fellowship Programme and was assessed to be worthy of being a leader and teacher in the FM fraternity;
- Was conferred the FCFP, which is registrable with the Singapore Medical Council as a postgraduate medical qualification; and
- Is recognised by the College as being trained to practise the medical specialty of Family Medicine to the level of a Consultant Family Physician.

He/She provides
comprehensive, continuing,
preventive & personal care ...

Through his/her postgraduate training and clinical experience, your doctor practising as a Family Physician provides a wide range of medical services such as:

- Comprehensive Care - Care of conditions from minor ailments to more complex chronic illnesses. Some Family Physicians also perform office surgical procedures;
- Continuing Care - Long-term care of diseases such as asthma, diabetes mellitus, hypertension and other chronic medical conditions;
- Preventive Care - Consultations to help you stay healthy and prevent diseases by periodic health check-up, immunisation and counselling; and
- Personal Care - Individualised care for you and your whole family. Every Singaporean should have a Family Physician who best knows his/her medical conditions and needs.

He/She co-ordinates
your healthcare needs
to make it seamless ...

Your doctor co-ordinates your healthcare needs, integrating medical treatment received at times from hospitals/specialists with that provided in the community over time. Your doctor:

- Provides advice or referral to hospitals/specialists if needed and thereby keeping track of your medical problems whether as outpatient or in hospitals;
- Works with other Family Physicians who take care of patients in community hospitals, nursing homes and patients' homes to provide seamless medical care in the community;
- Helps you manage your healthcare needs in an appropriate and cost-effective manner over time; and
- Is your advocate, working together with you and other members of your family, children, adults and elderly - your doctor for life.



The Doctors for Life series of brochures is produced by the College for members to educate their patients. The FCFP and MCFP brochures were launched on 16th Nov' 2003. Brochures for other categories of members and other aspects of Family Medicine are planned.

FAMILY PHYSICIANS
Doctors for Life

FAMILY PHYSICIANS
Doctors for Life

MCFP

What do these
letters after your
doctor's name
mean?

Your doctor is specially
trained & certified
in Family Medicine ...

A doctor with MMed(Family Medicine) may be awarded the Collegiate Membership of the College of Family Physicians Singapore (MCFP) by assessment. This means that your doctor:

- Has completed the training programme prescribed by the Ministry of Health, National University of Singapore(NUS) & The College towards the Masters of Medicine in Family Medicine[MMed(FM)] Examination;
- Has attained the postgraduate medical degree of MMed(FM);
- Was conferred the MCFP, registrable with the Singapore Medical Council as a postgraduate medical qualification; and
- Is recognised by the College as being trained to practise the medical specialty of Family Medicine to the level of a Senior Family Physician.

He/She provides
comprehensive, continuing,
preventive & personal care ...

Through his/her postgraduate training and clinical experience, your doctor practising as a Family Physician provides a wide range of medical services such as:

- Comprehensive Care - Care of conditions from minor ailments to more complex chronic illnesses. Some Family Physicians also perform office surgical procedures;
- Continuing Care - Long-term care of diseases such as asthma, diabetes mellitus, hypertension and other chronic medical conditions;
- Preventive Care - Consultations to help you stay healthy and prevent diseases by periodic health check-up, immunisation and counselling; and
- Personal Care - Individualised care for you and your whole family. Every Singaporean should have a Family Physician who best knows his/her medical conditions and needs.

He/She co-ordinates
your healthcare needs
to make it seamless ...

Your doctor co-ordinates your healthcare needs, integrating medical treatment received at times from hospitals/specialists with that provided in the community over time. Your doctor:

- Provides advice or referral to hospitals/specialists if needed and thereby keeping track of your medical problems whether as outpatient or in hospitals;
- Works with other Family Physicians who take care of patients in community hospitals, nursing homes and patients' homes to provide seamless medical care in the community;
- Helps you manage your healthcare needs in an appropriate and cost-effective manner over time; and
- Is your advocate, working together with you and other members of your family, children, adults and elderly - your doctor for life.



Fellows-by-Election 2003: (L-R) Dr Tan Chin Lock, VP CFPS & Dr Tan Cheng Bock, Member of Parliament(MP)

Dr Lily Neo, MP & Guest-of-Honour & Dr Ong Seh Hong, MP(2nd from right) with College Fellows



Family Dinner Convocation 16 Nov



Ms Florence Leong receiving appreciation award for Bristol-Myers Squibb & Sanofi-Synthelabo Pte Ltd



Mr Francesco Della Casa from Infocomm Development Authority receiving appreciation award



New Collegiate Members who helped organised the dinner in photo taken with their wives (L-R): Drs Michael Yee, Gabriel Seow, Wong Ted Min & Wee Chee Chau



Guests at dinner



New Fellows Drs Colin Ngeow & Tan Boon Yeow with family & friends



MMed(FM)

Standing(L-R): Drs Hwang Siew Wai, Adrian Tan Kok Heng, Goh Tiong Jin, Wong Mun Chong, Tung Yew Cheong, Benjamin Cheah Soon Min, Jenny Tee Siow Fang, Chong Yeong Chern, Colin Tan Yong Hui, Chew Sze Mun, Stephen Tong Jia Jong.
Seated(L-R): Drs Lee Chiew, Ong Wah Ying, Lee Kheng Hock(Hon Secretary), A/P Cheong Pak Yean(President), A/P Goh Lee Gan(C-in-C), Drs Rachel Gwee Shou Yi, Karen Ho May San



New Collegiate Member, Dr Ong Jin Ee, MCFP & College Mirror Editor



Dr Joyce Seng (Fellow by Assessment 2003) & daughter



GDFM



Standing(L-R): Drs Teoh Tsu Ping, Kieron, Jason Yap Soo Kor, Lee Biing Ming Simon, Leong Choon Kiat, Somasundram Pushparanee, Murali Dharan, Wong Kin Chan, Mohamed Ghazali
Seated(L-R): Drs Helena Wong, Sharon Kaur Minhas, Lee Kheng Hock(Hon Secretary), A/P Cheong Pak Yean(President), A/P Goh Lee Gan(C-in-C), Drs Meenamnikai, Puvanendran Rukshini

Medicine Education 2003



19th Council

Standing(L-R): Drs Goh Jin Hian, Jonathan Pang Sze Kang, Matthew Ng Joo Ming(Hon Editor), Cheng Heng Lee, Tan Yew Seng, Lim Fong Seng, Tan See Leng
Seated(L-R): Drs Lee Kheng Hock (Hon Secretary), A/Prof Goh Lee Gan(Censor-in-Chief), A/P Cheong Pak Yean (President), Drs Arthur Tan Chin Lock(Vice-President), Yii Hee Seng(Hon Treasurer)
Not In Picture: Dr Wong Weng Hong



Fellows by Assessment



Standing(L-R): Drs Tan Kok Leong, Ee Guan Liang Adrian, Tan Kim Eng, Colin Ngeow, Cheong Seng Kwing, Tan Ngiap Chuan, Lee Soon Seng, Kwong Kum Hoong, Wong Tack Keong Michael
Seated(L-R): Drs Tan Boon Yeow, Seng Sheh Ling Joyce, Lee Kheng Hock(Hon Secretary), A/P Cheong Pak Yean(President), A/Prof Goh Lee Gan(C-in-C), Drs Soon Shok Wen Winnie, Pang Sze Kang Jonathan

FAMILY PHYSICIANS
Doctors for Life



Collegiate Members



Standing(L-R): Drs Loke Kam Weng, Lok Ying Fang, Koh Kheng Keah Philip, Tan Beng Teck, Tay Guan Yu Jeff, Yu Wai Hong, Ang Choon Kiat Alvin, Wong See Hong, Wong Ted Min, Seow Hoong Wei Gabriel
Seated(L-R): Drs Ong Jin Ee, Yee Jenn Jet Michael, Lee Kheng Hock(Hon Secretary), A/P Cheong Pak Yean(President), A/P Goh Lee Gan(C-in-C), Drs Wee Chee Chau, Shah Mitesh

FAMILY PHYSICIANS
Doctors for Life

Geevestown, Tapestry & Tasmanian Rain Forest - A Visit To Dr Richard Geeves FCFP(Hon)

By A/Prof Cheong Pak Yean President, CFPS and A/Prof Goh Lee Gan, Censor-in-Chief of CFPS

Thirty years ago on the 13th of April, Dr Richard Bank Geeves was conferred Honorary Fellow of the College together with the late Sir Gordon Arthur Ransome, Datuk (Dr) Lim Kee Jin and Professor Wes Fabb. Dr Geeves was recognized for his role as an External Examiner in the College Inaugural Diplomate Examination in 1972. He was then the Censor-in-Chief of the Royal Australian College of General Practitioners (RACGP).

After an illustrious career as the medical director of a home medical care service in Sydney, he retired in the late 1980s to Geevestown, a settlement started by his great-grandfather, an early pioneer farmer of Tasmania. The town is in the outskirts of Hobart, the capital city. Geevestown was traditionally the marketplace from where apples grown in large plantations in the Huon Valley were shipped down the river by barges to Hobart and thence to Great Britain. The apple trade collapsed with the advent of the European Common Market a decade ago. Controlled logging of the pristine primitive Tasmanian rain forest, salmon husbandry in the unpolluted waters and eco-tourism are now the main-stay of the local economy.

Dr Geeves invited us to his



Figure 2. A/Prof Goh and Dr Geeves with Tapestry

hometown when we attended the Annual meeting of RACGP in Hobart October 2003. Geevestown is a small town where every inhabitant seems to know each other and Dr Geeves, the town's namesake. Cars in the town do not have to be locked and you pay for bags of apples in stalls outside the orchards by putting money into unattended coin boxes (Figure 1). Dr Geeves lives in the house built by his great-grandfather, now lovingly restored. The house is a picturesque wooden house with a garden of pretty blooming flowers by a postcard lake.

He showed us a tapestry with the College Crest (Figure 2) on it which was presented to him by Prof BR Sreenivasan, the first President of our College during his 1972 visit. He has fond memories of his two-week stay in Singapore then as guest of the Sreenivasans and other founders of our College.

Photographs taken with Dr Wong Heck Sing and Mrs Wong (Figure 3) at that time are displayed in a collage on the wall of his study. The Singapore College Fellowship Diploma awarded to him thirty years ago is proudly displayed with his other professional diplomas and

awards at the landing upstairs, a bit of Singapore in Geevestown.

Dr Geeves remembers the late Prof BR Sreenivasan, the founder President of both the Singapore Medical Association in 1959 and the College in 1971 and also the first Asian Vice-Chancellor of the University of Singapore as an erudite gentleman well schooled in both Western and Eastern philosophies. 'Sreeni' brought him one morning to his clinic on the first floor of a shop house in Serangoon Road where he saw throngs of patients and in the afternoon to his town practice in Orchard Road with a well-heeled patient base. He was impressed that 'Sreeni' was equally at home in both practices.

Of Dr Wong Kum Hoong, the College first Censor-in-Chief, he remembers for the admonition "We must have STANDARDS". Indeed, even before Prof Wes Fabb and him had time to unpacked their bags on reaching Singapore, they were wished off to be 'examined' by Dr Wong Kum Hoong before they passed muster to be External Examiners.

We verified with Dr Geeves that his first encounter with Dr Wong Heck Sing was indeed across the garden fence in the backyard of Dr Wong's brother, Andrew in Sydney. Dr Geeves had just passed the RACGP examinations and arranged the



Figure 1. Honesty Box for apples



Figure 3. From L-R: Mrs Geeves, Mrs Sreenivasan, Mrs Pat Wong & Dr Wong Heck Sing

Commemorating 3 decades of close ties between the Australian and Singapore Colleges

- FRACGP(Hon) awarded to A/Prof Goh Lee Gan

In the 2003 Annual meeting of the Royal Australian College of General Practitioners (RACGP) in Hobart Tasmania, the close ties between the Australian and Singapore College were further strengthened.

A/Prof Goh Lee Gan, Censor-in-Chief of our College was awarded the Honorary Fellowship of RACGP (Figure 1) in the Convocation Ceremony on 9th October 2003. A/Prof Goh who is presently also the President of WONCA, the world organisation of family doctors for the Asian-Pacific Region was honoured for his outstanding achievements in the world stage and also for developing the close ties between the two Colleges. The last Singapore doctor to be so honoured by RACGP is a past president our



Figure 1. A/Prof Goh receiving the FRACGP from Prof Kidd

Royal College of General

College, Dr Wong Heck Sing, almost 30 years ago. The College and the FM fraternity congratulate A/Prof Goh on his conferment. A/Prof Goh also holds honorary fellowships from WONCA and the

Practitioners (RCGP).

Also honoured at the ceremony with life fellowships of RACGP were Prof Wes Fabb, past CEO of WONCA and Dr Richard Geeves(Figure 2) , past Censor-in-Chief of RACGP. Three decades ago in 1973, both Prof Fabb and Dr Geeves were conferred Honorary Fellows in Singapore for their contributions in building up our College.



Figure 2. From L-R: Prof Fabb, Mrs Fabb, A/Prof Goh, A/Prof Cheong & Dr Geeves

They were the external examiners sent by RACGP for the first Diplomate Membership (MCGP) examination conducted a year after the College was founded in 1971. Prof Fabb was also the MOH HMDP visiting expert for Family Medicine in 1988, external examiner for the Mmed examination on a number of occasions and lately, the external interviewer for the 2003 Fellowship exit interview. Dr Geeves visited the College earlier this year and was our keynote speaker at the launch of the 1st Family Medicine Skills Course on Home medical care.

When our College was founded, the RACGP not only provided advice but also presented the College with gifts of the Presidential Gavel (1971) and the Presidential Chair(1972). The

three decades of close ties between the two Colleges were marked by an exchange of gifts(Figure 3) between Prof Michael Kidd, President RACGP & A/Prof Cheong Pak Yean. President CFPS. Addressing the RACGP Council, A/Prof Cheong acknowledged the role of RACGP in the formation of our College, outlined areas of further co-operation and look forwards to even closer ties in future.



Figure 3. Gifts - Left: Pewter Vase to RACGP Right: Clock to CFPS

◀ Continue from Pg 14

meetings that led to the considerable role played by RACGP in the founding of our College.

With all these interesting snippets of the early days of our College, the hour-long drive to the Tasmanian rain forest certainly passed quickly. Dr Geeves was very thoughtful. Sensing that we may be weary after an overnight flight from Singapore, he asked the manager of the park to take us by motorized buggy up the hill from the park entrance. From

the top, we had a panoramic view of the forest before we trekked down the valley via steel suspension bridges hundred of meters above ground, walking on air so to speak on the top of the canopy of Tasmanian forest trees - the Huon Pine, Celery-Top Pine, Myrtle Beech, and the Stringybark Eucalyptus.

The quick tour took about 4 hours after which we returned to Hobart for the afternoon opening reception of the conference, convocation

ceremony and dinner that night. After a night's sleep we attended the joint Council meeting the next morning. We then boarded an over-night flight back to Singapore and went back to work straight upon arrival after a two-day absence.

We have not only attended the formal ceremonies in Hobart but were taken back in time to the founding of our College amidst the tapestry of the Singapore College Crest and rain forest of Tasmania.

Effective Medicine in Small Doses

1 Practice issues- The difficult patient with a hidden agenda and cautionary tale

- Dr Chia Tee Hian

35 yr lady consults for multiple unrelated complains of insomnia, eczema and backpain. Before she leaves she says, "By the way Doc, can you give me something to regulate my menses as it is delayed this month?"

She has history of tubal ligation 3 years ago and history of irregular menstrual cycle. She refuses a urine pregnancy test citing ligation. Moreover she has been separated from husband for 6 months and in midst of divorce proceedings. 10 days later, she returns with complains of lower abdominal cramps and bleeding per vagina. She agrees for a UPT and UPT is positive! She admits to being involved in a affair with another man. You suspect an ectopic pregnancy and refer her to A&E.

Tips:

1. History of tubal ligation does not exclude possibility of pregnancy in women of childbearing age presenting with amenorrhoea.
2. There is a significant risk of ectopic pregnancy in failed sterilization.
3. There was a hidden agenda to her consultation. The vehement response to the suggestion of pregnancy becomes understandable in light of later story of her affair.

3 Keeping good medical records - using rubber stamp as memory tool for maid statutory examinations

- Dr Henry Yeo

Doctors practice in good faith expecting maids to truth-tell and provide correct urine specimens. It is wise to keep good records in event they are called to defend their certification of maid statutory examinations. A rubber stamp with key information is helpful to prevent memory slip-ups. An example is illustrated below.

WP NO. _____	Contraception: No/Yes
Married/Single _____	regular / irregular
LMP _____	not palpable/palpable
Uterus _____	negative/positive
Urine _____	negative/positive
VDRL _____	negative/positive/NA
HIV _____	normal/abnormal/NA
CXR _____	
Clinic Nurse: _____	
Patient signature: _____	

Tips:

1. Useful information include Work Permit number, marital status and contraceptive use.
2. It helps to know which of your clinic staff attended to the maid and having patient sign works as a form of patient health declaration record.

2 Health supplements- Doctor, is omega-3 Fatty acid supplement good for my heart?

- Dr Seah Chiew Wan

Quick refresher: Omega-3 fatty acids are essential fatty acids. They cannot be manufactured by the body and obtained from food. There are 3 major types of omega 3 fatty acids: alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA). Omega-3 fatty acids decrease TG levels, decrease atherosclerotic plaque growth, decrease risk of arrhythmias and sudden death, decrease blood pressure (slight).

Tips:

- American Heart Association recommends:
1. Healthy people without documented coronary heart disease (CHD)
 - eat a variety of fatty fish like salmon at least twice a week
 - eat tofu and other forms of soybeans, canola, walnut and flaxseed and their oils.
 2. People with documented CHD and high triglycerides level
 - Take 1 to 4 grams of EPA + DHA supplements/ day.
 - Patients taking more than 3 grams of omega-3 fatty acids from supplements should do so only under physician's care as high dose can cause excessive bleeding in some people.

4 Home Care Supplies - Clueless over the cost of common home care supplies and rehabilitation equipments?

- Dr Ong Jin Ee

Having an idea of their cost helps you be aware of financial burden on caregivers and families caring for their handicapped loved ones.

Tips:

Adult Diapers (estimated cost per mth@ \$1 per pc & 5 pcs/dy)	\$150
Enteral Milk Supplements (cost per month) e.g. ENSURE® per can \$2 and 6 cans/dy	\$360
ENSURE® 1 kg tin powder \$22 and 2.5 days/tin	\$264
Quad stick	\$30
Walking Frame	\$75
Basic Wheelchair	\$300
Shower commode	\$200
Bedside commode	\$100
Basic three-crank Hospital Bed	\$1200

Most rehabilitation equipment vendors also stock second hand items at cheaper price so worth sourcing. A useful resource website is <http://www.caregivers.org.sg> which has a social service directory and equipment vendors listing.

General Practice & Research

By Dr Yvette Tan, College Mirror editorial board member and registrar at Hougang Polyclinic. She has an interest in doing research and shares her experience in presenting a paper at WONCA 2003.



Dr Yvette Tan receiving the Best Oral Presentation Award, GP category from Mr Michael Lim, Chairman NHG at the NHG Annual Scientific Conference Oct '03

I attended the WONCA EUROPE 2003 Conference in Slovenia from the 18-21st June. With a gathering of about 1500 family doctors from over 50 countries in Europe and the rest of the world, it was indeed very exciting for a first timer like me. The theme of conference: The future challenges of General Practice/Family Medicine, was a timely one, considering that health care reform is gaining momentum in many countries throughout Europe. The scientific program was packed, with fourteen parallel sessions running at any one time. It had particular emphasis on education, research and quality assurance, health promotion and disease prevention as well as rural family medicine, communication with

patients, new technologies, quality and humour in medicine.

From Singapore, we contributed 2 oral and 1 poster presentations. Dr Hong Ching Ye, from COFM(NUS), one of our collaborators for the NHGP URTI study, presented on 'A comparison of clinical presentation in viral and bacterial upper respiratory tract infection.'; I presented on "Patient centredness: What determines the doctors' clinical behaviour?" and Dr Chong Phui Nah had a poster presentation on 'Antibiotic prescribing in URTI'. I attended several interesting workshops, 'learning and teaching the patient centred clinical method', 'The calming reflex: an effective new way to treat colic and crying in early infancy' and 'Drawing family circles - quick and easy tool in family medicine'.

The enthusiasm in sharing and learning was shared by both presenters and participants; and there was plenty of sharing of experiences and card exchanging!

Some of them still thought that Singapore was part of China; and were very interested in knowing how we were coping with patient-centred communication here! Slovenia is picturesque and the people very hospitable. We had a welcome reception by the Mayoress of Slovenia in a castle on a hill. It was quite a sight to behold!

This WONCA experience have been very positive for me; learnt a lot of new stuff, got inspired to do more for family medicine and made some new friends. I would certainly recommend this for anyone who is interested in developing the discipline of family medicine both internationally and within Singapore. It was certainly a great opportunity for developing new contacts and networking; not to mention a respite from the humdrum of work! For all those persevering with your research projects, press on! The WONCA experience may be something you don't want to miss!

Daily, most of us do some form of research or other - just observe yourself in the supermarket or when you embark on big purchases such as a house or car. The instinct is to find out as much about the quality of our potential purchase and to compare this with alternative buys. This is market research; and we do it all the time and only to lesser or greater magnitude depending on our background knowledge and how significant the purchase.

Practice & Research

In our clinical practice, we realize time is our most important resource in the consultations. We want to do things and say things that will have the most positive impact on the patient with regards to his presenting problem i.e. activities that will give us the highest yield for our time and effort. Similarly, the patient would appreciate that investigations are cost-effective and interventions of greatest benefit.

Where do we find such information on such best practices? Where can we find objective information on what actually works and what does not? And if some intervention works, how good is this compared to placebo, or to conventional management?

Evidence based medicine (EBM) rose as a response to this clinical dilemma. For the sceptics of EBM, the question remains on the alternative left. Anecdotal based medicine? Experience - based medicine? Expert-based medicine? Drug representative-based medicine? One may have to admit that the other basis of influence on our clinical practice can be subjective.

So why do research?

If one tries to practise EBM; and start looking up the research literature on the particular aspects of care, one would find that the evidence is lacking, or unsatisfactory since it does not fit our contextual

requirements. How, then can one find a satisfactory solution to this? Well, if the clinical question appears to be significant, in terms of the impact on patient, health professional or system; then one may choose to embark to spend time and energy on a research project to answer the clinical question. In so doing, he has contributed to the body of knowledge that will help others improve the quality of care to the patients.

So does primary care need to do research?

Well, we take a step back and ask if the clinical challenges faced by us are similar to that faced by our specialist colleagues. As we face situations unique to primary care, it would be unreasonable to think that our specialist colleagues will be able to supply us with the answers. So once we see this and start seeking answers, more of us will naturally jump on the bandwagon of research!

World Chronic Obstructive Pulmonary Disease(COPD) Day - *the Singapore Perspective*



To understand the significance of World COPD Day in Singapore's context, our reporter spoke to Professor Tan Wan Cheng, Singapore's representative to the Global Initiative for Chronic Obstructive Lung Disease(GOLD)

that family physician should play in the management of COPD?

CM: Prof Tan, can you tell us why COPD is an important health issue in Singapore?

In terms of prevalence, hospitalization, disability and death, COPD is a major health problem in Singapore. Prevalence of moderate to severe COPD is estimated at 2.3% or a population of 3 million or absolute number of 69,000 patients in the community. [Table 1]

According to routine official statistics in Singapore, it is the 8th leading cause of death [0.9% of all deaths] and 9th leading cause of hospitalization [1.7% of total hospitalizations]. Note, these figures from routine official statistics are likely to be under-estimates as they "reported" cases only.

World-wide, it ranks as the 4th leading cause of death alongside HIV. The World Health Organization

estimates that the trend in the social burden of COPD [a composite measure which factors in death, and disability] would rise from 12th highest in 1990 to 5th highest in year 2020.

We do not have published figures in Singapore, but it can be inferred that the relative importance is similar to that in other developed countries. [See Tables 2 and 3.] Health care cost [due largely to hospitalization] for COPD is twice that of asthma in the USA.

The burden is expected to increase with increasing trends of smoking in the young and with the increase in the population of the aged in the population. The present population of persons aged 65+ (7% of the population) is expected to increase to 20% by 2030.

CM: In your opinion, what is the role

As doctors of first contact, early diagnosis, identify people with early COPD, those at stage 0 [at RISK] and stage 1 [MILD] is a very important task. This is because the earlier the diagnosis is made, the better the prognosis. Detection and confirmation of milder stages of COPD require the use of spirometry. The use of office spirometers should be encouraged.

Smoking cessation is the most effective preventive measure. Smokers should be identified and encouraged to stop at every

Model projections of the prevalence of moderate to severe COPD in those 30years and older for 12 countries in the Asia-Pacific region		
Country	Moderate/Severe COPD cases	Prevalence
1. Australia	558 000	4.7%
2. China	38160 000	6.5%
3. Hong Kong	139 000	3.5%
4. Indonesia	4806 000	5.6%
5. Japan	5014 000	6.1%
6. South Korea	1467 000	5.9%
7. Malaysia	448 000	4.7%
8. Philippines	1691 000	6.3%
9. Singapore	64 000	3.5%
10. Taiwan	636 000	5.4%
11. Thailand	1502 000	5.0%
12. Vietnam	2068 000	6.7%
Total	56553 000	6.3%

[Source: Respiriology ; 8, 192-198]

Table 1

Figure 2.4 Direct and Indirect Costs of Lung Diseases, 1993(US \$ Billions) ¹⁷					
Condition	Total Cost	Direct Medical Cost	Mortality-Related Indirect Cost	Morbidity-Related Indirect Cost	Total Indirect Cost
COPD	23.9	14.7	4.5	4.7	9.2
Asthma	12.6	9.8	0.9	0.9	2.8
Influenza	14.6	1.4	0.1	13.1	13.2
Pneumonia	7.8	1.7	4.6	1.5	6.1
Tuberculosis	1.1	0.7	-	-	0.4
Lung Cancer	25.1	5.1	17.1	2.9	20.0

United States. Figure 2-4 compares the estimated costs of various lung disorders in the US in 1993. In 1993, the annual economic burden of COPD in the US was estimated at \$23.9 billion¹⁷, including \$14.7 billion in direct expenditures for medical care services. [Source : GOLD workshop report 2003 update]

Table 2

Figure 2.4 Leading Causes of Disability-adjusted Life Years(DALYs) Lost Worldwide, 1990 & 2020(Projected) ^{2,32}				
Disease or Injury	Rank	Percent of Total DALYs	Rank 2020	Percent of Total DALYs
Lower respiratory infections	1	8.2	6	3.1
Diarrheal diseases	2	7.2	9	2.7
Perinatal period conditions	3	6.7	11	2.5
Unipolar Major depression	4	3.7	2	5.7
Ischemic heart disease	5	3.4	1	5.9
Cerebrovascular disease	6	2.8	4	4.4
Tuberculosis	7	2.8	7	3.1
Measles	8	2.6	25	1.1
Road traffic accidents	9	2.5	3	5.1
Congenital anomalies	10	2.4	13	2.2
Malaria	11	2.3	19	1.5
COPD	12	2.1	5	4.1
Trachea, bronchus, lung cancer	33	0.6	15	1.8

Excerpted with permission from Murray CJL, Lopez AD. *Science* 1999; 274:740-3. Copyright 1999 American Association for the Advancement of Science

Table 3 WHO projection of total social burden WORLD-WIDE [source:GOLD workshop report 2003 update]

possible opportunity. If medication is necessary, the family physician should prescribe medication according to the severity staging of COPD. Exacerbations should be treated promptly which would then prevent the need for hospitalization. Providing health education to the public about the risk of smoking and COPD should also be encouraged.

thoracic Societies and the society of family doctors, WONCA.

WORLD COPD DAY

Public Health officials estimate that as many as HALF of all persons with COPD are undiagnosed [ie, patients are unaware that they have the disease]. The World COPD Day is a WHO endorsed day which is set

aside for “raising the awareness of COPD” around the world.

This is timely as there are now strategies for diagnosis and for effective evidence-based treatment of COPD, and a real opportunity to make an important impact on morbidity and mortality from COPD.

CM: Can you tell us what is GOLD and what is the significance of the World COPD day?

GOLD stands for the Global Initiative for Chronic Obstructive Lung Disease. This was started off in 1998 by an international group of experts in COPD, under the auspices of the National Heart, Lung and Blood Institute, NHLBI [parent institute NIH, USA] and the WORLD HEALTH ORGANIZATION, WHO. This initiative now involves global

Figure 5-3-8 Therapy at Each Stage of COPD

Old(2001)	0 : At Risk	I: Mild	II: Moderate		III: Severe
New(2003)	0 : At Risk	I: Mild	II: Moderate	II: Severe	IV: Very Severe
Charateristics	<ul style="list-style-type: none"> •Chronic symptoms •Exposure to risk factors •Normal spirometry 	<ul style="list-style-type: none"> •FEV₁/FVC < 70% •FEV₁ ≥ 80% •With or without symptoms 	<ul style="list-style-type: none"> • FEV₁/FVC < 70% • 50% ≤ FEV₁ < 80% • With or without symptoms 	<ul style="list-style-type: none"> • FEV₁/FVC < 70% • 30% ≤ FEV₁ < 80% • With or without symptoms 	<ul style="list-style-type: none"> • FEV₁/FVC < 70% • FEV₁ > 30% or pressure of chronic respiratory failure or right heart failure
	Avoidance of Risk factor(s), influenza vaccination				
	Add short-acting bronchodilator when needed				
		Add regular treatment with one or more long-acting bronchodilators Add rehabilitation			
			Add inhaled glucocorticosteroids if repeated exacerbations		
					Add long-term oxygen if chronic respiratory failure Consider surgical treatments

Table 4

Readers who wish to obtain additional information and resources pertaining to COPD can visit GOLD website at www.goldcopd.com

Family Practice Skills Courses

During the period September & October 2003, the College conducted the following courses:

- Hypertension Skills Course
- Hyperlipidemia Skills Course

These courses were made possible with an educational grant from Pfizer Pte Ltd.

Hypertension Skills Course was conducted on 6 & 7 September 2003 at LT30 located at the National University of Singapore. The objective of this skill course was to provide the participants with the theoretical basis of hypertension.

Hyperlipidemia Skills Course was conducted on 11 & 12 October 2003 at the auditorium of the Ministry of Health premises. Workshops were conducted along with the seminar sessions.



The skills course involves seminars, workshops and Q & A sessions

Look out for the following Family Practice Skills Courses.

**Pain Management
21 & 28 Feb 2004**

**Atherothrombosis
10 & 11 Apr 2004**

See pages 22 and 23.

WONCA Asia Pacific Regional Conference 2003

WONCA Asia Pacific Regional Conference 2003, organized by Chinese Society of General Practice and Chinese Medical Association, was held in Beijing from 4th November to 7th November 2003. Our College delegation, comprising members of the WONCA World Conference 2007 Host Organising Committee, was warmly received by Prof Wu Zhenglai, the President of the Chinese Society of General Practice and members of his committee.

Dr Tan See Leng, Chairman of the WONCA World Conference 2007 Host Organising Committee, gave an update on the preparations for the 2007 World Conference to the WONCA Asia Pacific Council Members. The

presentation stimulated a lot of interest in the upcoming event. Many Wonca Asia Pacific Region



Members of the Singapore delegation at Beijing (L-R) Dr Lawrence Ng, Dr Tan See Leng, Dr Matthew Ng, Dr Tan Chee Beng, Dr Arthur Tan, Dr Chng Woei, Dr Lim Fong Seng, Dr Lee Kheng Hock

Council members supported the appropriateness of the conference theme, "Genomics and its Impact on Primary Health Care". The general

feeling was that the conference theme is very specific and timely. This will be an important factor in attracting participants from all over the world.

A/Prof Goh Lee Gan who is the President of the WONCA Asia Pacific Region was very pleased with the success of the Beijing Conference. In particular, he commented on persistence of the Beijing Host Organising Committee to make the Conference a success.

"Besides the fruitful exchange of ideas and information, many old friendships are renewed. This will certainly contribute towards fostering greater co-operation in the work to advance family medicine in the Asia Pacific region," said A/Prof Goh.

The Global Family Doctor & Mr WONCA

Prof Wesley Fabb is no stranger to our College and he was back in Singapore in October as the external examiner for both the Masters of Medicine (Family Medicine) Examination as well as the Fellowship by Assessment Programme. Prof Fabb and Dr Richard Geeves were external examiners for our College's first MCGP examinations conducted in 1972. Since then he had been back as the external examination on three occasions for the MMed Examinations and twice for the Fellowship by Assessment Programme. Looking back, Prof Fabb had the following to say about our training programme.

"The (Singapore) College have developed in an extremely excellent way...the way they have first developed the Membership examination and then the

Fellowship by Assessment program...which I think all other Colleges should emulate because it really goes beyond the higher qualification, to identify leaders for the future."

"From the group that I have interviewed, they had all been trained to contribute to research, in teaching, in examination, in quality assurance and so on. It is very exciting and very encouraging. I think you've got some excellent people here and the College's future is assured."

Prof Fabb is also affectionately known as "Mr WONCA" for his long and passionate involvement with the World Organisation of Family Doctors, as its first Chief Executive Officer. Since his "retirement", Prof Fabb had, not surprisingly, become even more

busy than before. He is now the "doctor" of the WONCA website in www.globalfamilydoctor.com, the website of WONCA. He is the webmaster and spend his busy day reviewing articles and posting updates at the website. Thanks to his diligence, the website now has a very up to date archive of reviews of important publications that are relevant to family practice. One good way to keep up with the many developments in family medicine would be visit the website and read the updates.



Computer Lessons from Scotland

By Dr Lee Kheng Hock, Honorary Secretary, College of Family Physicians Singapore



Professor Lewis Ritchie has been the James Mackenzie Professor and Head of the Department of General Practice at the University of Aberdeen since 1992. He is also Senior Partner in a group practice of 11 general practitioners in Peterhead. Professor Ritchie was in Singapore in October, as one of the external examiners for the Masters of Medicine Examinations. He is a champion of medical informatics in Scotland and we took the opportunity to speak to him and find out about the use of information technology in primary care. Professor Ritchie is a member of a number of national advisory committees in the United Kingdom. He chairs the Electronic Clinical Communications Implementation Programme (ECCI). He is also the chairman of the Biomedical & Therapeutics Research Committee of the Scottish Executive Health Department.

The movement to adopt a common data base for family medicine in Scotland started in 1984 when the General Practice Administration System for Scotland (GPASS) was established. It adopted the use of a software that was created by Dr David Ferguson, a general practitioner in Glasgow. It was originally developed to assist doctors in managing repeat prescriptions.

It was continuously developed within the National Health Service in Scotland. Software enhancement and training support was provided free of charge. This strategy had resulted in widespread adoption and use of the software. Presently more than 82% of general practices in Scotland are using the system. The GPASS has become the backbone of the NHS IT strategy in Scotland. New enhancements that are linked to the GPASS will carry IT development into other areas of medicine. The high adoption rate

also means that there is a wealth of important data on prescription and morbidity, invaluable in the planning of health policies and optimising the use of resources. GPASS is also used to promote national standards such as Read Codes and the PCIU Drug Dictionary and facilitates the collection and analysis of national data by Electronic Questionnaire.

The GPASS is now entering a new phase of enhancement. More capabilities are planned including linking up with laboratories and the hospitals. A GPASS review committee had been formed to determine future strategy and developments and this is chaired by Prof Ritchie. The review committee was tasked to identify enhancements such as electronic medical records and use of the system in quality assurance.

There is much that Singapore can learn from our Scottish colleagues.

As pointed out by the Minister of Health, the medical profession had been slow to exploit the use of information technology. Considering that Singapore boast being one of the most wired country in the world, this is one area that we must improve upon. Competition and fragmentation of the profession is perhaps to be blamed for this. Waiting for market forces to make things happen, de novo, is not possible.

Taking the Scottish experience into account, a good strategy would be to lay the foundations both in terms of infrastructure and standards. Free market would then take it to the next level. The task gets harder by the day as individual providers dig in and becomes entrenched in the myriad of legacy systems. The way forward may be for the government to develop and provide a free, open source system and allow developers to build enhancements.

Announcements

Welcome to New Members



The college would like to extend a warm welcome to the following members who joined us between Aug & Nov 2003:

Ordinary Members

- Dr Han Whie Kwang
- Dr Lim Wah Yonn Paul
- Dr Tan Aik Lim Calvin
- Dr Tan Ee Ju
- Dr Tan Kim Kiat
- Dr Tan Teing Ping
- Dr Wong Ern Mei Celina
- Dr Yam Pei Fang

- Dr Yeo Kim Hai
- Dr Yeo Siew Lin Jennifer
- Dr Lim U-Lin Qeenie
- Dr Lim Yok Mei
- Dr Ng Sok Boey
- Dr Tan Lay Wee
- Dr Ang Sing Jim Roy
- Dr Koh Liang Mui

- Dr Ong Lue Eng
- Dr Chin Yong Seng
- Dr Cheah Soon Min Benjamin
- Dr Chew Sze Mun
- Dr Hwang Siew Wai
- Dr Tan Kok Heng Adrian
- Dr Tong Jia Jong Stephen
- Dr Wong Mee Soong

Associate Members

- Dr Koh Wee Boon Kelvin
- Dr Sng Gek Khim Judy
- Dr Khera Paramjeet
- Dr Ikehara Yasuiko

Pain Management Skills Course

Course Structure

1. Distance Learning Course Contents

Unit 1: Pathophysiology of Pain Management

- A/Prof Sanjay Khanna, Neuropharmacologist
- Understanding the pathophysiological mechanisms
 - Types of pain
 - Acute pain and slow pain
 - Referred pain
 - Physiology of pain control
 - Applying physiological theory to practice

Unit 2: Applied pharmacology in pain management

- Prof Edmund Lee, Clinical Pharmacologist
- Revisiting pharmacokinetics & pharmacodynamics
 - Classification of analgesic drugs
 - Narcotics
 - Non-narcotics
 - Applying the principles of pharmacology in the choice of therapeutic agent
 - Adverse drug reactions

Unit 3: Pain Management in Neurological Disorders

- Dr Ho King Hee, Consultant Neurologist & Physician
- Non-specific headache
 - Migraine
 - Tension headache
 - Ice-pick headache
 - Trigeminal neuralgia and facial pain
 - Herpes zoster
 - Peripheral neuropathy
 - Pitfalls in the management

Unit 4: Pain management in orthopaedic disorders

- A/Prof Tay Boon Keng, Senior Consultant, Orthopaedic Surgery
- Sports injury
 - Sciatica
 - Nerve entrapment syndromes
 - Osteo arthritis
 - Rheumatoid arthritis • Gout
 - Low back pain • Bone pain
 - Pitfalls in management

Unit 5: Pain management in gynaecological disorders

- Prof Kuldip Singh, Senior Consultant, Obstetrics & Gynaecology
- Dysmenorrhoea
 - Endometriosis
 - Pelvic inflammatory disease
 - Urinary tract infection
 - Dysparuenia
 - Pitfalls in management

Unit 6: Management of pain in palliative care

- Dr Cynthia Goh, Head of Dept, Palliative Medicine
- Pain assessment in palliative care
 - Types of pain
 - Unique aspects of pharmacotherapy in palliative care
 - Co-analgesics and adjuvant therapy
 - Uncontrolled pain
 - Beyond pharmacotherapy
 - Pitfalls in management

2. Seminars

(2 CORE FM CME Points each)

Seminar 1: 21 Feb 2004

2.00pm – 4.00pm

- 1) Pathophysiology of Pain Management
- 2) Applied pharmacology in pain management
- 3) Pain Management in Neurological Disorders

Seminar 2: 28 Feb 2004

2.00pm – 4.00pm

- 1) Pain management in orthopaedic disorders
 - 2) Pain management in gynaecological disorders
 - 3) Management of pain in palliative care
- * Seminars are on 1st come 1st serve basis and are limited to the first 200 participants

3. Workshops Session

(2 CORE FM CME Points)

Workshops

(21 Feb 2004 OR 28 Feb 2004)

4.00pm – 6.00pm

Joint Injections for orthopaedic disorders
(A/Prof Tay Boon Keng)

* Workshops are on 1st come 1st serve basis and are limited to the first 200 participants

Date: 21 & 28 February 2004
Time: 2.00pm – 6.00pm
Venue: MOH Auditorium



The development of this Family Practice Skills Course is supported by an educational grant from Pfizer Pte Ltd

Register

Pain Management Skills Course Registration Form

Please tick appropriate boxes.

	College Member	Non-College Member
Seminar 1	\$10.00	\$20.00
Seminar 2	\$10.00	\$20.00
Workshop	\$20.00	\$40.00
Please tick your preferred date for workshop:	<input type="checkbox"/> 21 Feb '04	<input type="checkbox"/> 21 Feb '04
	<input type="checkbox"/> 28 Feb '04	<input type="checkbox"/> 28 Feb '04
Distance Learning Module	FREE	\$40.00
TOTAL		

Name: Dr _____ MCR No : _____

Mailing Address:

Please indicate: Residential Practice Address

Tel: _____ Fax: _____ Email: _____

Please make cheque payable to :

College of Family Physicians
Singapore

Mail to:

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

IMPORTANT:

Participants with fever should not attend the seminars and workshops.

Atherothrombosis Skills Course

Course Structure

1. Distance Learning Course Contents

Unit 1: Atherothrombosis key concepts and pathogenesis

- Concept of atherothrombosis
- Thrombus formation on atherosclerotic plaques: pathogenesis and clinical consequences
- Inflammation and atherothrombosis – Is it time to screen for CRP?
- Hemostatic risk factors for atherothrombotic disease

Unit 2: Epidemiology of Atherothrombosis

- Disease burden
- International data
- Local data
- Risk factors and risk reduction
- Preventing atherothrombosis

Unit 3: Diagnosis & Evaluation of Atherothrombosis Patients

- New understanding, diagnosis and prognosis of atherothrombosis
- Clinical presentation
- Role of imaging
- Ankle-brachial index

Unit 4: Clinical Sequelae of Atherothrombosis: Stroke

- Atherothrombosis and cerebrovascular disease
- Clinical syndromes
- Assessment of a patients
- Medical management
- Role of surgery
- Rehabilitation and secondary prevention

Unit 5: Clinical Sequelae of Atherothrombosis: Myocardial Infarct

- Disease process and coronary circulation
- Clinical syndromes
- Assessment of myocardial ischemia
- Medical management
- Interventional procedures
- Rehabilitation and secondary prevention

Unit 6: Clinical Sequelae of Atherothrombosis: Peripheral Artery Disease

- Disease syndromes
- Clinical presentation
- Assessment of patients with PAD
- Medical management
- Surgical management

2. Seminars (2 CORE FM CME Points each)

Seminar 1: 10 April 2004

2.00pm – 4.00pm

- 1) Atherothrombosis key concepts and pathogenesis
- 2) Epidemiology of Atherothrombosis
- 3) Diagnosis & Evaluation of Atherothrombosis Patients

Seminar 2: 11 April 2004

2.00pm – 4.00pm

- 1) Clinical Sequelae of Atherothrombosis: Stroke
- 2) Clinical Sequelae of Atherothrombosis: Myocardial Infarct
- 3) Clinical Sequelae of Atherothrombosis: Peripheral Artery Disease

** Seminars are on 1st come 1st serve basis and are limited to the first 200 participants*

3. Workshops Session(2 CORE FM CME Points)

(10 April 2004 OR 11 April 2004)

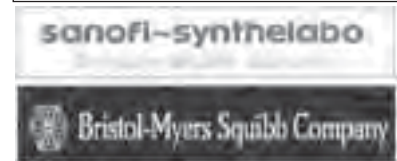
Group A: Case studies: Patients with Atherothrombosis

- Cerebrovascular disease
- Myocardial ischaemia
- Peripheral artery disease

Group B: Measurement Brachial-Ankle Index

** Workshops are on 1st come 1st serve basis and are limited to the first 200 participants*

Date: 10 & 11 April 2004
Time: 2.00pm – 6.00pm
Venue : To be confirmed



The development of this Family Practice Skills Course is supported by an educational grant from Sanofi Synthelabo Pte Ltd and Bristol-Myers Squibb(Singapore) Pte Ltd

Register

Atherothrombosis Skills Course Registration Form

Please tick appropriate boxes.

	College Member	Non-College Member
Seminar 1	\$10.00	\$20.00
Seminar 2	\$10.00	\$20.00
Workshop	\$20.00	\$40.00
Please tick your preferred date for workshop:	<input type="checkbox"/> 10 Apr '04	<input type="checkbox"/> 10 Apr '04
	<input type="checkbox"/> 11 Apr '04	<input type="checkbox"/> 11 Apr '04
Distance Learning Module	FREE	\$40.00
TOTAL		

Name:Dr _____ MCR No : _____

Mailing Address:

Please indicate: Residential Practice Address

Tel: _____ Fax: _____ Email: _____

Please make cheque payable to :

College of Family Physicians
Singapore

Mail to:

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

IMPORTANT:

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