MITA (P) 052/04/2002

THE COLLEGE MIRROR

JAN - MAR 2003

PRESIDENT'S COLUMN

Making CME Work

The new CME requirement for Singapore doctors is to acquire at least 50 CME points for the two-year period ending 31st December 2004 before their practicing certificate can be renewed. This will be enshrined by a forthcoming amendment to the Medical Registration Act.

Doctors who are not participating in continuing medical education (CME) would have to start accumulating the 50 CME points if they want to continue practising medicine in Singapore. For others who are already doing CME by choice, the new imposition merely reinforces their professional commitment to stay competent and up-dated. For them, the new focus would therefore be on doing CME activities that are effective – not just to satisfy the statutory requirement but to ensure that the time and resources they invest in CME is well spent and the knowledge and skills gained are relevant.

Positive mindset

We can look at the 50 CME point requirement positively instead of negatively. The scheme is now to accumulate 50 points in two years instead of 25 CME points per year. This gives the practicing doctor flexibility in when to get the points.

Also, there are now many varied avenues to obtain the CME points apart from the traditional show-and-tell lectures. There are now points for journal reading, distance learning courses, seminars and workshops and attachments. Conferences should also form part of the variety. As has been pointed out by Francis Bacon in his Essay on Study, "Reading maketh a full man, conference a ready man…"

The College's initiatives

The College has started rolling out CME activities for the family doctor. It has in place two new schemes. The first relates to the SMC accreditation scheme for core family medicine (FM) CME points. The second relates to the Family Practice skills courses with distance learning as an integral component of a learning sandwich.

Core CME points

Achieving mandatory core points is now not a problem. The requirement of at least 10 core points during the two-year period (ie 20% of the 50 points) is readily achievable by self-study of 10 articles from specified journals and documenting the process in the SMC computer. To assist readers in the choice of papers to read, the Singapore Family Physician (SFP) journal also included a special article containing a list of 10 articles recommended by an Editorial Board member. The focus is on family medicine topics and if local papers are available, these will be selected. In the current issue of the SFP, there are articles on diagnosis, therapy and practice related to asthma. These papers are also chosen with the view of exposing readers to some current research findings in the subject area.

Family Practice Skills Courses

The Family Practice Skills Courses are CME programmes organized by the College to meet the knowledge, cognitive and psychomotor skills needs of the practicing doctor. These courses are developed as a conjoint effort of family physicians and subject matter experts.

The courses can be looked upon as a learning sandwich. Take the Basic Home Care Course launched in October 2002 as an example. Core knowledge is acquired by self-study. On verification of the learning by submitting completed MCQs to the College, CME points can be earned. This learning sandwich is completed if doctors also elect to attend seminars to hone psychomotor skills and hands-on workshops and clinical attachment to acquire psychomotor skills as well. The College will issue attendance certificates to document the completion of the learning cycle.

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

From The Editor's Desk

2003! We are off to a new start again! For those of you who are guilty of writing the old year on your cheques and other important documents, its time to get used to writing 2003 instead! Although the new year may not spell a cheerful beginning for some especially with the gloomy economic outlook as well as the possibility of a double dip recession, things are looking brighter at the CME front. On-going consultation with the Singapore Medical Council have resulted in a more user friendly and achievable CME system for family physicians.

There will be a detailed write-up on the College's event of the year: Convocation 2002. For those who have missed the event, read on!

Similar to the previous issue of the Singapore Family Physician, we have included the course materials for the CME as well as a serially numbered answer sheet. Please be reminded again that in the event of lost/misplaced answer sheet forms, there will be no replacement copies as all forms are uniquely numbered and can only be used once.

That's all for this issue! We shall meet again next quarter!

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 Chua Kim Ghee Vincent (Private Practice)
Dr Lim Lee Min Dale (PublicInstitutional Practice)
Dr Wong Chung Pheng Melvyn (Private Practice)
Dr Goh Lay Hoon (PublicInstitutional Practice)
Dr Kee Loo (Private Practice)
Dr Philip Loh (Private Practice)
Dr Ong Ai Ling Julia (Private Practice)
Dr Mary Yao Wan Hwa (Private Practice)
Dr Goh Mei Yin (Private Practice)
Dr Lee Chian Chau (Private Practice)

Associate Membership:
Dr Radiah Binti Salim (PublicInstitutional Practice)

New Staff at the Secretariat

Dawn Lim joins the College as Administrative Officer as of 18 November 2002. She is a graduate from the Faculty of Arts and Social Sciences of the National University of Singapore. Dawn majored in the English Language and Japanese Studies.

Taking over from Emily as the new editor of the College Mirror, she aspires to push the College's publications to new and greater heights. We are confident that she will succeed.

What it should have been

We apologize for the following printing error in the CME Update :1st Quarter 2003. Ms Anne Chin should be the Managing Director of Merck Sharp & Dohme (I.A.Corp) and not the Professional Events Manager.

Labeling of Medication Dispensed

The Chief Pharmacist of the Ministry of Health had written to the College informing us that there had been feedback from the public that some private clinics are not labeling the full name of medication that are dispensed to patients. This had made it difficult to manage adverse drug reactions. It had created difficulties for the A&E departments of hospitals giving emergency treatment to such cases. Members are reminded to comply strictly with the labeling requirements when dispensing medication.

Convocation 2002

A day of joy and jubilance, October 27th 2002 marks another milestone in the history of the College of Family Physicians Singapore (CFPS) as well as the lives of the recipients for the Graduate Diploma in Family Medicine (GDFM).

GDFM GRADUATES WHO ATTENDED THE CONVOCATION DINNER.

The Convocation was held in conjunction with the College Dinner at the Shangri-la hotel. The Guest of Honour of the event was Professor Tan Chorh Chuan, the Director of Medical Services. The successful GDFM graduates were presented their recognition award on stage by Associate Professor Cheong Pak Yean, President of the College.

DISTINGUISHED GUESTS AT THE CONVOCATION DINNER 2002.

The new Collegiate Members of the College of Family Physicians Singapore (MCFPS) and Fellows of the College of Family Physicians Singapore (FCFPS) were also conferred their degrees in a solemn signing ceremony in the evening.

DR ISKANDAR BIN IDRIS, RECIPIENT OF THIS YEAR'S GDFM BOOK PRIZE.

The GDFM book prize was presented to Dr Iskandar Bin Idris, who was the best candidate in the GDFM examinations. Dr Iskandar has achieved a 100% pass in the OSCE part of the examinations and was the top performer in the theory papers at the GDFM examinations.

Amidst all fun and joy, the eventful night's activities were accompanied by the delightful piano recitals by Dr Chang Tou Liang and Dr Au Kah Kay.

Speech by Professor Tan Chorh Chuan, Director of Medical Services, at the College of Family Physicians' Convocation Dinner

The Role of Family Physicians in Singapore

OUR GUEST OF HONOUR, PROFESSOR TAN CHORH CHUAN

In Singapore today, we have about 2000 family physicians providing good primary health care to Singaporeans. This large pool of talent is an important resource which we should continue to tap on and to develop.

Looking ahead, a central question is: what is the role which family physicians can play given the fast pace of change in medical practice and public expectations, and the tendency towards greater specialisation and sub-specialisation? I would like to surface a number of ideas which are not mutually exclusive, and which are centred around the concept of the family physician as a provider of holistic care. I would add that while I have selected a small number of areas to highlight, this should not in any way be taken to detract from the good work and roles which family physicians already currently play in the treatment of acute and chronic diseases.

Firstly, the family physician as a "preventor of disease". Family physicians as a group have tremendous reach and influence on the behaviour of their patients. As many of the diseases confronting Singaporeans today are related to unhealthy lifestyles, advice and reinforcement of healthy lifestyle messages by family physicians can go a long way towards improving the health of our patients. A related issue is that of screening for common diseases. While the Ministry certainly discourages indiscriminate screening of patients, there are a small number of conditions where a regular regime of screening founded on evidence-based guidelines would be helpful. In the course of the medical consultation, the family physician may also identify patients at high risk of specific medical conditions for whom selective screening would be appropriate. To facilitate this, the Health Promotion Board is currently working with family physicians, specialists and the College to produce simple guidelines on these forms of screening which family physicians should send their patients for, on a regular and ongoing basis.

Secondly, the family physician as an "integrator and/or partner in complex continuing care". Many of our patients have a mix of complex medical problems which necessitate their follow-up by several different specialists in the acute hospitals. Potential fragmentation of care is a challenge that needs to be addressed in such situations. For many patients, family physicians can play an important role in helping to integrate care, in educating patients on the different drugs that they have been prescribed as well as in managing the effects of the diseases on the everyday life of the patient and his/her family. For family physicians to do this effectively, they need to be "plugged into" the care delivery system in hospitals and specialist outpatient clinics. The mechanism to do this is provided today by the various GP-partnerships and shared care programmes that both the public sector clusters and private hospitals and medical groups have established. Through these programmes, the family physician can be formally integrated as part of the total care delivery system for the patient. It is envisaged that shared treatment protocols and better communications will help enhance the care which patients will receive.

A subset of these patients who require continuing care is the group of elderly patients who have several concurrent clinical problems but whom do not require complex medical interventions. Such patients can be well-looked after by a single suitably trained family physician rather than several different specialists in acute hospitals. Such arrangements should also be cheaper and made more convenient for the patients.

Professional upgrading

The family physician is a generalist who requires breadth of knowledge and skills in order to manage the diverse clinical problems which he or she encounters. However, in order to keep up with the rapid advances in medical

cont'd from page 4 "The Role of Family Physicians in Singapore"

practice and to play the roles which I have outlined, active participation in continuing medical education and specific training in key areas are vital requirements.

In this regard, the College of Family Physicians has been a key driver and provider. The College has been a veritable power-house in the development and conduct of high-quality training programmes and courses to meet the disparate needs of various segments of its membership. I would like to highlight some of these.

Family Practice Skills Courses

To help family physicians to hone the broad range of skills and knowledge that are important in their daily practice, the College is now introducing the Family Practice Skill Course or FPSC.

It is envisaged that the FPSC would meet the needs of three groups of family physicians:

– Those who attend certain components of the FPSC as part of the core requirements for Family Medicine CME
– Those who attend all the components of an FPSC which would qualify them for Skills Certification by the College; and
– Those enrolled in the Graduate Diploma in Family Medicine who have attended it as their mandatory elective skill course.

Home Health Care Skills Course

Family physicians are often called to attend to frail and disabled people who are home-bound. Many of these patients are elderly and their numbers are expected to rise in the future with the ageing of our population. They are also more likely to be presented with co-morbidities and complex problems. The Home Health Care Skills Course, which is being launched tonight, will equip Family Physicians with the skills required to manage such patients.

The good news is that the academic foundation component would be conducted as a Distance Learning Package. This would enable busy family physicians to study in the comforts of their homes or clinics. In addition, each distance learning package will be accredited by the Singapore Medical Council for a total of 6 CME points.

For candidates who have successfully completed the distance learning package as well as the subsequent workshop and clinical attachment in each course, a Certificate of Attendance would be awarded by the College. I am told that the Home Health Care Skills Course is only the first of such courses that the College intends to run. There are at least 8 such courses in the pipeline that would be conducted over the next 2 years. Information for these courses would be published in the Singapore Family Physician journal.

I would like to commend the College for its dynamism and commitment to continuing professional development. I would also like to extend my warmest congratulations to our first batch of 40 GDFM graduates. I would also like to congratulate the 6 family physicians who will be conferred the Member of the College of Family Physicians and the 10 who will be conferred the Fellow of the College of Family Physicians awards tonight. I wish all of you the very best in your future endeavours.

Communication and Counselling Skills Course

The Communications and Counselling Skills Course was held on 23rd November 2002 between 2.30 pm to 8 pm at the College of Family Physicians Singapore. The Communications and Counselling Skills Course is one of the compulsory skills courses required for the Graduate Diploma of Family Medicine.

The course covers 4 segments of Communication and Counselling.

1. Effective Communication *by Dr Tan Yew Seng*
2. Breaking Bad News *by Dr Tan Yew Seng*
3. Dealing with Depression *by Dr Helen Leong*
4. Dealing with Anxiety *by Dr Helen Leong/Dr Tan Yew Seng*

Through lectures, role play, discussions and group sessions, the course's objective is to teach trainees how to apply the communications and counselling skills learnt in their daily practice.

cont on page 6

cont'd from page 5 "Communication and Counselling Skills Course"

Dr Helen Leong who was one of the speakers for the course said that role play used in the course was very useful in teaching counselling and communications which require hands on experience. Role play is a good way to simulate the consultation process where the counselling and communication skills come into play.

The facilitators of the course were: A/P Chong Pak Yean, Dr Matthew Ng, Dr Chow Mun Hong, Dr Winnie Soon, Dr Victor Loh

Step Down Care in Singapore

Four priority issues have been identified by the Ministry of Health in the area of step down care for the elderly in Singapore. They are:

- Development of home care services
- Professional management and delivery of step down care
- Financial plans to assist the elderly
- Informing the public about the availability of services

Three important milestones had been accomplished so far.

- Formation of the Integrated Care Services – a central referral and placement service jointly formed by the 2 public health care clusters
- Launch of the Eldershield and the Interim Disability Assistance Programme (IDAPE)
- Implementation of means testing in subsidized step down care facilities

The private sector is urged to be more active in providing nursing home beds. Voluntary Welfare Organisations are focused on providing services to the lower income groups and the private sector should consider providing services to the more affluent elderly. The MOH is working with the URA to set aside sites for the development of private nursing homes. The Government will act as a purchaser of medical services for the lower and middle income Singaporeans. The Government is also prepared to contract the private sector to provide such services if they can provide the same or better quality of service for the same cost. Similarly, VWOs are encouraged to collaborate with the private sector. VWOs may contract private sector operators to provide specific management or care services. The prospect of forming partnerships and joint ventures with private sector operators may even be considered.

(Source : Opening Address at the Seminar and Dialogue with Providers of Step Down Care Services 12th November 2002 held at the Ministry of Health)

Compulsory CME to be implemented in Hong Kong from January 2005

From January 2005, CME will be made compulsory in Hong Kong. The decision by the Hong Kong Medical Council to make CME compulsory for all practising doctors came about in November 2001, following a 1999 opinion survey – conducted among all doctors – which proposed reforms on good medical practice, quality assurance and improvement to the complaint system. The majority of the doctors who took part in the survey responded positively in making CME compulsory.

The plan to make CME compulsory for all practising doctors is to be implemented gradually over a 10-year period. The actual compulsory CME programme will commence in January 2005, after the 3-year voluntary CME cycle ends in October 2004.

Similar to the CME point accreditation system in Singapore, Hong Kong counterparts can achieve their CME points through various means like attending lectures, self-study, journal reading, group meetings, seminars and conferences, attending courses and via on-line learning.

Doctors who comply with the CME requirements will be awarded with a "CME certificate" at the end of the year. They are also allowed to use the title "CME Certified" in their practice.

However, doctors who have not attained 90 CME points by the end of 2007 will be given a grace period of a year to attain 120 points by the end of 2008.

For those doctors who fail to achieve the targeted points, 4 possible consequences were proposed:

- Rejection in the renewal of practising certificates
- An imposition of a $1000 fine
- An imposition on the conditions of practice
- A requirement to undergo assessment or examinations.

Eventually, it was decided that linkage to renewal of practising certificate is the most transparent and implementable measure to undertake. The exemptions to the above rulings are when doctors are on overseas list, under provisional registration, retired, absent from practice for prolonged periods because of illness or vacation.

(Source: Newsletter, The Medical Council of Hong Kong Issue No. 7 Nov 2002)

Petition to Regulate Resident Work Hours

In the United States, a consumer watchdog group, a medical students association and a committee representing interns and residents filed a petition to the Occupational Safety and Health Administration asking for the restriction of work hours for doctors. The petition asked for an 80-hour work week, one day off per week and shifts that are no longer than 24 hours. The petition cited data linking long work hours to depression, automobile accidents and adverse pregnancy outcomes. Results show that remaining awake for 24 consecutive hours is equivalent to having a blood alcohol level of 0.1% in terms of negative effects on cognitive function. The petition was rejected and the matter was referred to the Accreditation Council for Graduate Medical Education.

(Source: FP Report December 2002 Volume 8 No.12)

Trouble with Third Party Payers

Family physicians in the United States are complaining about their difficulties with third party payers. Data collected by the American Academy of Family Physicians showed that the main complaints include "late payment" and "bundling of services".

(Source: AAFP Direct 22nd November 2002)