



THE College Mirror

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Family Medicine Convocation 2008

23 November 2008 at Tanglin Club; President's Opening Address
A/Prof Goh Lee Gan, President, 21st Council, College of Family Physicians Singapore

“Let me first thank Minister for gracing this evening as the Guest-of-Honour. Thank you Mr Khaw. We are indeed delighted. This evening I have five points to make in this Opening Address.

Convocation is a milestone of professional fulfilment

First, on a personal plane the Convocation marks the fulfillment of a milestone in the professional journey. It is a time for rejoicing of having succeeded in the quest for knowledge and skills. At the College and training level, instructors and Council members have a reason to rejoice too. The new entrants are necessary to build up the leadership capacity and training capability for primary care/general practice. This year we are pleased to witness the graduation of 80 doctors who have successfully passed

the Graduate Diploma in Family Medicine (GDFM) Examination conducted in June/July of this year, the graduation of 23 doctors who have successfully passed MMed (Family Medicine) Examination conducted in November 2008, just barely a week ago.

Convocation is time for recognising yeoman service

Second, Convocation time is also a time for us to recognise yeoman service to the College. Tonight we recognise the contributions of one of our Past Presidents, Dr Lee Suan Yew by awarding him the Albert & Mary Lim Award. Dr Lee played a key role in the siting of the College in the College of Medicine Building and the development and expansion of the College in the 1980s and 1990s. Today, he is still actively contributing to the College as the advisor to the College Building Committee. He has

also kindly agreed to give the acceptance speech.

Convocation is time for reflection

Third, Convocation time is also a time for reflection. We epitomise this as the Sreenivasan Oration, a named address to honour the memory of the founding President of the College, Dr BR Sreenivasan. This evening we are honoured to have Professor Ng Han Seong deliver the 2008 Sreenivasan Oration. Prof Ng Han Seong is a good friend of mine and a strong supporter of the College and Family Medicine. He has also been instrumental in the setting up of the Department of Family Medicine and Continuing Care (FMCC) in Singapore General Hospital. This is good foresight. The title of his Oration: "On

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Primary Care's Bumper Year

by Dr Shiau Ee Leng, MCFP(S), Editor

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“This is a bumper year for Primary Care as a tremendous amount of the Ministry’s interest is focused on revamping and improving the entire primary healthcare system, both public and private...”

It is that lazy holiday period of the year again, when Christmas is drawing near and we realise that the year is almost over. Whilst we may be looking at the worst financial crisis and recession to ever hit the world, life still goes on, people still fall sick and GPs still need to issue MCs. This is probably the only time we found medicine to be the best vocation in life!

This is a bumper year for Primary Care as a tremendous amount of the Ministry’s interest is focused on revamping and improving the entire primary healthcare system, both public and private, with a great emphasis on nation-wide integration. Dr Wong Tien Hua, our joint College Mirror Editor, will walk through with us the various important events for all GPs this year.

This issue of the College Mirror will be highlighting the speeches of the many important Guests of Honour of the Family Medicine Convocation 2008.

Firstly, A/Prof Goh Lee Gan, in his President’s address at the Convocation 2008, will inspire us with his ambition and vision for Family Medicine. He talks on how convocation marks a fulfillment of our professional development and gave recognition to Dr Lee Suan Yew, the recipient of the Albert & Mary Lim Award, for his yeoman’s service to Family Medicine. Prof Goh also emphasised on the need for integrated or interface care for Primary Healthcare in the light of our nation’s aging population and the need for family physicians to work hand in hand with hospital specialists in tackling complicated health issues. He also discussed the need to develop an Advanced Training programme to the MMed (Family Medicine) in our quest for greater development for the Family Medicine fraternity. In his President’s column, he urges us as Family Physicians to reflect upon these and prepare ourselves for the changes ahead.

In our report on the Sreenivasan Oration delivered by Prof Ng Han Seong, his take home message on integrated care is best summarised using his own words: the right care, in the right way, at the right cost, and at the right time... consistently.

We next meet Dr Lee Suan Yew, a highly respected senior family physician and a tutor to many medical students

past and present, as he shares with us the inspirational life of selfless doctors, Dr Albert Lim and his family, in his acceptance speech to the Albert & Mary Lim Award.

Dr Siew Chee Weng, an Associate Consultant in the Department of Family Medicine and Continuing Care in the Singapore General Hospital, describes to us how he finds his work fulfilling as it involves an interesting mix of service and academic activities. Other than providing inpatient service in the Division of Medicine, he also sees outpatient follow-up cases, provides home based intermediate care as well as teaches the medical students from both the Duke-NUS Graduate Medical School and the Yong Loo Lin School of Medicine.

Our heroine for the day, Dr Marie Stella Cruz then does us proud by sharing with us her dramatic experience of saving a life during the 10 km KPE run. We also get to hear the rare account from this same post cardiac-arrest patient she saved, on how timely life-saving measures had saved him and changed his life forever.

College Mirror next features 'Conversations with MOH - Integrating Primary Care Services in the Community' meeting, which was a MOH-GP forum, jointly organised by the Ministry of Health, College of Family Physicians and the Singapore Medical Association. Prof Satku, Director for Medical Services, shared about the existing collaboration between the MOH and the GPs, viz the flu pandemic plan, Chronic Disease Management Programme (CDMP), Integrated Screening Programme (ISP) and the national Delivery on Target (DOT) program, as well as the new extended Primary Care Partnership Scheme (PCPS) to cover chronic diseases. He describes his vision for the integration of Primary Care

Services in the Community and how the MOH wants patients to be right-sited back to the private Primary Care. He encourages those present to participate in the working draft of "Integration of Primary Care Services - Role of Primary Care". We also learn about the National Health IT strategy and its benefits, as well as how the MOH holdings would be helping all family physicians and their clinics to be integrated into the National Health IT strategy.

There will be the usual beautiful centrespread of pictures as we witness the FM Convocation 2008 and are encouraged by the testimonies of the many who took time and effort to upgrade themselves.

We feature two recent interesting seminars- the Leadership Forum and seminar on Research Methodology. The many senior speakers currently in position of leadership both in the public and private healthcare sector were present to teach and inspire all of us to aspire towards serving in the leadership capacity, both in and outside of the medical fraternity. The Research Methodology seminar with its teaching of practical tips and group discussion sessions is highly useful for budding GP researchers.

Finally, we have a sobering reminder from Dr Gabriel Seow on our role as a healer-doctor in the midst of a nation-wide discussion on Euthanasia in Personally Speaking.

Last but not least, we want to welcome Dr Kiran Kashyap on board the College Mirror. She is currently practising at East Coast Family Clinic and enjoys writing! ■CM



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Reflections on Family Medicine

By A/Prof Goh Lee Gan, President, 21st Council, College of Family Physicians Singapore

As the year 2008 comes to a close, it is timely to reflect on the major things in the year and make preparations for improvement into the New Year.

First is thanksgiving. The College's vision is to build on the efforts of all to improve the art and science of general practice or family medicine. And we need to thank the many, too many to name, who have been a helping hand in one way or another. To one and all, on behalf of the College, we say a big "Thank You" and we continue to need your help.

Second, as we look across the year that has been, several things stand out as important. These are:

Chronic Disease Management Programme

The continued momentum and further escalation of efforts are needed. From the initiation of four diseases that MOH allows the use of Medisave for the patient to pay for chronic disease management - namely diabetes mellitus as the first chronic medical condition from 1 Oct 2006, to a further three from 1 Jan 2007, namely hypertension, diabetes, hyperlipidemia, and stroke - two more chronic diseases, namely asthma and COPD, have been added to this programme since April 2008. This brings to a total of six chronic diseases, for which patients can use their Medisave for payment of part of their medical bills. It is timely to reflect that payment is only part of the agenda. A more lasting aim is to focus on the importance of taking care of chronic diseases well and early by not only the doctor, but the patient as well. And Health Promotion Board has a webpage devoted to help the patient achieve this. It will be useful to refer every patient and

significant others to their webpage on the wealth of information on how to do this well: http://www.hpb.gov.sg/chronic_disease. Their tagline to the patient: Take charge of your health and manage these conditions to lead a fulfilling life.

Integrated Care

There are many things covered in the MOH's working draft for consultation. There have been several consultations with the primary care doctors of the land. Several surface as evergreen items needing attention: (a) the abhorrence of managed care programmes of managed care organisations that focus on cost without due attention to quality and sustainability; (b) drug costs; (c) IT challenges; (d) costs of care; and (e) the need for equitable payment for primary care and community based care services. Integration, both vertically and horizontally, to provide "the right care, in the right way, at the right cost, and at the right time... consistently" (as was enunciated by our Sreenivasan Orator this year, Professor Ng Han Seong) is the appropriate tagline for all - patients, press, politicians, and providers.

The Family Physician Hospitalist

Singapore has the vision to enlarge the role of the family physician to be in the hospital as well, led by Professor Ng Han Seong, to make things happen. Singapore General Hospital has shown that it can work, although there is much more to be done. NUH has also embarked on the idea. And other hospitals are following suit. This is a step in the right direction. In other words, there is a need for the family physician to be able to function not only in the community, but also to be able to take on hospitalist work - or at least, to be able to manage patients with that focus. We need this paradigm shift for right siting

to be a reality in Singapore. In the adoption of a new idea, Everett Rogers showed that people can be divided into several groups on the speed of adoption of a new idea. Together, they form the innovation diffusion curve - the innovators (2.5%), the early adopters (some 13.5%), the early majority (some 34%), the late majority (some 34%), and the laggards (the rest, 16%). For the Family Hospitalist movement, we are probably at stage of early adopters, hopefully moving towards early majority. We need this shift of thinking if we are going to utilise our family physicians to realise the integrated care that we are talking about. And to make things happen, we also need to address the barriers. For one, we need to pay primary care providers and community hospital providers enough. Family physicians need to take on the new tagline that "family practice needs to extend its capability beyond the care of the community based patient to the hospital based patient, both in teaching and practice".

Third, we need to make plans for the new year. Hopefully, the content of this President's Forum will stimulate you to reflect on things, do some goal setting, and make the 2009 resolutions. My resolutions as President of the College for 2009 will be to work on chronic disease management capacity building, integrated care translation, and to extend the capability of family physicians beyond the care of the community based patient to the hospital based patient.

Let me wish every one Merry Christmas and Happy New Year for 2009. What are your New Year resolutions? **■CM**

There were many significant events on the World Stage in 2008.

After a disastrous earthquake earlier in the year, the Beijing Olympics on 8 August 2008 brought world attention back to China. The Chinese were riding high on decades of double digit economic growth and were no doubt extremely proud to show off their newly gained economic, political, and sporting prowess.

The 44th US President was elected amidst intense media interest, not only in America but around the world. His campaign based on 'Change' captured the imagination of the public, and brought hope to a world anxious to see a new leader take on its problems with a fresh perspective. The financial markets had not been so forgiving and, after a short rally during the US elections, returned to grim reality and is now back on its tortuous gravity laden descent, which may see it well into 2009. In Singapore, the first ever F1 night race forced road closures, jacked up hotel rates, and

turned disinterested Singaporeans into overnight racing fans.

So what were the significant events for the College and for Family Medicine in 2008? Thankfully, no major disasters, the College keeps its President for another term, and our finances are still looking up. College Mirror brings to you a rundown of the important events in 2008 and why they are likely to have an impact on Family Medicine that will extend well beyond this year and the next.

Partners in Health

What happened?

The Minister for Health, Mr Khaw Boon Wan, made an important speech at the Singapore Disease Management Conference in May this year. He encouraged all Singaporeans to develop a long term relationship with their family doctors. To enable this vision, MOH will seek to actively correct the imbalance that accounts for a disproportionate share of chronic diseases being handled by the polyclinics. This is bad for the doctor-patient relationship as patients are currently incentivised to switch to polyclinics once diagnosed with a chronic disease. They do so to enjoy the subsidies, whilst seeing their neighbourhood GPs only for acute conditions. Initiatives such as allowing Medisave to be used for outpatient treatment of chronic diseases and shared care between GPs and hospitals are indicators of the many possibilities still open to us. Mr Khaw also announced new initiatives including a nationwide integrated health screening by Health Promotion Board, and extension of PCPS scheme to cover chronic diseases.

PCPS for Chronic Disease

What is it?

The Primary Care Partnership Scheme (PCPS) currently covers subsidised patients for acute conditions when they see the private GPs. In August 2008, MOH announced that PCPS will be extended to patients with chronic diseases who consult their family doctor. The subsidy which used to be set aside for patients with chronic disease to attend the polyclinics will therefore be portable, with this subsidy paid

2008 Significant Events

By Dr Wong Tien Hua, MCFP(S), Editor





“There is now a great potential for shifting those subsidised patients who attend polyclinics to doctors in the private sector due to this subsidy portability.”

to the GP instead. This is in line with the long term vision of encouraging every patient to have one family doctor that provides for the entire spectrum of their healthcare needs. Certain terms will have to be met for this to occur. One is that the patient must suffer from the prescribed chronic disease (HPT, Hyperlipidaemia, and diabetes), data submission is required as per the current Chronic Disease Management (CDMP) framework, and the funds are subject to an annual cap.

One significant difference from previous policy is that patients who are subsidised under PCPS will continue to remain as a subsidised patient if the GP needs to refer the patient back to the hospital specialists.

Why is it important?

Patients with chronic diseases can now see private GPs using government subsidies. This is different from the current chronic disease management programme, where it is the patient's Medisave that is being used. In the case of PCPS, the government is paying the subsidy for patients to see private GPs. There is now a great potential for shifting those subsidised patients who attend polyclinics to doctors in the private sector due to this subsidy portability.

Integration of Primary Care Services

What is it?

At the second "Conversations with MOH" forum held in October, the theme was that of Integrating Primary Care services in the Community. The main tool that will enable this initiative will be the appropriate use of

information technology for information exchange and co-ordination between the plethora of healthcare service providers. A National Health IT Strategy has been mooted to address the need and benefits of information sharing through the use of IT systems.

Why does this matter to you?

After many years of encouragement and discussion MOH will finally be embarking on this ambitious action plan to create a common IT platform for the GP community. It is therefore wise to see how you too can prepare for this eventuality. Take a serious look at your own IT processes in your clinic and how many of them can be more efficiently streamlined into an overarching IT workflow. Those clinics with little IT utilisation need to drastically change the way they work, the sooner the better. Especially if you think you are likely to be in business for the next five to ten years. Once the National Health IT Strategy becomes reality, those practices with established IT based work processes will be in the best position to utilise and harness this powerful tool.

HPB Integrated Screening Programme

What is it?

The Health Promotion Board's Integrated Screening Programme is a nation wide screening programme. Its purpose is to provide screening for the local population age above 40 years for any signs of chronic diseases including hypertension, obesity, hyperlipidaemia, and diabetes. There is also an option for pap smear for women.

Significance

HPB has arranged for participating clinics currently under the CDMP programme to provide the lab tests at an agreed price. It left the consultation fees payable to the GP, open for GPs to decide although it did provide a recommended price range. Patients who are subsidised did not need to pay the laboratory charges. Mass mailing of eligible residents was conducted in phases. As a result of this direct invitation, many patients took the opportunity to come for screening, some of whom had never been screened before. This also gave them the opportunity to discuss health concerns with the GPs and for GPs to provide the appropriate advice and address health seeking behaviour. Patients who had abnormal results could also be followed up for assessment and evaluation. Those with chronic disease can have the option to pay for their continued care via their Medisave accounts as the participating clinics were already on the CDMP panel.

Why does this matter to you?

GPs are now able to tap an entire group of potential patients who would otherwise not have stepped forward to be screened. Mass mailing, advertisement, and lab procedures were all taken care of with only minimal administrative procedures. Furthermore, GPs could still keep to their usual consultation charges. College Mirror has not had any feedback about the effectiveness of this programme, but it will be no surprise that it will turn out to be highly successful, and certainly one of the better thought-out programmes in recent memory. ■ **ICM**

(from page 1 - Family Medicine Convocation 2008)

Integrated Care" is timely. Primary care cannot just remain in the community. It also needs to be involved in the interface care of patients and this is integrated care. And this becomes especially relevant as the population age into 80 and 90 years of age because care will be more complex and complicated. I see that the other hospitals are now taking up the idea of family physicians working side by side with hospital specialists in the hospital. We look forward to hear Prof Ng's Oration.

Convocation time is also time to talk about the future

Fourth, Convocation is also a time to talk about the future of Family Medicine. The discipline of Family Medicine is now being recognised as the base specialty for subspecialty training of sports medicine and palliative care. I am very happy to see this growing arrangement. Through this arrangement we have now an unique opportunity in Singapore to avoid the fragmentation of care between specialist care and generalist care. Well trained generalists with the Master of Medicine in Family Medicine background can practise Family Medicine and, also, if they so wish, be further trained to care for adults and the elderly in various settings including areas like sports medicine, and growing areas like palliative care. Into the future, the cadre of generalists will be serving in diverse settings with a unique feature namely, built-in family medicine integration. We will be in a stronger position to bridge and cement the cracks and gaps that exist in the present health care systems. There is a caveat however, that we as family physicians must not forget, in advocating family medicine as a base specialty: While we acquire specialised skills and knowledge that will enable us to work in specific settings of the health care system, we should continue to retain the core values and principles of family medicine and bring these into the various care settings in the health care system.

In pursuance of this base specialty idea, we need to introduce an advanced training programme (AST) to the MMed (Family Medicine) just like in the other specialties. College has made a headstart in this direction in its Fellowship programme. It should not be difficult to now develop this Fellowship into an AST level in line with the other existing AST programmes.

Convocation time is also catch up time

Finally, Convocation time is also a time for us to catch up with one another and renew friendships and commitments to the College. Please feel free to mingle and talk to one another.

With that note, thank you everyone for being part of the celebrations tonight. Let me wish you a pleasant evening of good food, good company, and plenty of good cheer.

■ CM



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Locum Doctors

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Interested applicants are invited to apply with detailed curriculum vitae, stating full personal particulars, educational and professional qualifications, career history, present and expected salary, contact numbers and e-mail address to:

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Or on-line application at
<http://polyclinic.singhealth.com.sg/JoinUs>



“I asked Dr Jerry Lim and Dr Patricia Lim whether they remember the values their father inculcated in them. They said that he was a very hard working doctor who cared for his patients.”

Albert & Mary Lim Award Recipient Dr Lee Suan Yew

Albert & Mary Lim Award Acceptance Speech at the Family Medicine Convocation Ceremony
23 November 2008, Tanglin Club

“I am deeply honoured and humbled to receive the Albert and Mary Lim Award. Seeing the College and Family Medicine grow in stature and seeing Family Medicine playing an important role in Singapore is reward enough.

Dr Albert Lim, Prof Sreenivasan, Dr Chen Su Lan, Dr Victor Fernandez and Dr Wong Heck Sing, among others laid the foundation for our benefit today through their dedication in upholding high standards of medical practice. They had high ideals and they influenced many younger doctors. They worked with passion and had compassion for their patients.

What can we learn from Dr Albert Lim and his family? Dr Albert Lim Liat Juay was born on 15 October 1890 and died at a good age of 80. He studied medicine in Edinburgh and later obtained his M.D. in haematology. Upon his return to Singapore he and his brother, Harold, a surgeon, jointly went into private practice. They became famous in Singapore. Despite his busy schedule he served on the Municipal Commission in the Singapore University Court and various Hospital Boards.

When World War II broke up, he and Sir George Allan setup the first blood transfusion unit in Singapore. He even practised obstetrics and delivered baby Lee Kuan Yew on 16 Sept 1923 at the family house at Kampong Java Road, not far away from the present KKWCH! Imagine, the history of modern Singapore would be quite different if he had bungled that delivery!

Dr & Mrs Lim had four daughters and a

son. All of them became doctors. Not only that, the daughters married four prominent doctors and produced a third generation of doctors!

Dr Lim's son, Jerry is another well known Family Physician, who once served as President of the Dover Hospice, There was something unique about the Lim Family. With the sons-in-law they influenced the younger doctors to make greater contributions towards improving the healthcare in Singapore.

I wish to focus on three main points due to time constraints: Values; Service; Progress.

VALUES

I asked Dr Jerry Lim and Dr Patricia Lim whether they remember the values their father inculcated in them. They said that he was a very hard working doctor who cared for his patients. He was meticulous in patient care. He would even miss a meal to attend to all his patients. He only had a real family holiday overseas after 30 years in practice. His patient offered his family to stay at a seaside bungalow to relax. They did but he went to work every day from the bungalow! He had high ethical standards and he was a man of integrity. Integrity is a very essential quality in medical practice.

He was also very human. His fault was that he did not spend enough time with his family according to Jerry. Luckily, his wife was very capable with running the home and nurturing the children. I think it was Patricia who wrote a birthday card to her mother.

This card reads thus,

"We are never without courage

“I congratulate the College for making such strides of progress. Our medical colleagues from overseas often marvel at what we are able to do.”



*with a Mother's faith beside us.
We are never without comfort
with a Mother's hand to guide us.
We are never without laughter
when we have her smile to cheer us.
We are never far from Heaven
when a Mother's love is near us."*

This really sums up the virtue of Mary Lim, We can certainly learn good values from this illustrious family!

SERVICE

Dr Albert Lim served the community and the blood transfusion department to the best of his ability. The legacy he left behind is that we should contribute our time towards servicing our medical fraternity and the community. There are many doctors serving our College and contributing their time and expertise to the College, our Medical institutions and the Ministry of Health. I hope that the numbers will grow.

PROGRESS

Thirdly, we must progress. To stand still is tantamount to being regressive. We should learn from our Mentors but we need to build upon their foundation. Dr Lim's sons-in-law certainly did that. On a personal note, I was influenced by Dr Wong Heck Sing. He told me to "help" the College. That was in early 1980s. Little did I realise that his idea of "help" involved being elected President of the College in 1985. We were involved in continuing medical education for the older GPs. We were also encouraging the younger GPs to take up a diploma course called "Membership of the College of General Practitioners" MCGP. We also conducted

evening lectures at the old K.E. Hall and later at the COMB. In 1992 when the Ministry of Health and the Postgraduate Medical School proposed that we form a steering committee to formulate a Vocational Training Programme leading to a postgraduate degree, called the Master of Medicine (Family Medicine) chaired by Dr Ling Sing Lin. We put our shoulders to the wheel and in 1993 the M.Med (FM) was established, equal to any post-graduate examination under the M.Med umbrella at NUS. That was a turning point when Family Medicine is equal to a specialist degree.

Since then, College has spawned more Diploma and Fellowship courses. The crowning achievement was to host the WONCA Conference for the second time in Singapore. It reflects the organisable capabilities of our College Council members. I congratulate the College for making such strides of progress.

Our medical colleagues from overseas often marvel at what we are able to do. All these medical progress in Singapore would not have been possible without the good listening ear, the vision and the boldness of all the Ministers, Permanent Secretaries and Director of Medical Services who have encouraged the progress of Family Medicine here. In fact, the Minister of Health, Mr Khaw Boon Wan himself mentioned many times, through the media, that every Singapore Citizen should have a Family Doctor. In Oct 2006, Mr Khaw launched the Medisave Scheme for Chronic Disease Management Programme. The four chronic diseases included Hypertension, Diabetes Mellitus, Hyperlipidemia and Stroke. This year, two more diseases, Asthma and Chronic Obstructive Pulmonary Disease

were added to the list. He insisted that there should be a seamless step-down for transferring such patients from the Specialist Outpatient Clinics to the Family Physicians. The majority of Family Physicians responded positively. It is hoped that with proper and early management there will be fewer complications leading to hospitalisation in the future.

The next progression is to improve our I.T. medical records which can be transmitted not only between hospitals but between hospitals and the Family Physicians. I hope that College will help the MOH in this new transformation. College could continue with more clinical research in Primary Healthcare. College could also collaborate with MOH once valuable data are assimilated following the CDMP data collection and the Integrated Screening Programme.

In conclusion, I wish to congratulate all the graduands on their success. However, do not rest on your laurels. Remember the good values of our Mentors. Remember to serve our medical fraternity, the MOH when requested; to serve the community and to contribute towards the progress of medicine in general and in Family Medicine in particular. I wish you all further successes in your endeavour.

May I end by quoting a famous physician. Sir William Osler's quotation is still very meaningful: "The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head."

■ CM



MMed(FM) Class of 2008

Sporting Strong Camaraderie



Interviewed by Dr Kiran Kashyap, MCFP(S), Editorial Board Member

This November, 23 family physicians successfully attained the MMed in Family Medicine. The College Mirror (CM) spoke to a few candidates about their experiences.

Dr Ng Lee Beng (NLB), who is currently with the Department of Family Medicine and Continuing Care (FMCC) at Singapore General Hospital, graduated with her MBBS in 1980. She obtained the GDFM in 2006.

Dr Ang Seng Bin (ASB), who graduated in 1999, attained his GDFM in 2006, and is currently working in KK Women and Children's Hospital (KKWCH) as a resident physician under the Ambulatory Geriatric Service.

Dr Ratnaporn Siriamornsarp (RS), who graduated in 2000, is currently working in Tampines Polyclinic.

Dr Peter Moey (PM), who graduated in 2001, is currently working at Pasir Ris Polyclinic.

CM: What led you to take up the MMed course? What did you hope to achieve?

NLB: To follow my passion in primary health care and Family Medicine, which I have had from early years. After 28 years in healthcare, at heart I still feel most fulfilled in treating my patients and empowering them in healthy living. To be more equipped to teach and impart knowledge with values to medical students and younger doctors, in the tradition of many senior doctors, who had walked before me, and with me, and

showed me the practice of Medicine with passion, excellence and compassion.

ASB: I took the MMed, with encouragement from my boss, to master general medicine in greater depth.

RS: I took the MMed out of an interest in furthering my knowledge in Family Medicine. As a foreign graduate, it was a necessary step to my intention of long term practice in Singapore, as my husband and children are Singaporeans.

PM: I decided to take the MMed (FM) to keep my options open, as it was said at that time that there was a possibility of doctors requiring the MMed(FM) to open our own clinics in the future. Besides, I was hoping that the MMed traineeship would give me the training and good and relevant postings from MOPEX that would help me in my future career.

CM: Dr Ng, you have previously completed the GDFM course. In comparison, how did you find the MMed programme?

NLB: I found the MMed programme very different from the GDFM training in terms of the increased emphasis in clinical approach, in building clinical skills, and management of biomedical problems. Clerking and examining real patients presented a challenge in diagnostic and interviewing skills.

CM: What were the challenges you faced in doing the MMed?

NLB: As an older candidate, my challenge was to overcome the gaps in knowledge related to being out of the hospital setting for many years. It was also physically challenging working in two busy clinics (SGH and polyclinic) and studying after work.

ASB: I had to work out a busy schedule that incorporated weekly exposure to private general practice clinics, the geriatric clinic, the menopause clinic, the paediatric dermatology clinic, an osteoporosis programme and the children's emergency department at KKWCH. With three young children, the loss of family time was significant.

RS: As a mother of two young children, having to put my family on hold was my greatest sacrifice. I found the case write-ups challenging and time consuming. Studying was not difficult as it was relevant to daily practice.

PM: Much of my personal life has been postponed in preparing for the MMed(FM) course. This includes dreams of writing a music instructional book and developing a unique course (for Pop Piano/Keyboard), taking courses in music recording, religious pursuits, financial planning, matrimony, completing a project on developing a uniquely Singaporean musical instrument with a grant from MICA (Ministry of Information, Communication and the Arts). Besides, exercise was neglected during this time and I have put back on considerable weight, which I had previously managed to lose after much work.

CM: What have you gained from the MMed course?

NLB: The training and enforced studying has refreshed my clinical skills and replenished my knowledge, which certainly impacts the care of my patients positively. I have always believed in primary prevention of disease from my young graduate days. It is exciting to see many of the principles of Family Medicine concur with my ideals and beliefs in healthcare. With the training, I hope I would have more opportunities to impart knowledge, with values, to younger doctors and medical students. I also come away with many warm memories of the

camaraderie and strong friendships that were forged.

ASB: I have achieved a wide breadth of training and clinical exposure. I hope to continue to serve in the hospital setting, and I see an important role for the family physician to provide holistic care.

RS: I feel the programme has greatly helped in me becoming a better doctor. It has given me very good exposure to the practice of Medicine in Singapore.

PM: Looking back, the lectures gave a good overview of all the different aspects of

Family Medicine. After having only theoretical knowledge, it was the requirement of a compilation of Practice Profile, Audit and five Case Write-ups that made me actually put a lot of it into practice. The Practice Profile gave me a clearer insight to my practice. Also, in my attempt to produce write-ups that "cover all grounds", I have explored in more depth, topics that are important for comprehensive care, which I previously would not have. For instance, I explored all the DRNS (Disability Related National Schemes) and managed to help a disabled patient's relatives get more

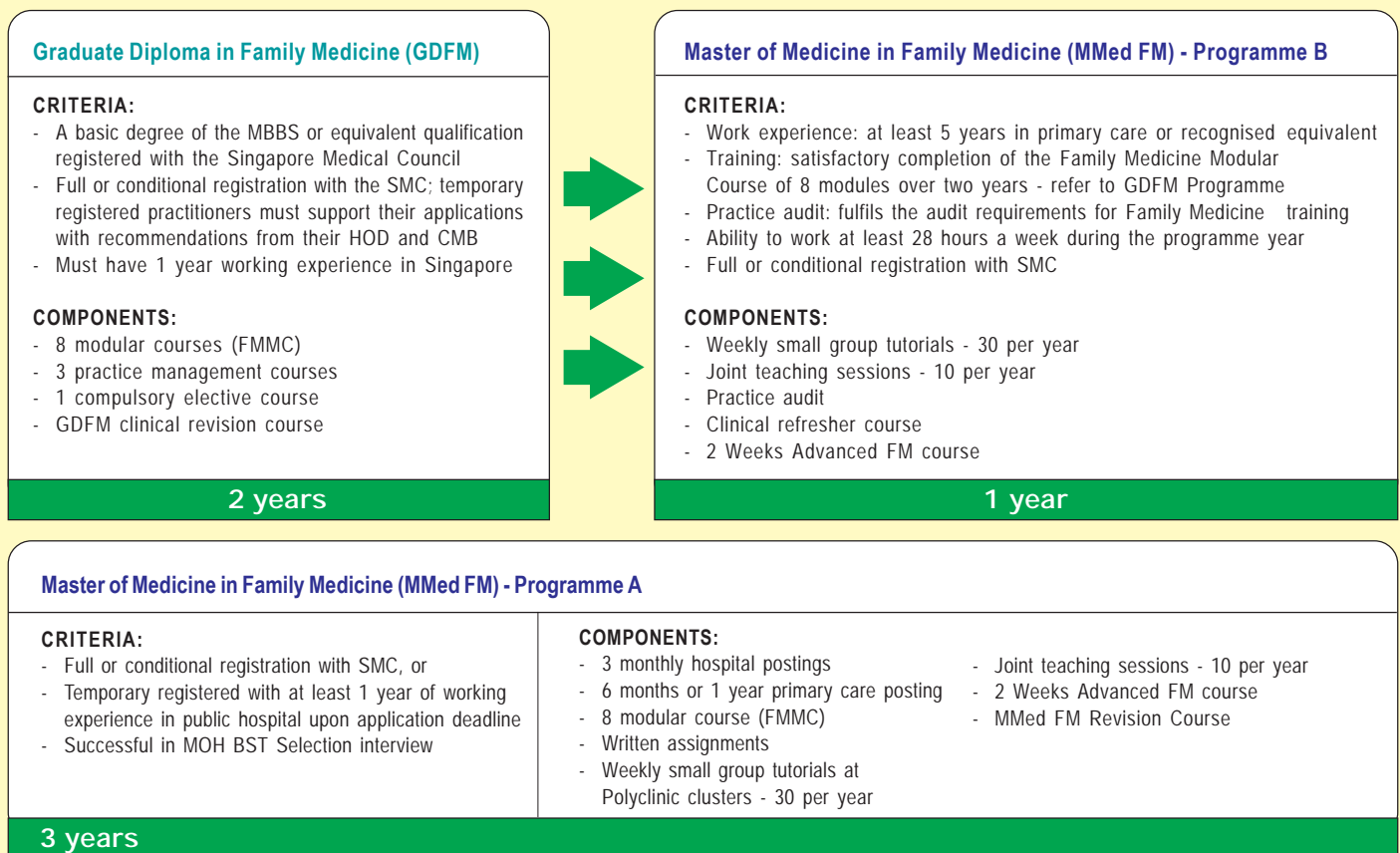
(CONTINUED on page 17)

Overview on MMed(FM) Programme A and B

The aim of the Master of Medicine (FM) is to train an echelon of family physicians who will be on par with the hospital specialists and be able to take on the role of leaders, trainers, and administrators in family medicine development.

The Master of Medicine (FM) was started in 1992 for doctors working in the Ministry of Health who are in a three-year vocational training programme with the objective of providing such doctors with a broad base of multidisciplinary core

knowledge and practical skills. As time goes by, the Master of Medicine (FM) evolved itself to fill the needs of doctors with different set of qualifications and needs.



For more information on the Family Medicine Training Programmes, please contact us at Tel: 62230606 or visit www.cfps.org.sg.



Sreenivasan Oration 2008 by Prof Ng Han Seong

Integrated Care

As reported by A/Prof Goh Lee Gan, President,
College of Family Physicians Singapore

The Sreenivasan Oration this year was given by Prof Ng Han Seong. This is a brief report on the Oration. The full-text will be published in the Singapore Family Physician in the March issue 2009.

SUPPORTER OF FAMILY MEDICINE

In the citation of Prof Ng, A/Prof Cheong Pak Yean, our Vice-President, recounted the academic track record of Prof Ng. Certainly Prof Ng is well-known to the profession and well-liked by his teachers, peers, and students. He has contributed much to the training of our family physicians, and is an examiner of the MMed(Family Medicine) Examination.

FAMILY PHYSICIAN HOSPITALIST

Prof Ng's biggest contribution to family medicine is the vision and implementation of the Family Physician Hospitalist in the Singapore hospital system. Through his leadership and efforts, Prof Ng has mentored Dr Lee Kheng Hock as Head of the Department of Family Medicine & Continuing Care in Singapore General Hospital to bring into reality the first family physician hospitalist department in this part of the world. The place of the family physician in the hospital is beginning to be accepted. NUHS has also embarked on the idea of the family physician in the hospital and the idea is taking root in the other restructured hospitals as well.

INTEGRATED CARE

Prof Ng's Oration was on Integrated Care. He noted that integrated care was mentioned by several Sreenivasan Orators in the past. He sees integrated care as the solution to the health care challenges of today: ageing population; complex chronic diseases; too many specialists, too few generalists; maids as home care-givers; and piecemeal and fragmented care.

In the full care cycle of the patient across the stages of acute care, chronic care, and terminal care there is a need for care that is based on consistent treatment/management plan, adequate communication amongst providers, patient and caregivers, and some professional to own the patient. He sees the family physician to be that professional.

There are various facets that make up integrated care: co-ordination across the continuum of care in the patient's journey through the full cycle of care; the reduction of unnecessary variation in care consistently; the support care partnerships of primary care with

the community and with hospitals; the multidisciplinary and doctor-patient communication; and the outcome and value created in the provision of care.

It is in the integration of care in the elderly that the concept of integrated care has the biggest reason to be in place. Think of the frail elderly patient with multiple co-morbidities who is now saddled with a fracture of the hip. There is a need to integrate family, circle of concern and physician into patient care; to focus more on function, and less on disease; to build trust; to provide resources for care at home; and to empower health care providers. The family physician needs to be nearer to the center of action. Herein lies the place of the family physician hospitalist.

DEPARTMENT OF FAMILY MEDICINE & CONTINUING CARE

Prof Ng describes the role of the Department of Family Medicine & Continuing Care (FMCC). This Department seeks to bring in the strengths of family medicine in care co-ordination and patient-centredness into the hospital care environment. Its mission is to:

- o Provide a family physician consultation service
- o Provide and develop systems of transition care between hospital services and community services
- o Provide co-ordinated management of patients with co-morbidities in the hospital
- o Provide interface care between the hospital and primary care providers
- o Provide progressive undergraduate and postgraduate medical education
- o Conduct research in Family Medicine.

The FMCC will effect the right siting of care using a strategy of promoting care co-ordination and patient centredness.

THE TAKE HOME MESSAGE

Integrated care needs to be the prevailing vision of every provider in today's health care delivery if we are to surmount the challenges facing health care that Prof Ng enumerated at the start of his Oration. Prof Ng's take home message on integrated care is - the right care, in the right way, at the right cost, and at the right time ... consistently.

The feedback on his Oration was that he has spoken clearly on the need, the way, and the outcome expected of integrated care. **ICM**



Family Medicine Convocation Ceremony 2008

As reported by Dr Farhad Fakhruddin Vasanwala, MCFP(S)

November 23rd herald an important milestone for the family medicine fraternity. The Family Medicine Convocation 2008 was held at the The Tanglin Club, where this august occasion was graced by the Minister of Health, Mr Khaw Boon Wan.

The College President's address by A/Prof Goh Lee Gan, emphasised that while we acquire specialised skills and knowledge that will enable us to work in specific settings of the health care system, we should continue to retain the core values and principles of Family Medicine and bring these into the various care settings in the health care system.

Dr Lee Suan Yew was conferred the Albert and Mary Lim Award for his pivotal role in the siting of the College in the College of Medicine Building and the development and expansion of the College in the 1980s and the 1990s. He still serves in various committees and thus provides steadfast leadership and guidance to the College and country. In his acceptance speech, he espoused that our fraternity must remember that previous eminent physicians like Dr Albert Lim, Dr Wong Heck Sing, Dr Ransome had made innumerable sacrifices for their patients, fellow colleagues and nation. They were also great exponents in the art of Medicine.

Prof Ng Han Seong, Chairman of Division of Medicine and Senior Consultant in the Department of Gastroenterology of Singapore General Hospital, was the Sreenivasan Orator for 2008. Prof Ng has been instrumental in the setting up of the Department of Family Medicine and Continuing Care in SGH. In his lecture titled "On Integrated Care" he emphasised that our MMed (FM) graduates must keep in touch with the hospitals and among some of them continue to serve as generalist in the hospital in order to avoid fragmentation of care. For patients to be right sited back to the community, the patients and their families must see that our colleagues have seamless access to medical information and cost must be structured in such a way that it would be of value for money for patients to be right sited back to the community.

The conferment ceremony saw 80 GDFM graduates and 23 MMed (FM) graduates and 11 MCFPs added to the College's ever growing Family Medicine fraternity.

On this memorable note, the night was concluded by a scrumptious dinner in the rustic Churchill Room where everyone caught up with one another, renewed friendship, and commitment to the College. **ICM**



FAMILY MEDICINE

23 NOVEMBER 2007



21st Council College of Family Physicians Singapore

Council Members with the Guest-of-Honor (Minister for Health), Sreenivasan Orator, and Albert & Mary Lim Award Recipient

Standing: Dr Michael Wong, Dr Jonathan Pang, Dr Adrian Ee, Dr Rukshini Puvanendran, Dr Wilson Eu, Dr Lim Fong Seng (Honorary Treasurer), Dr Lawrence Ng (Honorary Editor), and Dr Chow Mun Hong

Seated: Dr Lee Kheng Hock (Censor-in-Chief), Prof Ng Han Seong (Sreenivasan Orator), A/Prof Goh Lee Gan (President), Mr Khaw Boon Wan (Minister for Health), A/Prof Cheong Pak Yean (Vice President), Dr Lee Suan Yew (Albert & Mary Lim Award Recipient), and Dr Cheng Heng Lee (Honorary Secretary)

Not in photo: Dr Lew Yii Jen (Council Member)



Censor-in-Chief, Dr Lee Kheng Hock, leading the Academic procession



Dr Lee Suan Yew, receiving the Albert & Mary Lim Award 2008



Prof Ng Han Seong, delivering the 2008 Sreenivasan Oration



The Ceremony, graced by Mr Khaw Boon Wan (Minister for Health), Dr Lee Suan Yew, and Prof Ng Han Seong



Dr Jason Yap, emcee of the night



Prof Ng Han Seong, Sreenivasan Orator, receiving a token of appreciation from the College



A scrumptious dinner in the Churchill Room concluded the memorable night



The new batch of Collegiate Members signing the College scroll (in the photo: Dr Tan Woei Jen Michelle)

CONVOCATION 2008

THE TANGLIN CLUB



MCFP(S)

Standing: Drs Lim Chien Wei, Chong Tsung Wei, Chiam Yih Hsing John, Cheah Soon Min Benjamin, Farhad Fakhrudin Vasawala

Seated: Drs Lau Chin Hoh, Chew Eng Lee, Dr Lee Kheng Hock (Censor-in-Chief), A/Prof Goh Lee Gan (President), A/Prof Cheong Pak Yean (Vice President), Tan Woei Jen Michelle, Soo Wern Fern

Not in photo: Drs Koh Tse-Chung Kevin, Kiran Kashyap



GDFM

Standing(top): Drs Koo Wee Khiat Alvin, Lim Liang, Chua Swee Huat George, Lee Van Hien, Lau Eng Kièn, Lim Shee Lai, Chin Siew Pang, Florencio III Santos Pineda

Standing(middle): Drs Quek Peng Lim Timothy, Liang Clarence, Wee Wei Keong, Victor Risma III, Seo Peng Sin, Chua Shu May Celeste Ann, Lau Yen Ning, Mary John, Lee Kai Xin, Tay Siew Hua, Richard Espeno, Manojkumar Amaralal Kharbanda, Chua Yong Kwang Kevin, Lim Mei Yuan Loretta

Seated: Drs Lee Mei Kam Irene, Ma Sabai @ Lee Cheong Mei, Lee Wan Sian, Phua Sin Ru, Dr Lee Kheng Hock (Censor-in-Chief), A/Prof Goh Lee Gan (President), A/Prof Cheong Pak Yean (Vice President), Kwan Pek Yee, Ling Ning Margaret, Ma Rachele de Gracia, Santiago Baby Liza



MMed(FM)

Standing: Drs How Choon How, Loh Wai Leong Jeffrey, Lee Eng Sing, Moey Kirm Seng Peter, Seah Ee-Jin Darren, Tan Shu Yun, Ang Seng Bin, Phua Cheng Pau Kelvin, Lee Biing Ming Simon, Lee Meng Kam Richard, Tan Hsien Yung David, Ting Sing Shing Jonathan

Seated: Drs Pushparanee Somasundram, Kwek Hwei Min, Cheng Kah Ling Grace, Dr Lee Kheng Hock (Censor-in-Chief), A/Prof Goh Lee Gan (President), A/Prof Cheong Pak Yean (Vice President), Ng Lee Beng, Koh Mei Lin Jocelyn, Ratnaporn Siriamornsarp



Convocation is a time to catch-up with one another, renew friendships, and commitments to the College



Guest-of-Honor, Mr Khaw Boon Wan (Minister for Health) and A/Prof Goh Lee Gan (President, 21st Council)



Dr Lee Suan Yew (2nd from left), past President of the College and recipient of the Albert & Mary Lim Award 2008, with Dr Lawrence Ng, Dr Tan See Leng, and Dr Chow Mun Hong



“Besides doctor or nurse doing home visits, allied healthcare colleagues like physiotherapist, occupational and speech therapists assess also provide assessment and treatment in the home setting.”

A Conversation with Dr Siew Chee Weng

Home Based Intermediate Care

CM: We know you are now an Associate Consultant in the Department of Family Medicine and Continuing Care in the Singapore General Hospital. What is work like?

Dr Siew Chee Weng: There is a variety of interesting work in FMCC. We are rotated through monthly “tours of duty” which allow us to focus. When I am on inpatient duty, I am part of a team which includes medical officers and house officers and we provide general medical care to inpatients in our 34 bed unit. We do this as part of the Division of Medicine of the hospital. Our focus is care integration and discharge planning. Work can be intense at times and we work closely with our other specialty colleagues to enhance care for the patients. Our department runs a clinic in the SOC everyday. During my tour there, I will see patients who are referred to the hospital because they have undifferentiated health problems or when they have multiple comorbidities that need care optimisation. Of course we also follow up some of our patients discharged from our ward before we transit their care to the community when they are stable. We receive referrals from our colleagues working in primary care, our emergency department and other specialist departments. We also have a service that provides home based intermediate care.

I am tasked as the Clerkship Co-ordinator of the DukeNUS Graduate Medical School’s Family Medicine Clerkship. We teach them family medicine in their third year. We also teach third year and final year students from the Yong Loo Lin School of Medicine. All my colleagues in the department are also working on various research projects. As you can see, our department provides us with an

interesting mix of service and academic activities.

Is there any thing I learn from in-patients? Some of the hospitalisations are avoidable and family doctors can play a bigger role towards this improvement in the hospital system.

CM: Can you tell us what is Home Based Intermediate Care? Is it the same as Home Care?

Dr Siew: HBIC is part of our transitional care of patients discharged from acute hospital to the home setting. Patients are enrolled into this programme for a maximum of six months. Our objectives are two- fold: provide care continuity and care co-ordination.

In the former, we assist patients in their recovery from acute illness with usually prolonged hospital stay and to adapt back to the home environment. Besides doctor or nurse doing home visits, allied healthcare colleagues like physiotherapist, occupational and speech therapists assess also provide assessment and treatment in the home setting. We also assess the patients’ home environment and help arrange for resources in the community to support the family and caregivers.

In care co-ordination, various hospital specialists’ outpatient appointments are consolidated and minimised (with mutual consent from specialists and patients). Updates are regularly provided to the specialists. They appreciate our help as it frees up SOC slots. We provide updates to other agencies that may be involved in the care of the patient with regard to ongoing or new needs that arises over the preceding months.



We are constantly looking out for suitable health care providers in the community such as neighborhood general practitioners, long term home medical services and polyclinics. They are identified and we hand over the care at the end of our programme.

HBIC service complements Singapore General Hospital efforts in her overall discharge planning and reduction of unnecessary hospital visits in a safe and efficacious manner.

CM: What is the level of need for home medical care and who are the providers of the service?

Dr Siew: It had been mentioned by Dr Ling SL in an article entitled 'Health Care of the Elderly in Singapore' published in the Singapore Medical Journal in October 1998 that an estimate of 4% of the elderly

population utilised some form of help care services. Since then, the proportion of the older individuals have grown and with a longer lifespan, and a shift towards smaller family unit. More women, who traditionally take on the caregiver role, are entering the workforce. The need for this service had therefore increased.

The providers of long term home medical services could be grouped into voluntary welfare organisations and private service providers. These providers are listed in under the Agency for Integrated Care (AIC) of the Ministry of Health.

CM: What is the role of the family medicine fraternity and how should we get ourselves ready for the role?

Dr Siew: This group of home bound patients who are usually elderly would have an increasing complexity of medical comorbidities and have a complicated management plan. It is difficult for patients to understand the need for multi-disciplinary care as they tend to seek specialist care often with unrealistic expectations of miraculous improvements. This often results in patients who end up disappointed, confused and depleted of resources. The family medicine fraternity could take the leadership role of care continuity and care co-ordination to help

patients and caregivers navigate through the maze of medical services and help them make realistic choices. More importantly, there is an increasing need for the family doctor to provide counsel and guidance to patients and their families as they enter the terminal phase of illness.

For the family medicine fraternity to be effective in delivering medical care, I would encourage all of us to update ourselves through continuing professional development and link up with other care providers in the hospitals and institutions. We need a more hands on approach and more effective interactions between health care workers.

CM: Do you have any advice for the trainees and younger members of our fraternity?

Dr Siew: The practice of medicine is, forever a journey in learning, from our mentors, senior colleagues and patients. The road is usually not smooth but hey, there will always be those among us who are there to help those who trip to get up and move forward again. Learn well and do not forget why you chose to be a doctor in the beginning. I think it is not for the money or a blissful 9 to 5 job. It is about learning and helping people. Family Medicine is great for that. Join us in this interesting journey. ■ **CM**

(from page 10-11 INTERVIEW)

financial aid which was available but they previously missed.

It is in having an actual exam that a dateline is set for knowledge acquisition which would otherwise float along the winds of procrastination. In preparation for the Final Theory exam, I have consolidated my knowledge.

CM: Any suggestions for the MMed programme co-ordinators?

NLB: Our group had a good programme, benefitting from the establishment of FMCC within the hospital, which resulted in more access to clinical patients and tutors. The Back to Hospital programme could be better organised, perhaps by a

more detailed briefing to the hosting department on the trainees' needs during their visit to each department. Hands on clinical teaching is more effective when held in small groups. Resource persons from the main specialties are needed to supplement teaching from the family physicians.

ASB: Facilitate the hospital attachments for Programme B candidates.

RS & PM: The hospital rotations would serve the trainees' needs better if each one is limited to 3 months' duration. This allows a greater range of exposure for the doctors, as compared to the 6-monthly rotations (CM: this has been implemented for future candidates).

CM: Are there any tips for future MMed(FM) candidates?

All the candidates suggested:

- Consistent and regular studying right from the start
- Setting timelines
- Completing one task at a time
- Forming study groups
- Organising study notes early.

CM: We wish all the candidates for the MMed Family Medicine all the best in their futures, and release them back to their families for much needed personal and family time. They have no doubt overcome a very difficult yet satisfying challenge in their professional careers. ■ **CM**

Dr Marie Stella P Cruz

Heroine of the KPE

As interviewed by Dr Michael Yee, FCFP(S), Editorial Board Member

On 14 Sept 2008, a 5 km and 10 km mass run were held to celebrate the opening of the Kallang-Paya Lebar Expressway (KPE). Dr Marie Stella P Cruz, a family physician, had just completed her 5 km run when she stumbled upon a catch-22 situation, a man collapsed on the kerbside. In an instant, her sense of duty kicked in, performed CPR and shocked his heart thrice with an AED machine. He survived, and is now well after a 5-vessel bypass! This is her story.

"At 7:30 am on that Sunday morning, I stood on the KPE together with 15,000 other people, all eager to explore/walk/run through the tunnel. I was there for one purpose only, to get my regular 5 km dose of exercise. It was probably the only time I would ever get to run in a tunnel. A nagging thought in my mind was that my son would be sitting for his PSLE exams in three weeks time, so I planned to finish the race fast, then get home quickly. So I stood near the front of the crowd, chitchatting with some women and their children. Never would I have imagined what would ensue in the next three hours.

My most prominent memories of the 5 km run was that the darkened tunnel had a distinct smell of car exhaust making it difficult to breathe. During my last km, I came across an energetic elderly man, probably in his 60s, running steadily. I didn't want to be beaten by an old man, so I ran harder, and I felt a wee bit sorry for him at the finish line when I beat him to the finishing line by less than a metre.

Right after I crossed the finish line, I noticed a man lying on the road, on the other side of the tunnel (the 10 km track). I clambered over the dividing railing to take a look. An Indian man (a 10 k runner) and a Chinese man (who was providing medical cover) were kneeling beside him. I quickly assessed

the victim. He was not responsive, not breathing, had no pulse and his pupils were dilated. I decided to initiate CPR and started chest compressions. The Indian runner gave mouth-to-mouth breaths. A short while later, a commercial ambulance arrived and this provided us with an oxygen tank. Fortunately it had an AED machine. I attached it and gave the victim three shocks, continuing CPR in between the shocks. Lo and behold, the man started breathing spontaneously albeit irregularly after the third shock and we got a weak pulse. His pupils had also constricted. At this point we decided that it was time to bring him to hospital. I accompanied him in the ambulance to Changi General Hospital.

An unexpected surprise greeted me that night. Unknown to me, the collapse incident had been captured on camera, and I saw myself up-close, performing CPR, on the 9:30 pm English and Chinese news programmes.

Mr Koh Sien Chin, a 48-year old commercial photographer, had been engaged by the Land Transport Authority to cover the Swing-KPE event. He is a successful and well-sought after photographer, both here and abroad. I came to know this on Sept 19, when I visited him in the Singapore National Heart Centre. I was pleasantly surprised to see Mr Koh looking well, walking around the CCU. A coronary angiogram had shown one of his vessels to be 100% blocked, and the rest were at least 70 to 80% blocked. He then told me his rather chilling family history. His father had died of a heart attack at age 49, and four of his paternal uncles had also died of the same cause in their late-40s! So he had miraculously escaped

the fate of his father and uncles, which was premature death from ischaemic heart disease.

I visited him again on 27 Sept. Mr Koh had by this time, undergone a five-vessel bypass. He was an only son, with six younger sisters. His mother and sisters thanked me quietly for saving him.

I have been running for more than ten years. It has been a habit, when not working, to

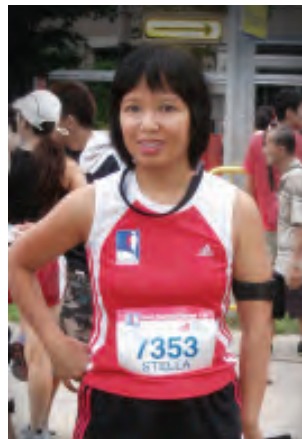
'hit the streets running' first thing in the morning, on weekends and public holidays. So 7 am, while the kids are still in bed, I put on my shoes and exercise. I am very weight and health-conscious, and during the last Lunar New Year period I ran 5 km each on three consecutive mornings, to pre-empt all the eating!

This year, for fun, I started participating in mass races. I joined in succession, the

Anlene Orchard Mile, SwingKPE and the Great Eastern Women 10k. Running is hard work, but you feel liberated and achieved at the end.

Now, I can't stop wondering if all that running these past years had a worthy ultimate purpose after all... to save a fellow human being's life.

It was a miracle. It could only have been with divine help that everything occurred with such perfect timing - that I decided to run 5k (and not 10k), that Mr Koh had just collapsed and was in the 'golden' revivable first few minutes, that he collapsed near the opening of the tunnel where there was bright light and fresh air, that there was an AED machine, and that civic-minded bystanders had responded swiftly. A



miracle as Mr Koh now belongs to the rare 2.7% survivors in out-of-hospital collapses in Singapore.

My learning points from this incident for fellow colleagues - be confident, step forward and help perform CPR on victims when faced with such a situation. It is important to go for regular BCLS training. That was my first time using an AED on a live victim, and it will be too for many of us. Hence having the requisite theoretical knowledge, and confidence, is important.

I'd like to thank Mr K Chelvan (the Indian 10K runner), and the middle aged Chinese gentleman in red t-shirt (whose name I didn't get) for helping to save Mr Koh, and the several others who rendered help during that chaotic hour in the tunnel.

■ CM



ALIVE AND WELL, WITH A THANKFUL, BEATING HEART

I don't think I will ever find the right words, or gesture, to show the depth of my gratitude to Dr Cruz, Mr K Chelvan and the Chinese gentleman whose name we were not able to obtain, and the many doctors and medical personnel who put me back on the way to life itself. My gratitude especially to Dr Cruz and the two runners who had responded at the first instant, thus reviving me in the first few golden minutes and squeezing me into the mere 2.7% of victims who survive an out-of-hospital collapse.

Mr Koh Sien Chin,
a 48-year old
commercial photographer



Leadership in Medicine Forum

Reported by Dr Lee Mun Tuck

The leadership forum that was successfully organised and attended by the primary care community was borne out of two things. (1) The recognition by the College that there was a need for such a forum to further empower the new generation of doctors on the soft skill of leadership; and (2) The recognition by the College to drive and support this need by none other than the FCFP trainee cohorts, who are and will be taking on greater leadership roles presently and in the future.

The idea of such a course started even before the present FCFP course started. It was germinated by the respective esteemed members of the College who first reviewed the syllabus of the Fellowship course and recognised the need for continuous change and improvement, not only in the syllabus of the course, but also in the way the training was to be executed. Hence, the trainee cohort of FCFP students of Group B were tasked with the unenviable task of organising such an event with its associated esteemed speakers.

We were ably guided by the good counsel and advice of our trainers A/Prof Goh Lee Gan and Dr Lee Kheng Hock, and identified key individuals within the medical community that all would have associated as leaders within the medical community. To say it was an easy task trying to get all the necessary speakers together at the appropriate time would truly have been an understatement.

Fortunately, after some major flase starts and hick ups, the course was confirmed for the weekend of November 4-5.

The first day saw us listening to the reflection and sharing session by our esteemed speakers on their personal experiences as well as what they felt were required of them as leaders. The second day was focused more on the hard details of different aspects of leadership.

We were indeed heartened by the support given to us by the respective leaders concerned.

They were none other than Prof Chee Yam Cheng, A/Prof Cheong Pak Yean, Prof Ng Han Seong, Dr Tan Cheng Bok and Dr Tan See Leng for the first day, and the second day, A/Prof Goh Lee Gan, Dr Lee Kheng Hock and Dr Tung Yew Cheong.

The programme for the first day was kicked off by Prof Chee Yam Cheng who shared about the transformation of medicine in the IT age, the challenges faced by the medical community, the era of evidence base medicine, the economic sustainability of the system and the need for political will in driving the system in the right direction. He also mentioned the need for further integration and communication within the medical community, identifying the need for different skills set in the future, and the identification of future leaders and their ability and willingness to step up to the mark and contribute back to the system.

In summary Prof Chee's passing words are:

"Train leaders for transformation
All improvement is change
Not all change is improvement
Progress is improvement."

A/Prof Cheong Pak Yean was the next speaker. He shared the rich history of the College of Family Physicians from his personal experience as a leader. He recounted the early challenges of the Family Medicine movement and gave insights into the various landmark events of the College in which he was involved in viz.

- 1995: MMed (FM) Private Practitioner Scheme
- 1998: FM Fellowship Programme
- 1999: Graduate Diploma FM
- 2001: Institute of FM
- 2002: Family Practice Skills Course
- 2003: National Primary Care Focus
- 2005: Family Physician Register (Proposed)
- 2006: MCFP (By assessment)
- 2006: FMCC SGH

Through this series of programmes, it was hoped that a new core group of leaders would emerge to take on the challenge of leading Family Medicine towards the next leap of forging stronger and greater ties both within and without the medical fraternity. There is a great need for the new FM leaders to forge a new compact within the FM Fraternity, with the FM Institutions, the Universities and the Health Ministry. It was a challenge that the new and upcoming leaders of FM in the audience were exalted to rise up to.

Dr Tan Cheng Bok, a well respected Family

“Through this series of programmes, it was hoped that a new core group of leaders would emerge to take on the challenge of leading Family Medicine towards the next leap of forging stronger and greater ties...”

Physician, former Member of Parliament and member of the PAP core committee then shared with us the challenges he faced as a leader for the selection of young leader within the PAP and the challenges he faced in political negotiations both inside and outside Singapore. He also touched on how to negotiate and win others over to see the issues of the day from the government perspective.

Prof Ng Han Seong went on to elaborate the key elements of leadership: vision, inspiration, core values, self discipline and good communication to establish positive relationships. He also elaborated on how to win others over to a leader's shared vision.

Dr Tan See Leng then went on to extol the virtues of the characteristics of a leader: charisma (passion, drive, conviction), entrepreneurial, maverick, visionary, operational, cult leader and decisiveness. He also described the important key attributes of a leader, whether born

characteristic or nurtured, as humility, servanthood, continuous learning, being in touch and being a true generalist.

Dr Tan then outlined the problems a leader would face in different situations, dealing with different people of diverse backgrounds, ways a leader should always stay focused to the goal at hand and learning to give and take to achieve the ultimate end.

The second day was focused more on the details of leadership and the dynamics of an organisation. The topics discussed were: the Fundamentals of Leadership by A/Prof Goh Lee Gan, the Pastoral Role of Leaders, especially in the medical community, LEAN Management by Dr Tung Yew Cheong, and Leadership Complexity Science by Dr Lee Kheng Hock.

In all, the audience were invigorated and stimulated by the highly informative and inspiring, and often humorous sessions by all the speakers. **ICM**

Research Skill

Short Course

Reported by Dr Adrian Tan

On the 18 Oct 2008 afternoon, we had the privilege of having Prof Wilfred Peh, the current Editor of Singapore Medical Journal and Senior Consultant Radiologist of Alexandra Hospital to share with us on how to get the paper published in a peer reviewed and indexed journal.^{1, 2}

The Editor is looking for papers that will make a scientific impact and thus enhance

the reputation and quality of the journal.

Most journal follow this structure of I (Introduction), M(Materials & Methods), R(Results), D(Discussion) along with title paper, abstracts, keywords, table, figures, acknowledgements, references and appendices. Be very strict in following the journal format and submit the appropriate material to the right journal, or risk being rejected before it is even reviewed.

The Material and Methods must be accurate from the beginning. It must be detailed enough for others to reproduce your work. In fact, the editor and reviewer would skim through this initially during the review of the paper. If this is not solid, the paper would not get published. It is thus essential to get the biostatisticians involved before data collection. The biostatistician is invaluable in advising the number of variables, adequate number of observations, devising the sample size so that the study is adequately powered. Selection and exclusion criteria must be clearly stated. Next, obtain the study's Institutional Review Board, with appropriate informed consent and ethical issues addressed.

For Results, use tables for brevity and avoid duplication of tables and text.

The Discussion is the place where the Introduction, Materials and Methods and Results are placed in perspective. Emphasise the conclusions of your study and their relationship to other similar articles. Explain limitations and conflicts with other studies and give relevant practical applications for further experimental studies. As Prof Peh surmised "have something to say and say it as clearly as you can."

The second half of his talk discussed the role of the reviewer in analysing the strengths and weaknesses based on the above points. They are the gatekeepers for the journal. Nowadays, it is rare for a manuscript to be accepted outright. The majorities are rejected or require revision. It is normal to feel dejected but even more important to pick up the pieces and analyse the reason for rejection. The request for revision means the article has sufficient potential merit to raise it up to the journal desired standard. Editors and reviewers' comments are extremely useful and, if incorporated, can be used to improve manuscript, and thus making the chances of acceptance better.

A/Prof Gwee Kok Ann's session on Quantitative Research was simple and practical, yet inspiring and challenging. He began by asking two thought provoking questions on: Why do Research? and Why Quantitative Research? He illustrated his answers with a completed study on Antibiotic Associated Bowel Disturbances in a Young Healthy Primary Care Population that was published in the Singapore Family Physician.

During the subsequent practical session, participants were divided into three groups and given the task of designing a study to

test the effect of Lacteol Fort on Antibiotic Associated Diarrhoea. The leader of each group presented on the Method, Subjects, Treatment, Assessment and End points. This allowed the participants to have a more indepth feel of planning a study. They also appreciated better the use of Primary End Point, e.g. loose stool (Type 6 or 7 on the Bristol stool chart) and Secondary End Points of pain, bloating, flatulence and side effects. The understanding of Continuous variable - mean number of loose stools and Categorical variable - number of patients with ≥ 1 day loose stool was also greatly enhanced. Participants also learned that the limitations of quantitative research e.g. sample size, confounding factors (severity of infection, psychological disturbance, existing IBS, education, diet, lifestyle), and absence of placebo will affect the value of the study and that Multivariate analysis may be needed to overcome these shortfalls.

The session closed with a call to get started on research without getting too hung up with statistics. The first step is to ask the right question and "Just do it!"

On the 1 Nov 08, at the Department of Community, Occupational and Family Medicine at NUS, the first speaker was Dr Tan Ngiap Chuan, Director of Pasir Ris Polyclinic who is the chairman of the SingHealth Polyclinic Research Committee and a member of the SingHealth Research Committee.

Dr Tan first demonstrated a systematic approach to undertaking qualitative research projects - how we should proceed from researching on the background of a topic, IRB application, research grant application, focus group organisation, transcribing focus group discussion



This seminar has indeed been most useful for budding GP researchers with its many practical tips and training.

accounts, and finally to research publication. Next, the audience picked up some practical tips when Dr Tan gave an account of his experience in qualitative research projects. He highlighted the importance of a quiet environment for focus group discussions, and inviting more discussion participants than targeted. He also pointed out that local publications would typically have particular interest in local qualitative research, and hence they should not be disregarded. Finally, there was an opportunity for participants to share their experiences and challenges with qualitative research, such as the difficulties faced in IRB applications.

Statistics presents a major hurdle for Family Physicians trying to embark on Research. Evidence in Medicine almost always resides in a P value. A/Prof Tai Bee Choo from the Dept of Community, Occupational & Family Medicine (NUS) taught us with methodical clarity on the concepts of "Data Analyses" which include Hypothesis testing, Comparing Means using the t-tests/ANOVA. She also explained about Sample Size and Power through a computer hands-on learning software. Participants were taught how, in the crucial design phase of a research project and based on a small pilot study, to calculate a sample size large enough to study in order to maximise the chances of a significant finding.

This seminar has indeed been most useful for budding GP researchers with its many practical tips and training. **ICM**

A/Prof Tai Bee Choo taught us with methodical clarity on the concepts of "Data Analyses".



REFERENCES

1. Peh WCG. Editorial Reviews for the Singapore Medical Journal. Singapore Med J 2005; 46:1-3.
2. www.sm.org.sg/smj.

Conversations with MOH

Integrating Primary Care Services in the COMMUNITY

"Conversations with MOH - Integrating Primary Care services in the Community" was a MOH-GP forum, jointly organized by the Ministry of Health, College of Family Physicians and the Singapore Medical Association, on 4 October 2008. This is the second year MOH welcomed the participation of the GP community in a candid environment to share their views on issues that affect them, and to also understand MOH's plans for building a stronger primary care sector in Singapore. To start off the forum, Professor K Satku, Director of Medical Services of MOH, delivered his opening address on "Integration of Primary Care Services in the Community".

EXCERPTS OF OPENING ADDRESS BY PROFESSOR SATKU, DMS, MOH

"Our common interest to improve primary care in Singapore has brought us together in this effort. Often, we hear that primary care is easier to deliver than secondary or tertiary care. This is not entirely true. Primary care delivery is not as easy as many perceive it to be. It requires a great amount of effort, time and commitment by both the healthcare professionals, and the patients and their families. It is difficult to influence people to lead healthy lifestyles and sustain them. It is difficult to get individuals to commit to early detection of diseases or sustain good chronic disease management.



Existing collaborations with GPs

In recent years, we have begun a series of collaborations with the GP community to promote primary healthcare. Amongst these, we have started the flu pandemic plan, Chronic Disease Management Programme (CDMP), Integrated Screening Programme (ISP) and the national Delivery on Target (DOT) program.

Our influenza pandemic response framework is designed to deal

"I hope that as you incorporate IT into your daily work, you will rely on it not only as 'Information Technology' but also as your 'Intelligent Team mate' to assist you in your clinical operations."

with disease outbreaks. This will ensure that primary care is well equipped and prepared to manage patients appropriately while protecting our healthcare professionals. On the other hand, the national DOT shared care program was initiated to manage our diabetic patients better. DOT ensures that patients get the appropriate care at the appropriate site; at the SOCs or at their own GP clinic. To add to our collaborations with the GP community, MOH has started the national Integrated Screening Program (ISP). The launch of a national evidence-based screening framework was a milestone for us this year. This will allow the early detection of chronic conditions and cancer and cover a population of 1.4 million Singaporeans.

This year, the CDMP has been extended to cover asthma and COPD, and more patients can now benefit from the program. CDMP has been well-received by patients and to date, an average of 19,000 Medisave claims are made each month. Medisave claims from GPs account for almost a quarter of the total claims made. I'm sure that as the supporting processes become easier to administer and manage, more patients would participate in the CDMP. We have certainly come a long way. Our collaborations with the GP community have begun to reap benefits for our patients.

Achieving More: PCPS - extension to chronic diseases

Although we have achieved much, we have much more to do. First in January next year, the Primary Care Partnership Scheme (PCPS) will be extended to cover chronic diseases. We will begin with three chronic diseases; diabetes, hypertension and lipid disorders. Patients from the lower income population will have access to portable subsidised care for their chronic illnesses. But more importantly, PCPS will allow the less well off patients to stay with you.

For example, a patient may have been visiting you for many years. But when he develops one or more chronic diseases, and primary care expenses mount, he need not leave your care and head to the polyclinic. Similarly when a patient of yours retires and loses his employment benefits or is unexpectedly faced with financial difficulties, he does not have to see a different doctor at a polyclinic. With PCPS, patients can continue to have a lasting relationship with you, their Family Physician, someone they have learnt to trust. Treatment of chronic diseases under PCPS will follow the current CDMP protocols which will require clinical data submissions. I encourage you participate in PCPS so that you may optimize this scheme for your eligible patients.

Integration of primary care services - the primary care blueprint

The second issue I wish to discuss is the integration of healthcare

services. Integration is about managing and organizing health services well, building on relationships, and sharing of information in a seamless manner for the benefit of our patients. As our population ages and we are faced with more complex chronic diseases, integration of care will assume greater importance. It is therefore essential that health systems enable people to get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money.

Towards achieving this outcome, MOH has prepared a working draft for consultation on "Integration of Healthcare Services - Role of Primary Care". This will be no easy task. Some existing schemes may even hinder our plans for better integration. For example the access to subsidies in the public sector has led to strong patient preferences to stay in the public sector; be it polyclinics or SOCs. This works against our efforts to right-site patients back to their GPs. We see a need to develop a framework that will encourage patients to follow up with their own Family Physicians once acute or specialist care has been delivered.

Another obstacle we face is the existence of multiple patient record repositories for an individual patient that cannot be accessed readily by the attending physician. We need to bridge these repositories held by different healthcare providers so that they can be easily accessed by the attending physician. Primary care providers too, must generate patient records that can be accessed by attending physicians. This will eventually lead to better coordination of patient care and we see Information Technology (IT) as a necessary tool to enable this.

Information Technology - An important tool for healthcare

I hope that as you incorporate IT into your daily work, you will rely on it not only as 'Information Technology' but also as your 'Intelligent Team mate' to assist you in your clinical operations. For those of you who may have your doubts over IT, we will take your concerns. IT systems may be costly to maintain and certain systems may be rather complicated to navigate.

To help us along with our IT requirements for healthcare, we have engaged our subsidiary, MOH Holdings, to make IT adoption in healthcare a seamless journey. We will collaborate with the GP community and help you in this journey. If we work together, we can strengthen primary care and facilitate the integration of health services for our patients."

The national Health IT Strategy and benefits of IT in clinical care

Dr Sarah Muttitt, CIO of MOH Holdings (MOHH), shared the National Health IT Strategy which addresses the need and benefits of information sharing through the use of IT systems. She spoke about the current usage of information systems such as the EMRX and highlighted current challenges of IT adoption. Dr Muttitt also conveyed the importance of establishing an Electronic Health Record (EHR) for individuals and how patient care can benefit from information sharing. She then shared MOHH's 3-year plan to develop a robust architecture and adopt international health data standards to establish better interoperability between systems.

Participants also got to hear from the guest speaker from Canada, Dr Alan Brookestone. Dr Brookestone is a GP who recently put aside his clinical practice to pursue his passion in championing health IT in Canada. Working as a consultant at the ClearView group, he shared his experiences in encouraging the use of the EHR in Canada and highlighted similar challenges that Canada face in the area of IT adoption. Dr Alan Brookestone also presented the results of a pre-forum survey collated from several participants of the forum.

The survey captured responses from 48 participants, with the majority being solo practitioners (73%), aged 46 to 55 years (45.8%). The survey showed that most GPs have basic IT skills such as utilizing internet functions and clinical management of patient information (44.7%). When questioned on the level of IT adoption they would like to be at in 5 years, most see themselves moving from a paper-based practice to a hybrid of paper and electronic-based practice (42.6%).

"Integration of Primary Care services - role of Primary Care", Working draft for consultation

MOH provided all participants with a working draft of "Integration of Primary Care services - role of Primary Care", for public consultation. Dr Ho Han Kwee, Director of Primary and Community Care of MOH, spoke on the working draft which encapsulates key issues of integration in four chapters: (i) Key characteristics of Integrated Healthcare Systems, (ii) Integrated Healthcare Singapore Vision for 2020, (iii) Challenges and gaps hindering Integrated Healthcare and (iv) The way forward & Initiatives for consideration. GPs were encouraged to give their views on the draft through the REACH e-consultation platform and dialogue session chaired by Dr Teo Boon See from Camry medical centre in October 2008.

Table Discussions

Dr Alan Brookestone led the table discussion session and participants were asked to provide their views on one of the following two topics: (i) How do you see yourself being part of the Primary Care ecosystem? and (ii) How important is IT in clinical operations, patient care and better integration of health services? A summary of key points of discussions were presented towards the end of the forum. Overall, it was a Saturday well spent with GPs who provided MOH with much valuable feedbacks and suggestions. These will go a long way to enhancing the existing primary care services among our GP community.



If you have any have queries or wish to provide feedback on issues related to the forum and the PCPS extension to chronic diseases, you can send your responses to MOH_conversations@moh.gov.sg.

The euthanasia debates are round the corner. It is a true moral and ethical problem and we doctors will do well to ponder and ponder again on this most important issue.

The consideration of euthanasia will greatly challenge and even redefine all our traditional principles of beneficence, non-maleficence, patient advocacy and patient autonomy.

This fictional conversation between a doctor and his son may very well be our own should the Bill on Euthanasia be passed!

Son: "How's work today Dad? You look awfully happy!"

Dr Dad: "You bet, son! I did something good today! I helped one of my patients out of his suffering!"

S: "Wow Dad, that's great! I really wish to be a doctor some day! You people use your talents and endure your sleepless nights of research just to come out with a means to help your patients! That's noble! How did you help this patient, Dad?"

D: "Well, this poor chap had a cancer (you know what a cancer is right, son?) that had spread to all parts of his body. There was no cure for him and he was in great pain and had given up the fight!"

S: "...and Dad, you discovered a cure for his cancer! "

D: "Well, nope, I..."

S: "I know, you managed to ease his pain, right, Dad?"

D: "Well, I tried but..."

S: "Let me guess, you talked to him and encouraged him and told him a joke and made him laugh..."

D: "No son. I gave him an injection so that he'll rest forever and never have to suffer again."

S: "You mean...you killed him?"

D: "Not exactly. I administered euthanasia. You could say I euthanised him, which is very different from killing."

S: "What is the difference? It says here in the dictionary: "a painless killing""

D: "Well for one thing: it is painless; the patient doesn't feel a thing..."

S: "But how do you know that for sure? They can't tell you after they are dead!"

D: "Science tells us... , anyway it's like taking a sleeping pill; you just feel tired and then fall asleep."

S: "What if they change their minds half way and are too sleepy to tell you... maybe he wants to say something to his wife that he's just remembered?"

D: "Well, he'll be too doopey to think or remember anything anyway."

S: "He wouldn't be if you didn't give him the injection... I still don't see the difference, won't you go to jail for killing someone? I'm scared Dad."

D: "No son."

S: "But you just killed someone!"

D: "No, son I didn't. He gave me the permission: in fact he was begging me to do it as a favor! What's more the law now permits me to do it! I won't go to jail, don't worry son!"

S: "But Dad, why did your patient want to end his life?"

D: "He was in great pain. He has an incurable illness and is undergoing great suffering. He didn't want his family to suffer looking after him. And besides he felt he could not afford the treatment..."

S: "Or maybe his family doesn't love him; maybe they made him feel that he was a

"To Cure, sometimes;
to Comfort, always;
to Euthanise?"

by Dr Gabriel Seow, FCFP(S), Editorial Board Member



Family Practice Skills Course #30

Gastrointestinal Diseases

7 & 8 March 2009

2.00pm - 6.45pm

Health Promotion Board, 3 Second Hospital Ave

- Unit 1 Diagnosis of Gastroesophageal Reflux Disease
- Unit 2 Gastritis and Peptic Ulcer Disease
- Unit 3 Gastric cancer
- Unit 4 Clinical approach to upper GIT conditions
- Unit 5 Clinical approach to lower GIT conditions
- Unit 6 Diagnosis & Management of Irritable bowel syndrome

SPEAKERS

Prof Fock Kwong Ming, Senior Consultant Gastroenterologist, Changi General Hospital; Master, Academy of Medicine

Dr Richard Guan, Consultant Gastroenterologist and Hepatologist, Mount Elizabeth Medical Centre

Prof Lawrence Ho, Clinical Director, Endoscopy Center, National University Hospital

Dr Teo Eng Kiong, Head, Division of Gastroenterology & Senior Consultant Gastroenterologist, Changi General Hospital

Dr Yim Heng Boon, Senior Consultant Gastroenterologist, Tan Tock Seng Hospital

A/Prof Gwee Kok Ann, Consultant Gastroenterologist, Gleneagles Hospital



SEMINARS (2 Core FM CME Points for each seminar)

Seminar 1 • Unit 1-3: Sat, 7 March 2009 (2.00pm - 4.15pm)

Seminar 2 • Unit 4-6: Sun, 8 March 2009 (2.00pm - 4.15pm)

WORKSHOP (2 Core FM CME Points)

Workshop: Sat, 7 March 2009 (4.30pm - 6.45pm)

Part 1 • Case Studies

Part 2 • Demonstration/Practical Skills

*Workshop is held only on Day 1 (Saturday). Registration of workshop is on first come first served basis. Seats are limited. Please register by 1 March 2009 to avoid disappointment.

DISTANCE LEARNING MODULE

(6 Core FM CME Points upon completing the MCQ Assessment)

- Read 6 Units of study materials in the Singapore Family Physician Journal and pass the MCQ Assessment.

The development of this Family Practice Skills Course is supported by an educational grant from AstraZeneca.



REGISTRATION

GASTROINTESTINAL DISEASES

Please tick (✓) the appropriate boxes

FREE REGISTRATION for College Members!

	College Member	Non Member
Seminar 1 (Sat)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 20.00
Seminar 2 (Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 20.00
Workshop (Sat)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 40.00
Distance Learning (Journal)	FREE	<input type="checkbox"/> \$ 40.00
	TOTAL	

I attached a cheque for payment of the above, made payable to: **College of Family Physicians Singapore**.*

Cheque number: _____

Signature: _____

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

Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: 2007 Intake 2008 Intake

Mailing Address: (Please indicate: Residential Practice Address)

E-mail: _____

Tel: _____ Fax: _____

Note: Any changes made to the course details will be announced via e-mail. Please kindly check your inbox prior to attending the course. Thank you.

Please mail the completed form and cheque payment to:

College of Family Physicians Singapore

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

Or fax your registration form to: **6222 0204**

Family Practice Skills Course #29

Nutrition Updates

The College of Family Physicians Singapore thanks **Health Promotion Board** and the Expert Panel for their contribution to the Family Practice Skills Course on **Nutrition Updates**, 29-30 Nov 2008.



Ms Chow Pek Yee, President, Singapore Nutrition & Dietetics Association

Ms Gladys Wong, Chief Dietitian, Dept of Nutrition & Dietetics, Alexandra Hospital

Mr Benjamin Lee, Manager, Nutrition, Health Promotion Board

Mr Geoffrey Gui, Dietitian, Dept of Nutrition & Dietetics, Alexandra Hospital

Ms Pauline Chan, Manager, Dietetic Programs, Food & Nutrition Specialists Pte Ltd

Ms Fahma Sunarja, Senior Sport Dietitian, Sports Medicine & Sports Science, Singapore Sports Council

Mr For Wei Chek, Senior Dietitian, National Healthcare Group Polyclinics

Ms Mary-ann Chiam, Head & Senior Dietitian, Department of Dietetics & Nutrition, Bright Vision Hospital

Chairpersons:
Dr JASON YAP
Dr WILSON EU



Congratulations!

MMed (FM) 2008



Dr Ang Seng Bin

Dr Cheng Kah Ling Grace

Dr Chng Shih Kiat

Dr Goh Teck Kheng

Dr How Chon How

Dr Koh Mei Lin Jocelyn

Dr Kwek Hwei Min

Dr Lee Bing Ming Simon

Dr Lee Eng Sing

Dr Lee Meng Kam Richard

Dr Low Wai Leong Jeffrey

Dr Moey Kirm Seng Peter

Dr Ng Lee Beng

Dr Ng Yok Leng Michelle

Dr Phua Cheng Pau Kelvin

Dr Ratnaporn Siriamornsarp

Dr Seah Ee-Jin Darren

Dr Somasundram Pushparanee

Dr Tan Hsien Yung David

Dr Tan Shu Yun

Dr Jonathan Ting Sing Shing

Dr Sylvia Tiong

Dr Tan Teck Shi

*Wishing you
many joyous
moments this
Christmas and
throughout the
New Year*

*From Council,
Editorial Board,
and the Secretariat*

Family Practice Skills Course #17 (Repeat)

Dementia

2009 Updates

10 & 11 January 2009

2.00pm - 6.30pm

Health Promotion Board, 3 Second Hospital Ave

- Unit 1 Overview of Dementia and Prevention Strategies
- Unit 2 Making the Diagnosis of Dementia
- Unit 3 Overview of Management
- Unit 4 Pharmacological Treatment
- Unit 5 Managing the Behavioural and Psychological Symptoms of Dementia (BPSD)
- Unit 6 Managing the Caregiver

□ SEMINARS (2 Core FM CME Points for each seminar)

Seminar 1 • Unit 1-3: Sat, 10 January 2009 (2.00pm - 4.15pm)

Seminar 2 • Unit 4-6: Sun, 11 January 2009 (2.00pm - 4.15pm)

□ WORKSHOPS (2 Core FM CME Points)

Sat & Sun, 10-11 January 2009 (4.30pm - 6.30pm)

Part 1 (Sat) • Screening for Memory Problems; Diagnostic Dilemma

Part 2 (Sun) • Managing Wandering and Agitation; Counselling Caregivers

***Workshops are held over 2 days, Saturday and Sunday.** Registration of workshops is on first come first served basis. Please register by 6 January 2009 to avoid disappointment.

□ DISTANCE LEARNING MODULE

(6 Core FM CME Points upon completing the MCQ Assessment)

- Read 6 Units of study materials in the Singapore Family Physician



SPEAKERS

Dr Kandiah Nagaendran
Associate Consultant,
Department of Neurology,
National Neuroscience
Institute

Dr Chong Mei Sian
Consultant Geriatrician,
Department of Geriatric
Medicine, Tan Tock Seng
Hospital

Dr Joshua Kua

Consultant Psychiatrist, Department of Geriatric Psychiatry,
Institute of Mental Health

Dr Tan Boon Yeow

Consultant Family Physician, Head, Medical Services,
St Luke's Hospital

Dr Lim Wee Shiong

Consultant Geriatrician, Department of Geriatric Medicine,
Tan Tock Seng Hospital

Dr Ng Li Ling

Senior Consultant, Department of Psychological Medicine,
Changi General Hospital

Dr Dennis Seow

Consultant Geriatrician, Department of Geriatric Medicine,
Alexandra Hospital

Mrs Theresa Lee

Executive Director, Alzheimer's Disease Association

The development of this Family Practice Skills Course is supported by an educational grant from **Ministry of Health**.



REGISTRATION

DEMENTIA

Please tick (✓) the appropriate boxes

	College Member	Non Member
Seminar 1 (Sat)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 20.00
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Workshop (Sat-Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 40.00
Distance Learning (Journal)	FREE	<input type="checkbox"/> \$ 40.00
	TOTAL	

- I attached a cheque for payment of the above, made payable to: **College of Family Physicians Singapore**.*

Cheque number: _____

Signature: _____

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Mailing Address: (Please indicate: Residential Practice Address)

E-mail: _____

Tel: _____ Fax: _____

Note: Any changes made to the course details will be announced via e-mail. Please kindly check your inbox prior to attending the course. Thank you.

Please mail the completed form and cheque payment to:

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

Or fax your registration form to: **6222 0204**