



# THE College Mirror

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## COLLEGE PRESIDENTS' PANEL: THE STATE OF FAMILY MEDICINE

by A/Prof Cheong Pak Yeon, Past President, College of Family Physicians Singapore & A/Prof Goh Lee Gan, Immediate Past President, College of Family Physicians Singapore



(From left) A/Prof Lee Kheng Hock, Dr Alfred Loh, Dr Lee Suan Yew, Dr Lim Lean Huat, A/Prof Cheong Pak Yeon and A/Prof Goh Lee Gan

The panel of Past Presidents of the College of Family Physicians Singapore were: Dr Lee Suan Yew, Dr Alfred Loh, A/Prof Lim Lean Huat, A/Prof Cheong Pak Yeon & A/Prof Goh Lee Gan. The panel discussion was moderated by CFPS President, A/Prof Lee Kheng Hock.

A/Prof Lee Kheng Hock started the discussion by recounting that he had just returned from a Family Medicine conference in Japan and shared that the challenges to healthcare faced in Singapore were also highlighted by other speakers from Japan and the USA. He said that, 'This global crisis of shortage of healthcare resources is very real. I think everyone is struggling to look for answers' and appreciated the opportunity for the panel discussion of past presidents of the College."

### Recounting Lessons Learnt

A/Prof Lee Kheng Hock introduced the panel of past presidents of the College by recounting the lessons he learnt from each of them. He recalled how as a young doctor, listening to Dr Lee Suan Yew (President 1985 - 1989) when he delivered the Sreenivasan Oration in 1995 on the topic "Dare to Dream", he learnt the importance of being an inspiring leader. From Dr Alfred Loh (President 1993 - 1999) he realised that to serve the College, he really needed strong

shoulders. Beyond that, he also needed a very strong spine as well because he had to stand up to against a lot of resistance and pressures against the people and organisation he led. He also needed very thick skin because whatever he did, maybe 66% (if lucky) will agree with him and there will be 33% who think that he is a very lousy council member or president. So that is the best he could get out of it.

.....  
**"It is going to be a challenge to the universities and see which one will have a full department of FM.."**  
.....

~ Dr Lee Suan Yew

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## Milestones in Family Medicine

A/Prof Goh Lee Gan the immediate past-president recounted the hosting of the WONCA 18th World Conference in 2007 the second time round. He also shared anecdotes of doing a fair bit of the technical things in the College to set up various College programmes.

He shared how one evening, somewhere in December, 1992 at about 12 o'clock midnight, he went to Dr Lee Suan Yew's house and said, "Suan Yew, you got to sign these papers because we have to submit it to Professor Tock (then Dean of the Faculty of Medicine NUS) the following day." So with that, we formed the Masters in Medicine (FM). But the path was fraught with challenges. He was talking to Professor Cheong and said, "The Master's program have high attrition rate. What should we do with the people who dropped out?" So Prof Cheong said, "Look, why don't you start Programme B?"

And that was how Programme B was formed in 1995. Even then, he realised that we needed a second tier, so rather than in one single jump, why don't we have two jumps? So the idea of Graduate Diploma in FM was created in 2000 and today we have about 737 people who have the Graduate Diploma. He also recounted the genesis of the Fellowship programme, the first batch of fellows who exited in the 2000 and were trying to get FM to be on the main road.



A/Prof Lim Lean Huat reminiscing.

## System Benefits of FM Specialty

A/Prof Goh Lee Gan concluded by emphasising the sure need to grow the pipeline for FM. To do so, we would certainly need to have a programme that gives people a specialty. He felt that FM without being a specialty attached was not going to fly. He elaborated of the system benefits of having FM as a specialty, and how the number of referrals to the hospitals and to the specialists would probably go down and result in savings in healthcare costs. Then, the number of patients admitted for complications should come down as they are managed better in the community. Re-admission should also decrease as a result of better screening and management. FM was definitely not going to bankrupt the patients or the state. He suggested ways of time-based charging to remunerate the FM specialists.

A/Prof Lee Kheng Hock reminisced the spirit in 'the good old days without ACGME-protected time, they were all busy GPs but **on our own time, we wanted to study**. They sacrificed family time, sleeping time and just gathered together. Through all these, they made lifelong friends among all the senior family physicians of his generation. They met each other through the exams, through the little room in the second storey above Prof Cheong's clinic.

## University Centres of Family Medicine

Dr Lee Suan Yew was reminded of a very important turning point in the College which was not mentioned. That during his term of office, we met up with very erudite international people and the first thing they said was, "How come you don't have a chair in FM in the university, or even a division?"

So we had our discussion and invited Professor Edward Tock, who was then the Dean of Medical Faculty, and a few members of the College to a simple dinner. We asked Edward, as a Dean and attending lots of international conferences, whether he had met the professors of family physicians overseas. We all agreed we should start and make a beginning. We should have at least a division of FM in the University of Singapore and that was the momentous dinner that we had.

We followed up and met the head of the department of social medicine. Social medicine at that time was on a decline and FM in Singapore was on the rise, at least in the academic field, not just clinical. So we started FM in the University of Singapore (within the Department of Social Medicine) and we nominated A/Prof Goh Lee Gan to be the first person there.

## Time for Full Academic University Department of FM

Dr Lee Suan Yew continued on to envision a full department of FM. He hoped to propose this to Lee Kong Chian Medical School in National Technological University (NTU). It is with the hope that when we have a proper chair in the universities, the students will realise that FM is important.

He was also helping the Singapore General Hospital (SGH) to off load the Specialists Out-Patients Clinics (SOC). The patients who were discharged there refused to go back to see their family doctors or go to polyclinics. They wanted to stick on to SOC because they felt that they were getting specialists care, it was cheap for them and they did not see the need to leave. So the SOCs got more and more crowded. The Ministry of Health was increased concerned about it and the then Health Minister, Mr Khaw Boon Wan, was under pressure to download the number of people who hung on to SOC.

With the university department of FM, the students will be trained. The patients will be followed up by expert generalists who are well-trained.

.....

**"There is the need for clinical and financial governance to be unified. Otherwise for any single patient, there are so many financial pots held by so many different providers."**

~ A/Prof Cheong Pak Yean

.....

### **Family Physicians, The Full General Physicians of Today**

Dr Lee Suan Yew also remembered the speech he gave about 15 years ago, when he was invited to speak on "Dare to Dream" at the Sreenivasan Oration. One of the points that he mentioned in his speech was that "the Family Physicians of today will be the full General Physicians of tomorrow". He noticed that general physicians today have become sub-specialists, becoming endocrinologists, geriatricians and there was diminishing numbers of generalists. He hoped that Family Physicians will be the General Physicians of today with the broad based training that they received.

### **Into the Future**

A/Prof Lee Kheng Hock then shifted the focus to the future by discussing on how primary care should be organised in the future. The proportion of 80% of the GPs in private practise and 20% in the government polyclinics had served us well in the 1970s and 80s. Moving forward, we need to come up with new ways of delivering primary care. Training our doctors to be very competent was only the first step. We also needed to make the system better by reorganising it.

Dr Alfred Loh believed that we should assign families to specific doctors in the vicinity given the close proximity of clinics to the patients' home so that patients especially the elderly can have easy access and also be seen in their homes. He hopes that the 'Family Doctor for the family' concept which is now being applied in UK and in Australia can be implemented here.

### **The World's Toughest FM Training**

Dr Alfred Loh shared that when he was the WONCA CEO for 12 years, he had the privilege of seeing various countries accredit their family doctors, and he was proud to comment and conclude that the exams that our family doctors went through to acquire their MMed (FM) qualifications is one of the world's toughest.

### **The Need for Unified Clinical and Financial Governance**

A/Prof Cheong Pak Yean believed that making FM a specialty and training better doctors would all play some part in the equation. However if we wanted to improve the whole healthcare system, he felt there were other things to be done.

Primary care itself does not have the answer because the issues are very complex. Prof Goh and he had recently written articles



*The past College presidents*



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# “You Practice Family Medicine? Are You a GP?”

by Dr Low Sher Guan Luke, FCFP(S), Editor

**“To boldly go where no man has gone before.”**

This is the favorite phrase which every Star Trek fan will go nuts over, and I'm not shy to say I'm one of those. The Starship Enterprise deserves its name in every way, enterprising in her voyages and exploring new frontiers at every turn. Being a boy at heart, I feel that every one of us in the fraternity can be our own Enterprise when it comes to exploring the frontiers of Family Medicine, and striving to push our training to greater heights. Due to the work of many of our forefathers put into training including Dr Lee Suan Yew, Dr Alfred Loh, A/Prof Lim Lean Huat, A/Prof Cheong Pak Yean, A/Prof Goh Lee Gan, A/Prof Lee Kheng Hock and many others, the Academy of Medicine Singapore has recently invited us to start a chapter of Family Medicine. No matter what the outcome is, I'm glad that many of our specialist colleagues have started recognizing the rigor of our post graduate training programs, and started seeing our fellows in family medicine as specialists in breadth. College has always been a center of training, and we have always stayed true to this motto. Through our training programs, we have helped many inspiring doctors become true family physicians of varying capabilities, and some have bravely stepped forward to share with us their personal learning and training journeys and what pushed them on despite all odds.

As I was attending an IPOEM course (which inculcates the JurongHealth core values of Integrity, Patient-centredness, Openness, Excellence and Mutual respect in our staff through a fun, teambuilding course), one of my hospital nurses asked me which specialty I was in. My reply was (of course) “Family Medicine”, and instinctively, the nurse asked me, “Are you a GP?” Hearing this brought about mixed feelings. On the one hand, I was reassured that everyone knows that GPs are associated with Family Medicine. On the other hand, I was half

wondering “Why will a GP set up shop in a hospital?” Jokes aside, it has been quite a while since our family medicine colleagues have gone from the community back into the hospitals, taking up various portfolios ranging from managing community hospitals, taking up care integration, being a hospitalist, managing preventive and occupational health, and even going back into the community with family medicine clinics, bringing the hospital resources and expertise out into the community so as to better manage complex patients in the community and alleviate stress from the hospital bed crunch and specialist outpatient clinics. But not many of us have a glimpse into what they do, so in this edition, we go undercover into the different settings and invite some of our colleagues from these settings to bring you their life stories and how it is like to do their work.

It is with much regret that Dr Michael Yee and Dr Kelvin Goh have to relinquish their editorial posts due to their heavy commitment. We wish to take this opportunity to thank them for their past contributions. Yet at the same time, it is also with great pleasure that I introduce Dr Rose Fok to our family. I got to know Dr Rose when we worked alongside at Lakeside Family Medicine Clinic (LFMC). Despite her own busy practice in Jurong, she chose to contribute towards better care integration through the LFMC project and gave birth to wonderful ideas which helped improve the collaborations between LFMC and other restructured hospitals.

But perhaps the major highlight of this issue is the World Family Doctors' Day (WFDD)



Dr Low Sher Guan Luke

Singapore which just took place on 17th May 2014 at Marina Bay Sands Expo & convention centre! In this issue, we bring you the happenings of this important day for family medicine as we mark this milestone event in our calendar. We invited Minister Gan to be our guest of honor, and also brought together some of our past and present Presidents of College to recount our achievements over the past 40 odd years and debate on whether Family Medicine deserves to be recognized as a specialty or not. There is even symbolic significance behind our WFDD logo which will be elaborated later. Kudos to Patricia in our College Mirror team who came up with this symbolic logo!

Equally important will be the WONCA conference which took place in Kuching, Sarawak Malaysia from 21st to 24th May 2014. Our college proudly sent representatives to the event and Dr Lawrence Ng brought back some stories of his own to share with us.

Perhaps I will stop taking up precious College Mirror space and allow you to have more time to read our other articles. Enjoy!

Yours truly,

**Low Sher Guan Luke**

(an ardent Star Trek fan who wishes to explore new frontiers of Family Medicine)

■ CM

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Sinead Wang (M.Med 2012) in the GDFM course that we are doing a disciplining method of teaching.

**Civil Mindedness**

“Choon Kit, you are a real kaypoh.” One of my clinic partners Dr Ong Lay Siang (M.Med 2006) used to tease me. They know that I am a busybody and have a hand in many varied organisations and activities.

As a doctor, the society looked up to us for leadership in many areas. We have a moral duty to speak up for the poor and the disadvantaged. Just the other day, my busker patient was sharing with me his difficulty in moving around and asking me to voice out their concerns when the opportunity arises.

I developed this mindset and habit of writing when I was in junior college way before I became a Christian. Those days, I wrote to improve my Chinese and to earn some much needed pocket money. These days, I speak up for my patients and to encourage my fellow doctors to do the same for their friends and patients.

**Who Am I?**

So, am I the type of Family Physician I would like to see? Unfortunately, not yet. I am far from the finished product. Although I am trained in Public Health, I do not have much opportunity to conduct primary care research in my own private practice.

As a Family Physician in private solo practice, it is also difficult to be an effective leader in our professional bodies and other social circles.

Maybe one day I can see the perfect Family Physicians arising among my younger colleagues whom I have the privileged of knowing, training and disciplining.

■ CM



College of Family Physicians Singapore

**FAMILY MEDICINE  
COMMENCEMENT  
CEREMONY 2014**

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**CFPS  
43rd ANNUAL  
GENERAL MEETING**

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**Saturday, 12 July 2014  
2.00PM**

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**FAMILY MEDICINE  
COMMENCEMENT CEREMONY 2014**  
2.00 - 3.30pm • Auditorium (Level 2)

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**TEA RECEPTION**  
3.30 - 4.00pm • Function Room (Level 1)

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**CFPS  
43rd ANNUAL GENERAL MEETING**  
4.00 - 6.00pm • Auditorium (Level 2)

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***A Day In The Life of A Family Physician In A Polyclinic Setting***

by Dr Ruth Zheng Mingli, MMed(FM), MCFP(S)  
Associate Consultant, National Healthcare Group Polyclinics

My interest in Family Medicine started during my under-graduate years and I decided to pursue the MMed in Family Medicine after my housemanship. I was attracted to the personal, comprehensive and holistic nature of Family Medicine. Towards the final year of my traineeship, I joined Bukit Batok Polyclinic and have been there since I became a family physician.



Dr Ruth Zheng Mingli

The joys of practising in a polyclinic are when you are able to help patients with multiple bio-psycho-social issues, resolve their issues over time, together with the collaboration of a dedicated team of allied healthcare professionals. Having a co-ordinated healthcare team in the polyclinic helps ensure that comprehensive and holistic

care could be provided to our patients. This is especially needful for our chronic patients with multiple complex co-morbidities, such as those with poorly controlled diabetes seen in our second tier diabetes clinic. It is truly satisfying when a patient with poorly controlled diabetes agrees to start insulin after refusing for ages and finally attains good glycemic control. To be able to optimise care for our patients and keep them healthy in the community, thus minimising the need for hospitalisations, is a goal that drives many of us.

Running the family physician clinic is also satisfying in the aspect of building strong doctor-patient relationships based on trust

*(continued on the next page)*



## A Day In The Life of A Family Physician In A Home Medical Care Setting

by Dr Tan Kok Heng Adrian, MMed(FM), FCFP(S)  
Associate Consultant Family Physician, Tan Tock Seng Hospital

I look after two types of home care service in Tan Tock Seng Hospital (TTSH) namely: PACH (Post Acute Care at Home), a transitional home care and HVRSS (Home Ventilation Respiratory Support Service).

My typical day as a family physician starts in TTSH main hospital attending a teaching session, as we believe that continuous medical education is important to learn and teach each other to keep us abreast with the latest care development for our patients.

Next in the morning I do a check with my home medical team PACH and HVRSS the cases to see which nurse is paired with me. I have to ensure that the visit from one patient to another is smooth and meeting point and timing is agreed upon.

Next in the morning I will go to Thye Hua Kwan Community Hospital. Here is where I review patients in the Community Hospital as visiting consultant.

Some of these patient(s) are from our home care service who need some respite, rehabilitation or subacute care like after hip fracture. It is good for us to be the bridge of cases in the community at home and community hospital, providing seamless continuous care while the patient transfer to and fro in the community healthcare providers.

In the midday I usually meet my home medical team at the first patient home. We can usually see about one new case and one to two review cases.

- We usually assess the acute and chronic medical conditions. We see what the medications the patients are taking and help to streamline medications to ease compliance and understanding.
- We also review the patient on their risk of fall and safety at their home. We also can review cognitive issues like dementia and geriatric syndromes, and manage them accordingly.
- We can assess their rehabilitation potential and bring our home therapist if necessary.
- We also can review the secretions and ventilation needs of the patient. For Patient on ventilator, we can adjust the ventilator or /and insufflator-exsufflator accordingly. If issues are too complex, we can refer to our home respiratory therapist.
- We do caregiver training when we see care of the patient can be improved.
- We can do simple procedures at the home setting like changing:
  - urine catheters,
  - nasogastric tubes,
  - tracheostomy tubes,
  - percutaneous endoscopic gastrostomy tubes.

Late afternoon I will return to TTSH main hospital and we have multidisciplinary meeting with physio- and occupational therapists, medical social workers, other doctors and nurses to see how we can integrate and discuss how to improve our home care patients. On those days where we do not have these meetings, I will review inpatient (HVRSS) to ensure that the right patients are referred to us. We also have to have family conference with the patient and family to explain our service and set expectations and for us to understand patient treatment goals to better tailor our care when they are discharge to our care. We believe that good pre discharge patient and caregiver training improve the success of the patient staying at home.



Dr Tan Kok Heng Adrian

I believe that home medical together with the good multidisciplinary team, we can provide our home bound patient an option for a safe and comfortable environment for them to live their life despite all medical conditions with dignity and love with their love ones.

■ CM



**Are you a Family Physician who wishes to spend more time with your patients?**

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(continued from Page 7: One Discipline, Many Settings - Just What Do Family Physicians Do?)

## A Day In The Life of A Family Physician In A Khoo Teck Puat Hospital Diabetes Centre

by Dr Anthony Chao Tar Liang  
MBBCh BAO LRCP & SI (NUI) Hons  
MMed(FM), MCFP(S), Dip. Occupational Med. (DWD)  
Post Grad. Dip Diabetes (Cardiff) Distinction.

Part of our journey in FM sometimes puts us alongside specialists. Having attended the annual KTPH Diabetes Centre symposium for the past 2 years, I had the privilege of knowing Dr Anthony Chau who is a Senior Staff Physician working in KTPH Diabetes Centre and who organized these symposiums. CM took this opportunity to interview Anthony and how he came to be doing this work.

### College Mirror (CM):

**Hi Anthony, I understand that you usually organize this symposium together with Vivien, and this is the first time you are the master of ceremony. Can you tell us more about your experience? What have you learned from your role this round?**

### Dr Anthony Chau (AC):

Hi Luke, many thanks for coming to our DM symposium year after year, as well as giving us your positive feedbacks. Thanks also for inviting us to share in the College Mirror, which I am also subscribed to, and it's one of my favourite medical journals. I like the well written and interesting articles related to FM, as well as its short and sweet segments, perfect for a busy GP!

I will take the first part of your questions first:

Vivien is a brilliant endocrinologist, and also a dear friend of mine. But she is not really involved in the planning of the DM symposium... at least not yet! I am hoping to "infect" her slowly! haha... We were looking for a Master of Ceremony (MC) last year, and I asked her right after she came back from her HMDP at Mayo Clinic in Osteoporosis, which is her forte or subspecialty, and like I said during the plenary, she did such a good job that I was planning to invite her again this year. She jokingly lamented in front of our 200+ guests at the symposium that I bought her a "free" lunch to "con" her into doing this and hence the moral of the story is that there is NO free lunch! haha... Anyways she was in Seville Spain for the International Osteoporosis Foundation conference and hence could not "participate" this year.

As for me, I have stage fright, so I would have never volunteered to be a MC... I have issues even speaking in front of a small class! So when both Dr Tan Hwee Huan (our Godmother of the DM centre) and Prof Sum Chee Fang (our Godfather!) asked me to be the MC, I tried very hard to "Tai Chi" to someone else! However when Vivien couldn't do it (my "evil ploy" failed!), it boomeranged straight back to me, and hence I became the MC.

I only started organising this symposium in the last few years actually. In 2011, I was actually one of the participants myself when I just joined the centre not long ago. It was held in KTPH for the first time, when the hospital was still spanking new. My Predecessor Dr Choy Mei Yee subsequently handed over the role to me when she went to do her PhD in Australia. In 2012, it was held in Orchid Country Club, and I only



Dr Anthony Chao Tar Liang

helped out a little in the administration/ logistics part of it, but not in the clinical part. Last year, I started getting involved in the clinical part. You were there Luke, when I facilitated in one of the workshops on foot care and neuropathy. So I would say that it was progressive, and I played a much bigger role this year, in terms of not only being appointed by boss to be the Chairman of the Symposium Organising Committee, but also being actively involved in both the admin/ log part of it, as well as in planning all the details of the plenary, which thankfully turned out to be a success. And for someone with hardly any Admin experience before, it was a steep learning curve for me! Thank God boss (Prof Sum) and Hwee Huan (Godmother) were there to give their inputs, ideas and guidance! There were certainly a lot of things to coordinate, and we actually started planning for this symposium only a few months after last year's symposium!

Prof Sum is really our main Director and his passion is not only in Diabetes, but also in promoting and encouraging everyone in the DM centre to be involved in the symposium makes the event more colorful and enriching for everyone! He is also very hands on and always has the Family Physicians (FPs) in mind when he plans these events. Hiring me, a Family Physician to run the event is a case in point- getting the GPs to cater to the GPs! And as a GP, I have been to many GP talks, and sometimes it can be rather academic and very Evidenced Based Medicine (EBM) focused. But as a FP, we are more practical doctors who also try to be holistic in our approach. So many of the specialist talks can be rather boring sometimes when they just concentrate on presenting dozens of articles! Not that EBM is not important, but if the articles can be presented in salient points and also the experts can give important practical pointers to help the common GP or even polyclinic doctors not only be enlightened with updated knowledge but also improve their care on patients in the community, that would be so much more useful. And if it can be done in a more lively way, to prevent

(continued on the next page)

especially the post prandial hyperglycemic drowsiness that GPs have to fight, even better! With this in mind, Prof Sum and I set out to do a plenary that aims to have these elements. So to put it in a nutshell, the experience was nothing short of extraordinary! Despite the extra hours, it was really enjoyable planning it, and extremely satisfying seeing it come to fruition!

**CM:**

**I understand that your training background and origins were not from endocrinology. How did you get to join KTPH DM centre, and what role are you playing there now? Being non-endocrinologist in training, is it always easy for you to practice alongside them?**

**AC:**

My training and background is in Family Medicine. I did my Masters in FM in 2005. I took a year hiatus or break in 2006-2007 when I joined Medecins Sans Frontiers (MSF), also known as Doctors Without Borders, full time and went to Ajad Jammu Kashmir (AJK) in Pakistan during the earthquake of 2005. Previously I had joined a few other smaller humanitarian and Christian organisations to do relief work, something I have been meaning to do for some time but never found the time till after my Masters exams! I

actually met Vivien a little later when she was introduced to me by another geriatrician colleague who knew I was in MSF and we met over coffee! That was the first time I met her, and she was intending to go for her first mission with MSF. Then our paths crossed again in KTPH. haha... small world indeed!

Anyway I came back from MSF; incidentally I met my wife there in Pakistan (she was also an NGO humanitarian volunteer) and eventually settled down to start a family! I first joined Toa Payoh Polyclinic as an Adjunct Family Physician because I was also working as a GP outside. This was when they just started the new FP clinics then and I slowly accumulated quite a lot of chronic patients over the 3-4 years I worked there, and many of them were diabetics! And when their conditions got complicated eg when they went into End Stage Renal Disease (ESRD), I referred them to the specialists. However, many of them came back to me for various reasons. For example, they would say "the specialist were too busy and did not have time for me", "they hardly looked at me", "they forced me to use insulin which I am not keen to", "they gave me back the same medicines", etc. And having established that rapport with them for the last 3 years or so, I knew my patients

*(continued on the next page)*



**Polyclinics**  
SingHealth

## DEFINING TOMORROW'S MEDICINE

With a primary healthcare network consisting of 9 Polyclinics, SingHealth Polyclinics provides affordable patient-centric, comprehensive and integrated services to patients at accessible locations in Singapore.

SingHealth Polyclinics is one of four accredited Family Medicine training centres in Singapore. We conduct undergraduate and postgraduate training in Family Medicine as well as continuing professional education for doctors.

We seek qualified candidates to fill the following positions:

### 1) RESIDENT PHYSICIANS

#### Requirements

- ❖ At least a recognised basic medical degree, and registered with the Singapore Medical Council

### 2) FAMILY PHYSICIANS

#### Requirements

- ❖ At least a recognised basic medical degree, and the Certificate of Registration Family Physician by the Singapore Medical Council

### 3) LOCUM DOCTORS

Doctors who are able to provide locum services at our Polyclinics are welcome to apply. Candidates selected for locum services will be remunerated with competitive rates.

Interested applicants are invited to apply with their detailed curriculum vitae to:

Director, Clinical and Corporate Services  
C/o HR Department

#### **SingHealth Polyclinics – Head Office**

167 Jalan Bukit Merah, Tower 5 #15-10, Singapore 150167

E-mail: [lim.teng.teng1@singhealth.com.sg](mailto:lim.teng.teng1@singhealth.com.sg)

*(We regret that only shortlisted applicants will be contacted for an interview.)*



#### **JCI-accredited SingHealth institutions are:**

- Singapore General Hospital • KK Women's and Children's Hospital
- National Cancer Centre Singapore • National Dental Centre Singapore
- National Heart Centre Singapore • Singapore National Eye Centre
- SingHealth Polyclinics

Partners in Academic Medicine



**DUKE UNIVERSITY**  
GRADUATE MEDICAL SCHOOL SINGAPORE

(continued from Page 9: One Discipline, Many Settings - Just What Do Family Physicians Do?)

quite well and really sympathized with them. But at the same time, I felt helpless. So I knew I needed to upgrade!

So that was when I decided to attend an insulin workshop organised by the DM centre at the old AH at that time. I clearly remembered that I re-met Prof Sum there... I already knew him from one of my medical postings as a Medical Officer in 2001 or 2002. I also met Hwee Huan there for the first time! Prof with his "elephant memory" remembered me and he saw my passion in Diabetes and called me up and asked if I would be interested to join them part time. I agreed but because of my other commitments, I only ran 1 clinic session a week initially! Don't tell him that, but at that point, I was so interested in DM, I would have joined them for free! haha... Of course I didn't have 2 kids then that I have now!

I slowly increased my sessions over time, and officially joined that as permanent part time only in July 2011. And the rest, as they say, is history! My portfolio also increased, from running 1 clinic session to 3, and running and chairing the GPCME quarterly programs as well as the annual DM symposium, World Diabetes Day etc.

Prof also believed in training for his staff, and he and Mei Yee (my predecessor) signed me up for a Post Graduate course in Diabetes based in Cardiff, which was a rather intensive 2 year course just in Diabetes! It is a correspondent part-time course which consisted of daily discussions which required the students to read many articles weekly from reputable journals, and to crystallize the ideas and concepts into your own words to answer their questions on pertinent topics on diabetes. It also included Individual assignments

or projects, Group projects, and even a personal Portfolio on your reflections on what you learnt each week! It taught me quite a few things, including how to analyse EBm articles, to do presentations, and more importantly made me realise how the "World of Diabetes" just about affects everything and every organ in our human body, and permeates every area of our patient's lives! I mentioned I did my Masters of Medicine before, and it certainly gave that course a good run in terms of how laborious and intense it was! But it was well worth it, as I became more confident and competent in handling very complex diabetic patients with all sorts of micro- and macro-vascular complications, including those in end stage renal failure, and other multiple organ failures, not to mention their other co-morbidities and psychosocial issues that we often need to tease out as it acts as a barrier to their compliance and care. And I think Prof Sum saw in his vision that the expertise of a family physician can come in useful when managing such patients, as our training in FM also teaches us to put patients in the right context, addressing their fears, concerns, expectations, dispelling their misconceptions and myths regarding their conditions, and managing them not just as a person with their own needs and dignity, but also in the context of their family dynamics, social and financial setup, and also in the broader aspect of how they cope in the community. It's certainly very challenging, and in these clinics, we often have to co-manage patients with other specialists like e.g. the renal physicians, the cardiologists, ophthalmologists etc. So I can also get to learn a lot from these experts all the time!

■ CM

Images courtesy of all doctors who have contributed

## CFPS WELCOMES DIRECTOR OF MEDICAL SERVICES OF MOH A/PROF BENJAMIN ONG



A/Prof Benjamin Ong (third from left) with the members of the 24th Council, College of Family Physicians Singapore



A/Prof Lee Kheng Hock, President, College of Family Physicians Singapore (left) and A/Prof Benjamin Ong

It was a privilege to have **A/Prof Benjamin Ong**, Director of Medical Service (DMS), of the Ministry of Health (MOH), visited College of Family Physicians Singapore on 29<sup>th</sup> April 2014.



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of me just made me feel very guilty to label her as one of my "heart-sink" patients.

*"Doctor, your medicine did not work. I still feel very tired. My whole body still feel very painful. Your medicine is no good. Do you have any better medicine?"*

For the umpteenth time, this was how our afternoon encounters would begin. This time however it was unbearable. The last straw felt like a ton of bricks. The frustrations boiled over and spilled out of my mouth.

*"If my medicine is no good why do you keep coming to see me? Why don't you go and see another doctor."* I snapped.

The hurtful words shot out like sharp arrows from my mouth and it was too late to bite my tongue. First it was the stunned look. Then you see the pain, followed by the tears that welled up in her eyes.

*"Why did I say that? What have I done?"* I thought to myself. It was too late.

What followed was worse and made me feel like total scum. Before I could gather my thoughts to mutter an apology, she held back her pain and apologized to me instead.

*"Never mind. I know my sickness is very hard to treat. You just give me the same medicine again. I will take them."* She gave a conciliatory smile with tears in her eyes. She was pleading with me not to dismiss her. I felt totally ineffective. It was at that moment that I realize that I was completely burnt out. This was not the way I wanted to practice medicine.

I was not surprised that my medicine did not work. In an effort to do no harm I had resorted to using vitamins as placebo. I have resisted Nonsteroidal Anti-inflammatory Drugs (NSAIDs) and opiates knowing too well the potential adverse effects, especially in the elderly. Trials of various antidepressants had also failed to lift her mood. I had written to my anonymous counterpart in the polyclinic suggesting that she might need to be referred to the hospital

specialists to rule out organic causes. It was frustrating, I could easily have done all the laboratory tests myself but again cost was a factor. The system did not allow me to do that. As a doctor in private practice then, I was not entrusted with the subsidy that the patient needs. After that referral, she disappeared into a black hole and re-emerged months later with a stack of hospital appointment cards and a bag full of medications including pain-killers and antidepressants. No replies. No summaries. No improvements. I had to piece together what happened over the months by guessing from the stacks of appointment cards and the bags of medicine that she brought to me. They do not teach this vital skill in medical school but over time most family physicians have become well adapted to our fragmented health care system. Until we fix the system we should perhaps teach this in medical school and residencies. There should be an Objective Structured Clinical Examination (OSCE) station where we give a student a bag of medicine and a stack of appointment cards and let them figure things out. At least we can ensure that they will be safe to practice in the real world.

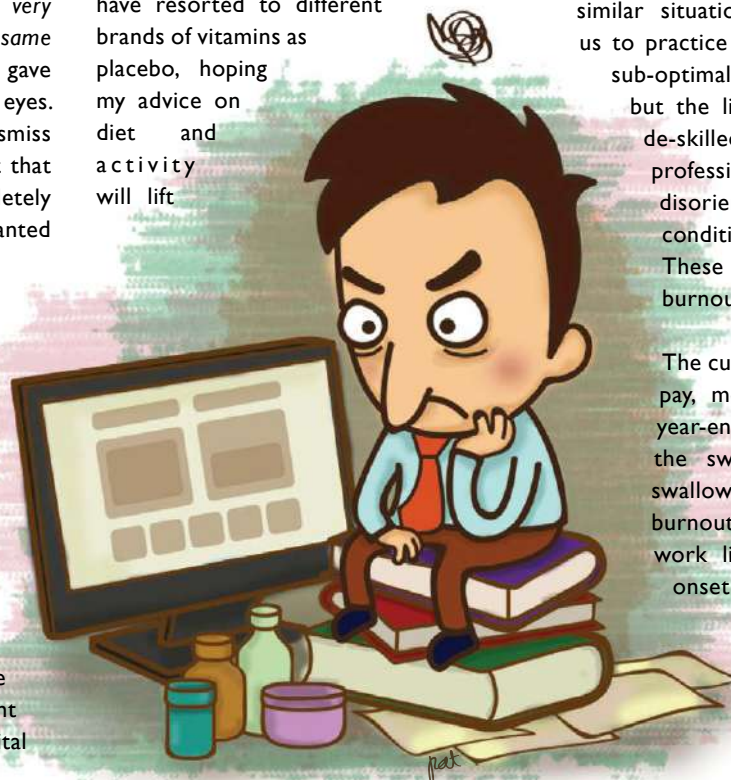
Not surprisingly, my patient had chosen to default on all her appointments in the hospital and returned to my clinic every few weeks despite my lack of efficacy. I have resorted to different brands of vitamins as placebo, hoping my advice on diet and activity will lift

her out of her focus on bodily symptoms. Her problem was obvious. She had the usual chronic diseases which were fairly well controlled and uncomplicated. She also carried with her the burden of long list of other ailments that acted in concert to slow her down over the years. She had cataracts, macular degeneration, osteoarthritis of both knees, cervical spondylosis, fatty liver, gout and asteatotic eczema. What ailed her most was her loneliness and the gradual de-conditioning that resulted from the combination of factors. She was getting frail very quickly. Coming to my clinic was a formidable journey for her and perhaps the highlight of her lonely routine. My lack of efficacy was perhaps the only treatment that gave her some comfort. I was well aware that the only chance of helping her was to find a way to lift her out of her helplessness and get her to be physically active. By myself and the meager resources of my clinic I was as helpless as my patient. I saw her gradually deteriorating with each visit.

### The Cure For Burnout

I made peace with my patient and myself that day. She had graciously forgiven me for my bad behavior. However I find it hard to forget. That moment made me realize that I was burnt out. There must be a better way to practice family medicine. All around me I see good doctors trapped in similar situations. Circumstances forced us to practice in a way that we know is sub-optimal. We might be highly trained but the limitations on our practice de-skilled us. Isolated from our professional colleagues, we become disorientated. Harsh practice conditions harden our hearts. These are the toxins that cause burnout.

The cure for burnout is not better pay, more leave or a generous year-end bonus. In fact these are the sweeteners that make you swallow and accumulate more burnout-causing toxins. A better work life balance may delay the onset of burnout. Distraction therapy such as taking up an interesting hobby may dull the pain but it does not solve the underlying problems.





*a commemorative report on World Family Doctors' Day Singapore 2014*

# REMEMBERING THE GOOD OLD DAYS OF FAMILY MEDICINE OVER THE PAST 40 YEARS

by Dr Low Sher Guan Luke, FCFP(S), Editor

In case you did not know, there is such a thing as a World Family Doctors' Day (WFDD). This came to life when the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), or more commonly known as World Organisation of Family Doctors, declared World Family Doctors' Day since 2010 to recognise and highlight the important work of family doctors

in their communities. This year, the College of Family Physicians Singapore (CFPS) decided to commemorate this day by celebrating WFDD on an unprecedented mega scale, undertaking the enormous task of roping together various primary care institutions ranging from the polyclinics, medical groups, private practitioners, family medicine departments in restructured hospitals, community hospitals to Health Promotion Board (HPB), Agency for Integrated Care (AIC) and Ministry of Health (MOH) Primary and Community Care Division (PCC) in this big event!

The first thought that came to our minds was "Let's create a symbol for WFDD Singapore!" Thus the WFDD Singapore was born. The birth of this logo is a separate article in itself in this issue, so please do not miss that.

Family doctors are the unsung heroes in the healthcare system. Many will remember



*Welcoming Guest-of-Honour Minister Gan Kim Yong and Permanent Secretary Tan Ching Yee by College Council*

the surgeon who did a heroic operation to separate conjoint twins, or the emergency medicine physician who revived a patient suffering from a cardiac arrest through cardio-pulmonary resuscitation (CPR). But who would barely remember the family doctor who administered childhood vaccinations for the infants, or who visited the home-bound patients at their homes as part of a follow-up medical consultation to ensure that the patient gets proper medical assessment and management without troubling the loved ones with transporting the patient to their clinics? Dr Julian Lim and Miss Patricia Cheok got together and had this ingenious idea. They drafted up the concept and artwork for "My Family Doctor" coloring book. Many copies were delivered to various primary care clinics for patients (especially children). This coloring book illustrates how family physicians manage patients ranging from the paediatric to the geriatric age group across multiple disciplines and

organ systems, drawn in a fun and interesting way, with the aim of generating awareness and hopefully even inspire them from an young and impressionable age, to become family physicians themselves and provide care to the members of the community in the near future.

All this planning and hard work came to fruition in the form of WFDD Gala Dinner, held on 17th May 2014 at Marina Bay Sands

Expo and Convention Centre. The event saw the gathering of many distinguished leaders and members of the fraternity in a cohesive way, bringing together family physicians from many different practice settings for a common reunion. College was also honored to have Mr Gan Kim Yong, Minister for Health, to be the Guest-of-Honor for this event. Dr David Tan was our emcee for the dinner, and it was officially kick started with opening words from Dr Tham Tat Yean who was the organizing committee co-chair. Dr Tham described how the primary care community needed to collaborate, align and integrate its efforts to address the changing needs of our country's healthcare system and to collectively meet the challenges posed. The development of our Regional Health Systems also provides opportunities for the primary care sector to serve in meaningful and important roles in our community. Family doctors, regardless of their care settings, need to



*Hosted by our Master-of-Ceremony Dr David Tan*



*AI/Prof Cheong Pak Yean and Dr Ho Han Kwee having an earnest discussion*



*Prof John Wong and Dr Leong Choon Kit forging closer friendship and ties*



(FAR LEFT)  
Dr Tham Tat Yean,  
organising committee  
chairman, kickstarting  
the event

(LEFT)  
Minister Gan calling for  
a strong, comprehensive  
and integrated patient-  
centred primary care



Toasting to a happy  
event!



A/Prof Lee Kheng Hock  
moderating a panel  
discussion on "Family  
Medicine: Looking Back  
and Moving Forward"

be united in leading their teams to work alongside hospital colleagues in the years ahead.

One of the main highlights of the event was the address given by Minister Gan. He emphasized that our ageing population is increasingly afflicted by chronic medical conditions and complex co-morbidities, and such a shift in disease burden calls for a strong, comprehensive and integrated patient-centred primary care. He shared of the plans to build and upgrade our polyclinics, and discussions with the General Practitioners (GPs) in the private sector to explore different models of care and collaboration. MOH has also piloted new models of care through the establishment of Community Health Centres (CHCs) and the Family Medicine Clinics (FMCs). CHCs aim to provide support services such as physiotherapy, x-rays, ultrasound and diabetic foot and eye screening, while FMCs aim to provide multidisciplinary, team-based care to patients. The Community Health Assist

Scheme (CHAS) has been enhanced to provide more coverage for recommended health screening tests and a larger number of chronic conditions. In addition, the age floor has been removed so that younger Singaporeans from lower- to middle-income households can also benefit. The Pioneer Generation Package will also be introduced by September this year, extended to the pioneer generation of Singaporeans regardless of income or housing type. With the Pioneer Generation card, Pioneers will enjoy higher CHAS subsidies as compared to the existing blue and orange cards.

One of the recent developments also included the National Electronic Health Records (NEHR) which has facilitated the flow of patients' medical information and enhanced the involvement of primary care in care integration. There are increasing numbers of family doctors who have subscribed to it, as such increased uptake will smoothen the transition of care from hospitals to primary care.

Family medicine training was also an important point brought up by Minister Gan, and College was commended on her foresight and strategy in developing a robust training framework for family physicians in Singapore, as well as her outstanding leadership in shaping and developing the Family Medicine community in Singapore over the last 40 years. The College is a key institution for training family doctors interested in pursuing postgraduate diplomas, degrees as well as the fellowship program, the latter of which represents the pinnacle of advanced Family Medicine training in Singapore. He pledged support from his Ministry to continue engaging and partnering the College to further advance Family Medicine in Singapore. He also thanked all family doctors for their dedication and commitment in providing quality primary care to patients and in particular, the family doctors who have participated in CHAS, Chronic Disease Management Programme, Pandemic Preparedness Clinic Scheme, Haze Subsidy Scheme, and the various Regional Health System partnership programmes, and looks forward to continue working with family doctors to strengthen the primary care sector and deliver better care for all patients.

The other highlight of the event was a frank panel discussion by a few of our past College Presidents sharing their views on "Family Medicine: Looking Back and Moving Forward". A/Prof Lee Kheng Hock moderated the discussion and was joined by Dr Lee Suan Yew, Dr Alfred Loh, A/Prof Lim Lean Huat, A/Prof Cheong Pak Yean and A/Prof Goh Lee Gan. It was an excellent trip down memory lane as each of our distinguished past presidents shared on what each of them went through during their term of office, as well as their contributions towards the fraternity without which we would not have accomplished what we saw today. One of the unanimous and recurrent themes that came up was their emphasis on family medicine training. Through their sharing, we learnt about how the various programs run by College such as the Graduate Diploma in Family Medicine (GDFM), Masters of Medicine (Family Medicine) [M.Med(FM) college route] and the Family Medicine Fellowship Program (FMFP) came about through their perseverance and strong belief in developing such post

(continued on the next page)

(continued from Page 13: Remembering The Good Old Days of Family Medicine Over The Past 40 Years)



(FAR LEFT)  
Walking down  
memory lane with  
our past College  
Presidents Dr Alfred  
Loh, Dr Lee Suan Yew,  
A/Prof Lim Lean Huat,  
A/Prof Cheong Pak  
Yean and A/Prof Goh  
Lee Gan (left to right)

(LEFT)  
Dr Lim Ang Tee showcasing  
his hidden talent with the  
古琴 (Gu Qin)



Dr Lawrence Ng singing for  
the occasion

A beautiful piano performance by Dr Au Kah Kay

(LEFT)  
A spell-binding harp recital by Dr Kee Loo

graduate training programs so that the training of family doctors do not stop after graduation. Much sweat and toil went into developing these programs from scratch, often at the expense of personal time and self-sponsorship. But all these did not go unnoticed. Invitations came in from the National University of Singapore (NUS) to develop assessment methods for these trainees, bringing a certain set standard of rigor into the program. The standards of our training programs were so high that even the Australian counterparts gave cross recognition to our family physicians that attained the Fellowship of the College of Family Physicians Singapore [FCFP(S)]. As Dr Alfred Loh put in plainly "I have been WONCA CEO from 2001 to 2012 and have seen the assessments of many family medicine training programs worldwide. I have to say that Singapore's assessment methods and standards have got to be one of the toughest!" Such is testament to the excellent training that our family physicians are subjected to.

Another point being discussed on was whether family medicine should be considered as a specialty. This had been debated many times in the past, and had recently resurfaced because the Academy of Medicine Singapore invited Family Medicine to form a chapter. Some of the Asian countries including Hong Kong and Malaysia already recognized family medicine as a specialty in its own right and the standards of family medicine training program in Singapore has been scrutinized and deemed to be up to their standards. Our past and present presidents felt that it was high time that family medicine is recognized as a specialty. Not only did they unanimously support this movement, but they also urged for support from the fraternity including those who might not benefit immediately from this move, for the greater interest of family medicine. It was truly a great moment to hear from so many of our past presidents speaking at the same panel on such topics close to our hearts, and many a time, the audience

brought into many rounds of applause after awe inspiring words from the past presidents. Though we were family physicians practicing in different settings, we believed in the common goal of family medicine, just like A/Prof Cheong Pak Yean described some years back in his article on "Family Medicine – One Discipline, Many Settings".

Accompanying the dinner were various heart-warming performances from our talented family physicians who bravely volunteered to be on stage to lighten up the occasion. One of the first performances to come up was a harp performance put up by Dr Kee Loo, who played 2 tunes - "Ten past Two" and "Harpicide at Midnight". The big harp being erected on stage was a sight to behold, and many guests were eagerly looking forward to the performance. During the performance, it was obvious to me that it was a proud moment for Dr Tan Sze Lee to see his wife mesmerizing

the crowd. Subsequently, Dr Au Kah Kay also put up a piano performance, playing the tunes of “Chopin:Waltz in C# minor” and “Liszt Schumann: Widmung”. This was followed by a 古琴 (“Gu Qin”) performance by Dr Leonard Lim Ang Tee on the tune of 酒狂 (“Jiu Kuang”). The end result of all these performances – East Meets West, and it made the dinner and company so much more memorable.

But alas, all good gatherings must come to an end, and WFDD gala dinner was no exception. Many good byes were exchanged when the event wrapped up at close to 10pm. But for me, something lingered on... the timeless memories of what College had gone through over the past 40 years and all the contributions put in to ensure one thing – the development of family medicine as a discipline, and hopefully as a specialty in the near future! Being a young member of the fraternity, it was encouraging to hear from so many past presidents who were so enthusiastic to impart their tribal knowledge and experiences to the audience including me. I hope many have felt inspired like I was, and will have the strong shoulders and spine on which to carry family medicine, a requisite stated by A/Prof Lee Kheng Hock.

■ CM



(ABOVE)  
All smiles from the team from Khoo Teck Puat Hospital  
(LEFT)  
The doctors of Jurong Polyclinic getting together



# THE WORLD FAMILY DOCTORS' DAY LOGO



WORLD family doctors' DAY  
singapore 2014

*The 4 hearts represent the family*



*The family is surrounded by the stethoscope - this represents the close doctor-patient relationship which a family doctor has with the members of the family*



*The map of Singapore depicts our local context*

# MAKING HEALTHCARE ACCESSIBLE TO ALL

GP Appreciation & CME Event by Agency for Integrated Care (AIC)

The Community Health Assistance Scheme (CHAS) provides affordable medical and dental care to middle and lower income Singaporeans, who can receive subsidies when they visit participating private General Practitioners (GPs) and dental clinics near their homes. It complements the Chronic Disease Management Programme (CDMP) so that patients with chronic diseases can enjoy CHAS subsidies on top of using their Medisave through the CDMP to defray the cost of outpatient treatment for their chronic conditions.

To date, over 580,000 Singaporeans have benefitted from CHAS, thanks to the support of more than 650 GP and 400 dental clinics participating in the scheme. CHAS has been a boon to those in need, and has also helped to ease the high patient volume at polyclinics, as patients on CHAS opt to see their family doctors at neighbourhood clinics instead of heading to polyclinics.

Dr Adidah, who runs Adidah Family Clinic & Surgery, agrees that CHAS has been very effective on that count. "With CHAS, many of my patients return to see me, because of the subsidies offered by the scheme. It's definitely more convenient for them, as sometimes the wait at polyclinics can be a few hours," she says.

At the same time, CHAS encourages patients to continue visiting the GPs they prefer, as they value having one doctor tend

to their healthcare needs. Dr Koh Eng Hoe of Healthway Medical Group notes this trend: "Once they are eligible for CHAS, patients tend to come back to us, because they want to see the same doctor. Now they can enjoy our services, and receive better medications under CHAS."

Dr Ng Boon Gim of Tai Seng Clinic believes that CHAS encourages his patients with chronic illnesses to better manage their conditions. "In the past my patients would



From left: Dr. Yeo Kwang Ching, Dr. Tan Yong Tong, Dr. Richard Ng Mong Hoo and Dr. Ow Boon Hin

Images courtesy of Agency for Integrated Care (AIC)

refuse to have medical tests done because of the cost. With CHAS, they now have no excuse to avoid doing the medical test. These tests are important ways to help my patients keep their conditions well under control," he says.

A strong dedication to patient welfare drives GPs and their staff, who make it a point to explain CHAS and CDMP to all patients. Some even help patients to fill in the application forms. In appreciation of the private clinics' efforts in actively promoting the schemes to patients, MOH and AIC organised a special luncheon for the GPs.

Held at the Marina Mandarin Singapore on 22 March 2014, it saw a good turnout of over 130 doctors, and the top 50 clinics with the highest CHAS and CDMP utilisation rates were recognised for their unstinting support. It was also an excellent platform for the doctors to network, listen to the informative talks given on the additional chronic diseases that CHAS now covers, and exchange views. Naturally, conversations revolved around CHAS that day, in particular how it has improved the community as a whole.

One thing that all the doctors agreed on is that CHAS is a win-win partnership for private clinics, patients and the government. As Dr Ow Boon Hin of Universal Medical and Dental Clinic puts it, "With CHAS, we can all work as a group to help patients. It's good that the government is helping to subsidise healthcare for the people, especially the elderly, which is why I'm thinking of joining CHAS as well."

These words hold great promise for CHAS and CDMP, as GPs play a vital role in ensuring the continued success of the schemes. With more coming on board, Singaporeans young and old can look forward to having subsidised healthcare within easy reach. Curious about CHAS and CDMP? To find out more, contact AIC at [gp@aic.sg](mailto:gp@aic.sg).

For information on the CME talks presented at the appreciation event, you may download the presentation slides of the talks from [www.primarycarepages.sg](http://www.primarycarepages.sg)

■ CM

## GP Appreciation & CME Event

Continuing Medical Education (CME) Talks:

- "SUA Clinical Guidelines on LUTS/BPH 2014" by Prof Foo Keong Tatt, Emeritus Consultant, Department of Urology, Singapore General Hospital
- "Update on Treatment of Osteoarthritis of the Knee" by A/Prof Lo Ngai Nung, Senior Consultant, Department of Orthopaedic Surgery, Singapore General Hospital
- "Management of Parkinson's Disease in the Primary Care Setting" by Dr June Tan, Senior Consultant, Division of Neurology, National University Hospital System

## Doctors Weigh in on CHAS and CDMP

"In the past, I've actually seen patients who are so poor, that I've had to give them discounts on my own, so the schemes help us both. The CHAS and CDMP also help us to retain patients, as they will come back often to us."

— Dr Chua Teo Ngee of Chua Medical Centre, which has been in CHAS for a few months

"I see an average of 10 CHAS patients every day, and the scheme, along with the CDMP, makes it easier for them to manage their health conditions."

— Dr Tan Teing Ping of Medipoint Medical Centre (Punggol Branch), which has been in CHAS for two years

# HAVE YOU GOT WHAT IT TAKES TO BE A **TRUE LEADER** IN FAMILY MEDICINE?

by Dr Low Sher Guan Luke, FCFP(S), Editor

**A**dmit it; doctoring is a fulfilling yet tiring job. Having to brave the numerous patients and their care-givers every day, we need to constantly recharge or risk getting burnt out. Yet there are few among us who seemed to be running on energizer batteries, and can even inspire and encourage others to move positively ahead. Just what makes them tick and stand out among us? In case you have not been noticing, there are also some of them in our family medicine fraternity. Pause and look around, and you may just find yourself working next to one of them. Their reputation often precedes them and we hear of their selfless deeds, much like the expanding ripples in a lake – it travels all the way to the edge of the lake gently but surely.

So what sets these family medicine leaders apart from the rest of us? In my humble opinion, these are just some of the virtues which I thought made them outstanding.

## DO NOT SHY AWAY FROM ADMINISTRATIVE DUTIES

I have heard this saying one too many times “I signed up to be a doctor, not an administrator. I only want to do clinical work. Please do not bother me with administrative duties such as clinical indicators, audits or doctor roster.”

It is often easy to divorce ourselves from administrative duties, thinking that someone else will do them. But some of us who knows this story of “**Everybody**, **Somebody**, **Anybody** and **Nobody**” will understand that if we do not stand up to volunteer our services, there might not be anyone else willing to take up that burden.

*This is a story about four people named **Everybody**, **Somebody**, **Anybody** and **Nobody**. There was an important job to be done and **Everybody** was sure that **Somebody** would do it. **Anybody** could have done it, but **Nobody** did it. **Somebody** got angry about that, because it was **Everybody**'s job. **Everybody** thought **Anybody** could do it, but **Nobody** realized that **Everybody** wouldn't do it. It ended up that **Everybody** blamed **Somebody** when **Nobody** did what **Anybody** could have.*

Even in chaos, there can be order. And kudos to those brave souls who try to bring about such order by volunteering for administrative duties. Through the extra non-clinical work that they have put in, they have helped in some significant ways e.g. organizing a department, ironing out processes and workflows, planned duty rosters so everyone is getting fair shift distribution.

There is even a downside to this – such people often stick their necks out at the risk of being criticized e.g. blamed for not being fair in the duty roster. Such criticisms are often rather subjective and may not be true. Still, there are some who swallow all criticisms and emerge better and stronger. My hope is that they will go on serving selflessly for the sake of many, including those who have criticized them in one way or another.

## CONTINUE PRACTISING AS A FAMILY PHYSICIAN IN YOUR CONSULTATION ROOM

There is a reason why we are first and foremost a doctor before something else e.g. leader. It's what makes us doctors, because we still have the mandate to help patients. “**Heal sometimes, relief often, comfort always.**” No matter how bleak the prognosis of any patient is, a doctor can always help in some small yet meaningful way. Doctors who remain in clinical practice also remain connected to patients and understand what patients go through. It is possible to be doctors and administrators at the same time, and these leaders often know what their ground level doctors go through as they bash through thick and thin with them together. In the process, they earn the respect of their doctors whom they fought side by side with.

## TEACH AND TEACH AND TEACH

Nothing beats passing on that torch of knowledge. How well we will be cared for depends on how well we train our subsequent generations of young and aspiring family physicians. There is almost no immediate repayment for such teaching services, and such mentors often teach at their own expense e.g. closing their own clinic sessions, sacrificing valuable family time. The fruits of their labor comes (hopefully) when the current batch of trainees mature and go on to become better doctors, and perhaps even mentors themselves so as to pass on the teaching tradition and prevent it from being extinguished. Such torch bearers have a heavy responsibility on their shoulders which most shy away from. This makes them all the more unique because of their deeds. For the sake of FM training, we hope they can stay on and serve.

There is also the saying that “**We learn as we teach**”, so teachers will also go on learning at the same time. It is hard to beat this win-win situation.

## LEARN AND LEARN AND LEARN

Who says we are too old to learn? Suraj will tell you otherwise! I recalled I did my M.Med (FM) training and sat for the exams with him who is almost 20 years my senior! How he managed to juggle work, studies and family is amazing. He went on to complete the fellowship programme with me as well, and I have requested for him to contribute a learning journey article in this issue. Do read on and see if it inspires you to go further with your training.

(continued on the next page)

(continued from Page 19: Have You Got What It Takes To Be A True Leader of Family Medicine?)

Training aside, I met some of my best friends in family medicine through my learning journey. The task of training and preparing for exams bonded us on a common road trip that still continues long after the exams have ended. Bumping into each other once in a while always sets us reminiscing about the good old days of being a trainee, including how we would go to the hospitals wards and specialists clinics three to four times a week to see cases which we otherwise will not see in our daily work, begging our specialist friends to bring us on tutorials (this beggar work ensured that we developed thickened armored skins), sometimes even on weekends. Practicing in different settings also allowed us to share our varied experiences with each other, and we often discussed how our varied practice settings can be brought together to complement each other and benefit our patients as much as possible e.g. how a patient can be smoothly transitioned from a community hospital to a family medicine clinic by way of improved communication and coordination between the 2 groups of family physicians working on either side.

### UNDERSTAND THAT FAMILY MEDICINE IS "ONE DISCIPLINE, MANY SETTINGS"

I have heard someone said "GP is family medicine", and another said "Polyclinic is family medicine". It's not an entirely wrong concept, as I dare say most of our family physicians practice in these 2 main services. However, Family medicine is so much more than just these 2 settings.

This will be illustrated by some articles written by family physicians from various different practice settings in this issue. As Prof Cheong Pak Yean put it, Family Medicine is "**One Discipline, Many Settings**"... very true indeed! Let us not forget our comrades in those other settings.

### BE NURTURING AND ENCOURAGING TOWARDS JUNIORS, AND NOT TO FEEL THREATENED

There are superiors who put themselves on the pedestal and make everyone work for them, while basking in the work and glory created by others. The aim is self-promotion and increasing their own influence, while ensuring that their juniors are suppressed and kept under the radar... little do they realize that by doing so, they are also suppressing the full potential of their team. But then again, these superiors never considered their team's potential anyway, as they are too obsessed with themselves.

The perfect superiors are those who place their juniors before themselves, and take it upon themselves to nurture and encourage juniors to greater heights and to achieve more. Juniors feel that they can realize their true maximal potential, and along with such gratitude, will often go the extra mile for the superiors and the department in turn. While a selfish one-man army can only achieve that little, a fully-fledged and developed team can achieve so much more than individual teammates' efforts combined as a result of synergy. This is also evident in many marathons such as Standard Chartered Marathon Ekiden category, where six team members can cover greater distances over a shorter period of time than a single man can. At the end of it all, there is still one ultimate prize – camaraderie. The mutual trust and friendship gained from such a bond goes a long way in team building and creates a firm

and solid foundation upon which many other meaningful working relationships can be built upon.

### BE HUMBLE ALWAYS, AND STAY AWAY FROM PMS

The question is "What is PMS?" PMS stands for **Power, Money, Sex**. It has led to the downfall of many, and a true FM leader will do wise to stay clear of PMS. It clouds the mind and interferes with judgment. When there is differential treatment as a reason of any component in PMS, it affects morale and disrupts team dynamics negatively.

Speaking of power, when I went for my advanced medical officer course (AMOC) recently, I was enlightened by my course commander. He explained that there are two types of leaders in this world:

- The aspiring leader who likes to be in power, loves the clout and volunteers to take charge. They are often the charismatic ones who will speak up and get a lot of people to listen to them. Some of this type of leaders makes good commanders, but this is not always the case all the time.
- The unwilling leader who did not self-volunteer but is being nominated by someone else who appreciates his talent. These are the ones who may be quiet to start with, but earns the respect of many who have seen him in action. He may not always command in a voice that is powerful, loud and clear, but he leads by actions and his men will follow suit on whatever he is doing. They may be the crouching tigers which when given



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- A very real focus on patient care and service;
- A significant remuneration upside for those suited to our style of medicine;
- Standard work week hours with the possibility of flexible work sessions.



For more background, please view our website at [www.imc-healthcare.com](http://www.imc-healthcare.com)  
Please send your CV with a cover letter stating the reasons you are attracted to our Paediatric Clinic to [hr@imc-healthcare.com](mailto:hr@imc-healthcare.com)

time, may build up confidence and realize their true potential. These leaders seldom talk about their achievements, but their success is being celebrated by the people whom they have worked closely with, and news of his deeds is spread by not himself but by his colleagues.

And if you may have guessed correctly, the unwilling leader sometimes make a better leader because he leads by example and many will follow him knowing that they can entrust their lives and future in him.

Anyway that is not the end of the story. It goes that I went through AMOC smoothly and reached the end of the course. Then I saw a group of men presenting a self-made memento to one of our course mates. Being inquisitive, I asked more and found out that this particular course mate of mine was very well respected by his men whom he had commanded in his previous tour of duty. When they needed him, he was there for them. When they were in trouble, he stood up for them. But yet during my two weeks of AMOC, I failed to realize that side of him. Perhaps we can argue that time was too short. But the truth of the matter was that such unassuming leaders may be hidden quietly in our midst, and it sometimes takes a crisis to provide opportunities for them to surface and shine. His men had more time to know him and see what a true leader he is. It all boils down to one key – time. Time holds the answer to many things, and it certainly reveals a person's true self over time.

## RECOGNISE AND SUPPORT THAT FAMILY MEDICINE IS A BROAD-BASED SPECIALTY IN ITS OWN RIGHT

Our earlier article covering World Family Doctors' Day (WFDD) spoke at length about the contributions put in by many past and present Presidents on raising the standards of Family Medicine training and assessment, and if you were present at the dinner, you would definitely have heard how they spoke of Family Medicine with such conviction and gusto! Every one of them was proud of Family Medicine and affirmed their roots in the College. Only through raising the standards of our training, can we bring ourselves to be on par with the specialists when we discuss cases with them or even co-manage patients with them. When people ask us what specialty we are in, why should our answer be "I am merely a GP"? Stand tall and proud, and declare that "We are well-trained family physicians!" We ought to be proud of the training we received, and we hope to be recognized as a specialty if possible. Even if it were not, it does not stop us from training ourselves to be better family physicians for our patients' sake. The training was never about whether people see family medicine as a specialty or not, but for us to deliver holistic and evidence based care to our patients.

I am certain that many of you out there will have many more points to add on, and this is by no way exhaustive. Being a frog in a well, this is as many opinions as I can humbly offer, and I hope this can be a trigger point to set you off on your own quest to be that true Family Medicine leader... after all, why wait for others when you can possibly be that best person to do so?

■ CM

## FAMILY PRACTICE SKILLS COURSE

### Infectious Disease

The College of Family Physicians Singapore would like to thank **Health Promotion Board, Ministry of Health** and the Expert Panel for their contribution to the Family Practice Skills Course #57 on "Infectious Disease", held on 29 – 30 March 2014.

#### Expert Panel:

A/Prof Goh Lee Gan  
Dr Hsu Li Yang  
Dr Lee Bee Wah  
Dr Wong Sin Yew  
A/Prof Helen Oh  
Dr Wong Chen Seong  
Dr Victor Loh  
Ms Angela Leow

#### Chairpersons:

A/Prof Lim Lean Huat  
Dr Rukshini Puvanendran

### Improving Healthcare for Persons with Disabilities

The College of Family Physicians Singapore would like to thank **Ministry of Social and Family Development** and the Expert Panel for their contribution to the Family Practice Skills Course #58 on "Improving Healthcare for Persons with Disabilities", held on 26 – 27 April 2014.

#### Expert Panel:

A/Prof Goh Lee Gan  
Mr Lee Chin Soon  
Ms Anita Ho  
Dr Sylvia Choo  
Dr Wei Ker-Chiah  
Dr Ng Yee Sien  
Dr Balbir Singh  
Dr Bhavani Sriram  
Dr Lohsnah J  
Ms Frances Lim Chin Pei  
Mr Tang Wei Kiat

#### Chairpersons:

A/Prof Goh Lee Gan  
Dr Tan Kok Leong

# COLLEGE MIRROR INTERVIEW

## with Dr Chua Chi Siong, Medical Director, Jurong Community Hospital

Interviewed by Dr Low Sher Guan Luke, FCFP(S), Editor



Dr Chua Chi Siong

**D**r Chua Chi Siong has been a fellow of the College of the Family Physicians Singapore [FCFP(S)] since 2004. Apart from teaching in the Yong Loo Lin School of Medicine (YLLSOM) Family Medicine module and NUS Family Medicine Residency Programme, he has been involved as examiner of the Graduate Diploma of Geriatric Medicine and Master of Medicine (Family Medicine) programmes.

After a long stint at the public primary care system, Dr Chua joined St Luke's Hospital in 2008 to work at community hospital system before moving to JurongHealth where he is currently involved in the planning and setting up of Jurong Community Hospital.

Image courtesy of Dr Chua Chi Siong

### College Mirror (CM):

**Good morning Chi Siong, I understand that you started off your career as a family physician from primary care, before you went over to St Luke's Hospital. What challenges did you face while working in a community hospital?**

### Dr Chua Chi Siong (CS):

I had been working at primary care outpatient setting for almost 10 years before I joined St Luke's Hospital, and certainly inpatient practice had evolved with new medications and treatment regime. I am blessed that when I first joined St Luke's Hospital, it was arranged that I was paired with an experienced resident physician who did ward round with me, and politely guided me even though I was supposed to be the senior doctor of the team. Also, I found that the strong foundation I received through the M.Med (Family Medicine) programme coupled with regular continuing medical education (CME) helped me to quickly adjust to the work required. I do think that we need to have the spirit of life long learning and I realized that as I practised in one setting for prolonged period of time, there is alarming attrition of my medical knowledge and I am glad now I had reacquainted and then learned some more.

### CM:

**Did you take any other courses which benefited your work in community hospital? What courses will you recommend that is applicable in such a setting?**

### CS:

At St Luke's Hospital, I do not need further exam for career progression. However, I took a Graduate Diploma in Geriatric Medicine, as I felt that taking it would enable me to systematically cover the knowledge that I would need to have, to provide a quality of care that I can be proud of. I must say I enjoyed the course and even the preparation of the exams tremendously. I would highly recommend the Diploma course for anyone considering working in community hospital, but also any family medicine doctors that intend to better care for our increasing geriatric population.

### CM:

**Can you share with us some of your happier moments while working in a community hospital setting?**

### CS:

There were certainly many. Community hospital patients are usually in their rehabilitative phase of their illness and are

not acutely ill, and they tend to stay in the community hospital for a longer duration of time compared to restructured hospitals (usually between 2-6 weeks).

Therefore, there were a lot of opportunities to not just oversee their recovery of their presenting medical problems, but also optimize their underlying medical conditions, address risk factors, improve functions in both basic and instrumental activities of daily living. I enjoy leading and harnessing the skills and expertise of the nurses, social workers, therapists, as well as patients and caregivers to transit the patients from medical dependence to functional independence. I love the fact that care in community hospital is so multidisciplinary and holistic to an extent that I had never experienced before, and I am glad to be part of it.

There is sufficient time to form a therapeutic relationship with the patients and seeing them regain their function and enhance their quality of life is very rewarding. It is always priceless to see that the patients you had cared for walk out of hospital (some with walking aids) when they had come in for conditions that could be functionally debilitating such as stroke and hip fractures.



# THE FUTURE OF FAMILY MEDICINE IN ASIA PACIFIC

## — interviews with organizers and delegates of WONCA 2014

by A/Prof Lee Kheng Hock, President, 24<sup>th</sup> Council, College of Family Physicians Singapore  
Dr Lawrence Ng, MMed(FM), MCFP(S), Council Member, 24<sup>th</sup> Council, College of Family Physicians Singapore  
Dr Ng Lee Beng, MMed(FM), FCFP(S), Council Member, 24<sup>th</sup> Council, College of Family Physicians Singapore

**W**ONCA has a close association with the College of Family Physicians Singapore (CFPS) as we have hosted the WONCA World Conference not once but twice (1984 and 2007). But what is WONCA?

Its website has this definition: "WONCA is an unusual, yet convenient acronym comprising the first five initials of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians. WONCA's short name is World Organization of Family Doctors."

Recently, CFPS sent a small delegation to the WONCA Asia Pacific Regional Conference in Kuching which was held from 21st to the 24th May 2014. It was attended by over 1000 delegates with large contingents from China, Japan and many countries as far away as UK and Africa.

College Mirror (CM) spoke to some delegates and organisers from various countries to seek their views of Family Medicine (FM) in the context of their own countries.



CFPS delegation at WONCA Asia Pacific Regional Conference in Kuching



(from left)  
Dr Lawrence Ng, Dr Low Lian Leng, A/Prof Lee Kheng Hock, Dr Ng Lee Beng

**Delegate from Malaysia,  
Prof Mohd Husni Jamal**  
Chairman,  
Host Organising Committee of  
WONCA 2014 conference



Prof Mohd Husni Jamal said the Malaysian Ministry of Health has done a fantastic job in building capacity in primary care and FM training is well underway in the government sector. The next phase is to involve the private practitioners. A training program and teaching system leading to the conjoint examination (between Australian RACGP and the Malaysian AFPM) is available to the private practitioners. There is a need to convince the government that the private GPs are ready to take on a bigger role of primary care. So, now is the time to get GPs involved in training.

**Delegate from South Korea,  
Prof Jungkwon Lee**  
President of WONCA Asia Pacific Region



Prof Jungkwon Lee said that the aim in South Korea is to have a family physician for every Korean. However, primary health care in Korea is market-oriented. Hence, it is very competitive and suffers from a lack of organisation in terms of roles, provision of services and catchment area divisions. It is hard to play a pivotal role as there is no gatekeeping role given to primary care. However, he is optimistic about the future of FM due to government realising the rising healthcare costs from an ageing population. Government needs to allocate resources and funding for the increasing needs of the aged. More medical students are keen to consider a career in FM as the government provides greater financial reimbursements.

(continued on the next page)

(continued from Page 25: The Future of Family Medicine in Asia Pacific)



All Prof Lee Kheng Hock, Dr Ng Lee Beng and Dr Low Lian Leng at their teaching sessions

**Delegates from Taiwan,  
Prof Chen Ching-Yun**  
*National Taiwan University  
College of Medicine, and  
Dr Brian Bih-Jeng Chang*  
*Deputy Secretary of the Taiwan  
Association of Family Medicine*



Prof Chen Ching-Yun

Prof Chen said that in Taiwan, focus needs to be placed on 3 areas: elderly care, palliative care and end of life care. Besides functional assessment, there is a need to assess the emotional as well as physical health of the elderly. Prof Chen hopes that, in future, there will be one family physician for each person in Taiwan.



Prof Brian Bih-Jeng Chang

Dr Brian Bih-Jeng Chang said that the lack of a mandatory gatekeeper role has encouraged doctor-hopping and the tendency for the public to randomly consult a specialist directly, with the consequences of increasing unnecessary healthcare spending and loading on hospital staff and system capacity. The government has to shoulder some blame as government itself tends to focus its budget on hospital care rather than community-based care. In Taiwan, there are opportunities for family physicians to branch into other areas such as geriatric care, palliative care and healthcare management and public health. This creates an interesting future for the FM graduate. In order to promote quality outcomes, there is a move towards paying for performance in chronic disease management.

**Delegates from Japan,  
Dr Shuji Tsuba and  
Dr Masanori Harada**



Dr Shuji Tsuba

Dr Shuji Tsuba sees 3 areas of emerging needs in Japan: geriatric care, home care and palliative care. There is a need to provide home care for the immobile elderly and the terminally ill. The scope of practice needs to be broadened as many doctors in Japan practise as internal medicine specialists, hence they are less equipped to deal with children and women. Since preventive care is not easily available to them, women tend not to seek screening. Preventive care for women needs further development.



Dr Masanori Harada

Dr Masanori Harada, a Japanese delegate who practises in a rural prefecture of Yamaguchi, Japan, said that FM is the 19th specialty to be recognised in Japan. This declaration of FM as a specialty will promote its prestige and standing, hence advancing FM. In Japan, most doctors function as specialists and there are not enough generalists. This has led to a shortage of FP's in the community.

**Delegate from China,  
Dr Shou Juan**  
*Zhong Shan Hospital,  
Fudan University*



In Shanghai, China, there is a gradual push in improving the ratio of generalists to population towards 1: 2000 to 1: 3000, according to one



of the speakers Dr Shou Juan. In China, the accurate term used is “generalist” (Quan Ke Yi Sheng 全科医生) rather than “family physician” (Jia Ting Yi Sheng 家庭医生). Currently, the number of graduates in Shanghai of 480 per year is not enough to meet this target. Hence, the strategy is to convert existing specialists into generalists. As in other countries, the current social stature of generalists in China is lower than specialists but it is gradually and steadily rising in China. Patients now can pay, via insurance, to have a contract of service which the generalists agreed to provide. This is a kind of contracted list of patients similar to the one in the National Health Service in the UK. At present, the ratio is about 900 to as high as 1,500 patients per contract doctor. Capitation is still not yet practiced in China, as far as Dr Juan is aware.

#### Delegate from Brunei, Dr Munir Metassan

Dr Munir Metassan said the current state of FM in his country is still a long way from what is the closest to the “ideal standard” as seen in countries such as UK and Australia where FM is more established. FPs tend to be rotated around rather than stay in one locale, serving a fixed community. There is a need to educate the public about the utilisation of health services as well as greater improvement in chronic disease management. Bruneian government recently invited a few American FM experts who advised the building of larger health centres rather than small individual clinics. These bigger buildings can house multiple disciplines and carry equipment for investigations such as cardiology. Brunei FP’s are also being sent to UK for special interests groups such as residential training courses in the UK for diabetes care.



#### Medical student from Australia, Mr David Townsend



Mr David Townsend feels an affinity for rural medicine and living in the countryside. He likes the idea of seeing patients for a lifetime rather than in short term and in sporadic episodes. He finds satisfaction in helping and communicating with people. He sees a bright future for FM in Australia, as the demand by young medical graduates for training in FM is greater than the vacancies available. This has led to a recent increase of annual postgraduate GP training positions from 1,200 to 1,500. David gave a very interesting lecture on the positive use of social media (such as Twitter, Facebook and RSS) to stay in touch with patients and fellow doctors, how to stay updated with the latest medical developments and journals. All these tasks can be achieved using just a smartphone or laptop.

#### Conclusion

From the interviews above, it is conclusive that, over the recent years, FM is fast being recognised as a specialty in many Asia Pacific countries, and we hope that Singapore will start to move in that direction soon. Funding from their respective governments is budgeted in greater quantum than, say, two decades ago.

A large part of this is due to the fact that, all over the world, governments are finally waking up to the realisation that it is more cost effective to pay for the building of primary care physical infrastructure and the training of generalists than to pay for the building of more and bigger hospitals with an army of specialists to take care of multiple organs in one person.

Hopefully, in having done so, we may be better prepared in dealing with the unstoppable rise in healthcare costs from chronic diseases and the inevitable tsunami of an ageing population. Hence the emphasis on elderly care, palliative and home care as mentioned by the Taiwanese and Japanese doctors above. From the policy makers’ point of view, raising taxes progressively to fund healthcare and social spending will only raise electorate resistance and the spectre of a change of government, with no solution even with a musical-chair rotation of governments as seen in Japan.

It is interesting to note that many young doctors are actively pursuing training and a future career in FM. Obviously, young doctors in the Asia Pacific countries do see a bright future in FM. However, there is a caveat: the career prospects of FM graduates is still heavily dependent on the support and funding from government for elderly, palliative and home care because the elderly has little or no means of paying for what is an overwhelming and insatiable demand on healthcare.

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