THE
College Mirror
VOL. 43 NO. 2 JUNE 2017
A Publication of College of Family Physicians Singapore

The Three "Integration Challenges"


Mr Chan Heng Kee

The Permanent Secretary, Ministry of Health, Mr Chan Heng Kee was the Guest-of-Honour at the World Family Doctor Day Dinner on 20th May 2017. He brought up the integration of challenges which family doctors would face.

State and Role of Family Doctors in Singapore

Today, we have about 2,600 physicians providing primary care in Singapore. This number has been increasing by about 100 each year in recent years. 8 in 10 of these family doctors practise in GP clinics. The rest serve in polyclinics. Besides these primary care doctors, a small number of family physicians - about 110 - practise in community hospitals and family medicine units in acute hospitals.

We often speak about changes in primary care and family medicine. I believe however that at its core, the fundamental role of family doctors has not changed, even as its importance and complexity have grown. A family doctor has the unique opportunity to care for patients through long-term relationships that develop over time. This allows them to recognise both obvious and subtle signs in patients and make astute management decisions. It enables comprehensive, continuing and patient-centred care.

While their core role has not changed, what family doctors need to do to perform this role well is evolving. It is also becoming more challenging. This evening, I would like to speak on what I believe are three "integration challenges" which family doctors face. They are the challenges of *integrating across physical and mental health; integrating across care settings, and integrating across professions.*

> ***"I believe however that at its core, the fundamental role of family doctors has not changed, even as its importance and complexity have grown."***

Integrating Across Physical and Mental Health

First, integrating across physical and mental health. Good health encompasses both the body and the mind. For the increasing numbers of elderly citizens in particular, mental health issues like dementia and depression can have a significant impact on physical health and well-being. The link between mental and physical health goes both ways. Take depression for example. Depression has been found to increase the risk of diabetes and cardiovascular disease.[1] In turn, patients with chronic illnesses have been found to be two- to three-

(continued on Page 3)

IN THIS ISSUE:

CONTENTS

Published by the **College of Family Physicians Singapore**
College of Medicine Building
16 College Road #01-02, Singapore 169854
Tel: (65) 6223 0606 Fax: (65) 6222 0204
GST Registration Number: M90367025C
E-mail: information@cfps.org.sg
MCI (P) 056/10/2016

(continued from Cover Page: The Three "Integration Challenges")

times more likely to suffer from depression.[2]

Holistic care thus requires integration across physical and mental health domains. We know that mental illnesses are often a hidden struggle. But it is one that family doctors can help to diagnose. Today, family doctors who wish to acquire more knowledge and skills in managing patients with mental health conditions can enrol in the Graduate Diploma in Mental Health jointly organised by IMH and NUS. To reach a wider group of doctors, MOH will strengthen other postgraduate training for all family physicians. We will work with the College on these initiatives, such as enhancing mental health modules in the Graduate Diploma in Family Medicine (GDFM).

I also understand the College is looking at developing new Family Practice Skills Courses in areas such as counselling and behavioural modification. I think this is an excellent idea, given the increasing evidence that applying behavioural science to patient care can bring about better outcomes.

Integrating Across Care Settings

The second integration challenge for family doctors is that of integrating across care settings. We know that patients may require different types of care at different stages of their conditions. Some patients with multiple needs may even require care that cuts across different settings and providers all at the same time.

Our goal is to be able to better anchor care in primary and community care settings, while creating close linkages with other settings and levels of care. To achieve this goal, we will need primary care to be better integrated with other parts of the healthcare system. We will also need to enable and equip family doctors to help their patients navigate the larger system more seamlessly.

We are strengthening collaborations between primary and specialist care. We have developed direct access protocols for cardiology, orthopaedic surgery and gastroenterology. Under the orthopaedics protocol for example, polyclinic doctors can directly refer patients with common conditions for subsidised physiotherapy services without having to go through a specialist. We are exploring similar protocols in other areas, such as ophthalmology.

(continued on the next page)

(continued from Page 3: The Three "Integration Challenges")

Public hospitals are also partnering GPs to enable SOC patients to be cared for in primary care settings, while providing for fast track referrals back to specialist care if needed. Examples of such partnerships include SingHealth's Delivering On Target (DOT) and TTSH's Community Right-Siting Programme (CRiSP). We hope to see more such collaborations that reduce unnecessary consults and streamline patient care across settings.

"MOH will continue to work with the College and regional health systems to support family doctors and develop family medicine so that we can turn these challenges into opportunities."

Integrating Across Professions

The 3rd integration challenge is that of integrating across professions. The pace of change in patient needs and medical advancements will heighten the need for all-rounded expertise for patient care. However well- trained, family doctors will have to work with fellow primary care and specialist colleagues, and other healthcare and social care professionals.

We want to help our family doctors do this. For example, to support the work of family doctors in caring for patients with mental health conditions, MOH and AIC have set up community-based resources such as allied health professionals in Community Mental Health Teams (COMIT). GPs can refer patients to these teams for case management, therapeutic intervention and home visits, which complement the medical consultation.

For more effective chronic disease management, we are also encouraging GPs to come together to form virtual networks called Primary Care Networks, or PCNs. MOH will support PCNs with other professional resources such as nursing, allied health and administrative support. By way of reminder, the current PCN application call will close on 31 May.

Conclusion

Ladies and Gentlemen, I have spoken on three integration challenges that family doctors face. MOH will continue to work with the College and regional health systems to support family doctors and develop family medicine so that we can turn these challenges into opportunities. Opportunities for family doctors to help Singaporeans attain better health and better care.

Let me now close by thanking once again all family doctors for your contribution. I would also like to commend the College for its effort in developing family medicine in Singapore.

1 World Health Organisation. World Health Day 2017 Campaign Essentials: Depression. Available at: http://www.who.int/campaigns/world-health-day/2017/toolkit.pdf?ua=1. Accessed 30th Mar 2017.

2 Katon WJ. Epidemiology and treatment of depression in patients with chronic medical illness. Dialogues Clin Neurosci. 2011 Mar; 13(1): 7–23.

CM

CFPS Celebrates World Family Doctors' Day

by Dr Chan Hian Hui Vincent and Dr Low Sher Guan Luke, FCFP(S), Council Members

The World Family Doctors' Day Dinner was held at the Grand Copthorne Waterfront Hotel on 20th May 2017. The guest of honour for the event was Mr Chan Heng Kee, Permanent Secretary at the Ministry of Health. Deputy Director of Medical Services Associate Professor Kenneth Mak was also present, as were many of our Family Medicine luminaries across our various Family Medicine settings. These include Associate Professor Goh Lee Gan, Dr Alfred Loh, Associate Professor Lim Lean Huat, Dr Wong Tien Hua (who also represents the SMA), Dr Adrian Ee (SHP), A/Prof Chong Phui-Nah (NHGP), Dr Liew Yii Jen (NUP), Dr Elaine Tan (MOH Primary Care Division), AIC's Dr Wong Kirk Chuan and Dr Khoo Sei Kiong (Academy of Medicine) among others.

The evening kicked off with a performance by the Baton Twirling Club Singapore, followed by a key note address from the Permanent Secretary. In his address, Mr Chan highlighted the importance of Family Medicine as its complexity and importance grows. He also pointed out the challenges facing our fraternity, namely the "Three integration challenges, namely integrating across physical and mental health, integrating across care settings and integrating across professions. Do read Mr Chan's full speech in this very edition of College Mirror, as it can help us understand MOH's policy direction.

This was followed by College President, Associate Professor Lee Kheng Hock's report on the "FAmily Medicine for OUr Singapore" (FAMOUS) project. A/Prof Lee shared the key findings of this project which you can also read about in this issue of College Mirror under the "President's Forum". One of the interesting findings was how highly trained Family Physicians felt more self-fulfilled despite this not necessarily leading to more pay. Perhaps Maslow's self-actualisation via higher education and teaching can make one's clinic

Editor's Words

by Dr Fok Wai Yee Rose, Editorial Member and Dr Low Sher Guan Luke, FCFP(S), Editor

2017 promises to be a world of change for the healthcare sector. It began with a well-coordinated release of "big" news of re-organisation of the public healthcare sector by reclustering from 6 to 3 regional health systems. This resulted in "big" change, resulting in a flurry of activities and a myriad of meetings and retreats to ensure smooth transition.

Once again we commemorate World Family Doctors Day on May 19, 2017, a day to highlight the role and contributions of family doctors working in different capacities and diverse health care systems around the world. It is appropriate on this day that we continue to support education and training in our own Family Medicine Review Course 2017 which provides a platform and opportunity to learn and refresh, as well as to establish and strengthen fraternal ties with both within the primary care community and our hospitalist specialist colleagues.

At the World Family Doctors' Day Dinner, the guest of honour, Mr Chan Heng Kee, Permanent Secretary at the Ministry of Health, highlighted the importance of Family Medicine as its complexity and importance grows. He also pointed out the challenges facing our fraternity, namely the "Three integration challenges, which are integrating across physical and mental health, integrating across care settings and integrating across professions.

A/Prof Lee Kheng Hock, our College President shared the report of the "FAmily Medicine for OUr Singapore" (FAMOUS) project which cited the challenges to the practice of family medicine, teaching and research, satisfaction and relationship with patients. The themes that emerged in the Focus Group revealed very interesting insights into the aspirations and angst among the different groups, from residents and students to family physicians working in polyclinics to private practice and in community hospitals. It is appropriate for the dinner to end with the presentation of the College Teachers Award and the Distinguished Educator's Award. One recipient, Dr Eng Soo Kiang, shared that the drivers for his commitment to teaching is that he is a strong believer in Peer Assisted Learning and he values the collegiality teaching sessions foster.

In the midst of taking care of our patients, it is needful to emphasize on Physician Self Care: On Mental Health – primary, secondary and tertiary prevention. Physicians are urged to seek help whenever needed and not to be ashamed when it comes to their mental health.

Family medicine is one discipline in many settings and has moved from beyond the traditional GP and polyclinic setting into new areas of collaboration in line with our three integration challenges. Our interview sections seek to showcase the relevance and importance of family medicine in nursing homes (integrating across care settings) as well as in the Institute of Mental Health (integrating across professions and mental health).

We extend our heartfelt congratulations to A/Prof Goh Lee Gan on his recipient of the SMA Honorary Membership Award. He was lauded as a composite of three areas of achievement – servant-leader, academic leader, and practitioner-healer.

Finally is change necessary? Why now and not later? There will never be a right time and a right reason for change. It is an inevitable part of life, families, systems and organisations. However what we can do right is to make the change a positive experience, having an open mind, a collaborative spirit and a determination to make it happen to achieve the desired goal.

To me, this change presents a golden opportunity for the advancement of Family Medicine. As the practice of medicine becomes more complex with increasing sub-specialization resulting in fragmentation of care, there is now a greater role of the broad based training of family physicians both in the community, ILTC and restructured hospitals. Many aspiring family medicine trainees have been challenged by the breath of family medicine but it is this same diversity in scope that has attracted many of our veterans family physicians to this discipline.

One family doctor aptly said that ultimately what he desire as a family doctor is to be a good doctor, to be respected by peers and specialists colleagues and trusted to disburse funding to better care for our patients with complex chronic conditions. We can do this by embracing change, leveling up our knowledge and sharpening our clinical skills – for our patients!

CM

(continued from Page 3: The Three "Integration Challenges")

Public hospitals are also partnering GPs to enable SOC patients to be cared for in primary care settings, while providing for fast track referrals back to specialist care if needed. Examples of such partnerships include SingHealth's Delivering On Target (DOT) and TTSH's Community Right-Siting Programme (CRiSP). We hope to see more such collaborations that reduce unnecessary consults and streamline patient care across settings.

> *"MOH will continue to work with the College and regional health systems to support family doctors and develop family medicine so that we can turn these challenges into opportunities."*

Integrating Across Professions

The 3rd integration challenge is that of integrating across professions. The pace of change in patient needs and medical advancements will heighten the need for all-rounded expertise for patient care. However well- trained, family doctors will have to work with fellow primary care and specialist colleagues, and other healthcare and social care professionals.

We want to help our family doctors do this. For example, to support the work of family doctors in caring for patients with mental health conditions, MOH and AIC have set up community-based resources such as allied health professionals in Community Mental Health Teams (COMIT). GPs can refer patients to these teams for case management, therapeutic intervention and home visits, which complement the medical consultation.

For more effective chronic disease management, we are also encouraging GPs to come together to form virtual networks called Primary Care Networks, or PCNs. MOH will support PCNs with other professional resources such as nursing, allied health and administrative support. By way of reminder, the current PCN application call will close on 31 May.

Conclusion

Ladies and Gentlemen, I have spoken on three integration challenges that family doctors face. MOH will continue to work with the College and regional health systems to support family doctors and develop family medicine so that we can turn these challenges into opportunities. Opportunities for family doctors to help Singaporeans attain better health and better care.

Let me now close by thanking once again all family doctors for your contribution. I would also like to commend the College for its effort in developing family medicine in Singapore.

1 World Health Organisation. World Health Day 2017 Campaign Essentials: Depression. Available at: http://www.who.int/campaigns/world-health-day/2017/toolkit.pdf?ua=1. Accessed 30th Mar 2017.
2 Katon WJ. Epidemiology and treatment of depression in patients with chronic medical illness. Dialogues Clin Neurosci. 2011 Mar; 13(1): 7–23.

CM

CFPS Celebrates World Family Doctors' Day

by Dr Chan Hian Hui Vincent and Dr Low Sher Guan Luke, FCFP(S), Council Members

The World Family Doctors' Day Dinner was held at the Grand Copthorne Waterfront Hotel on 20th May 2017. The guest of honour for the event was Mr Chan Heng Kee, Permanent Secretary at the Ministry of Health. Deputy Director of Medical Services Associate Professor Kenneth Mak was also present, as were many of our Family Medicine luminaries across our various Family Medicine settings. These include Associate Professor Goh Lee Gan, Dr Alfred Loh, Associate Professor Lim Lean Huat, Dr Wong Tien Hua (who also represents the SMA), Dr Adrian Ee (SHP), A/Prof Chong Phui-Nah (NHGP), Dr Liew Yii Jen (NUP), Dr Elaine Tan (MOH Primary Care Division), AIC's Dr Wong Kirk Chuan and Dr Khoo Sei Kiong (Academy of Medicine) among others.

The evening kicked off with a performance by the Baton Twirling Club Singapore, followed by a key note address from the Permanent Secretary. In his address, Mr Chan highlighted the importance of Family Medicine as its complexity and importance grows. He also pointed out the challenges facing our fraternity, namely the "Three integration challenges, namely integrating across physical and mental health, integrating across care settings and integrating across professions. Do read Mr Chan's full speech in this very edition of College Mirror, as it can help us understand MOH's policy direction.

This was followed by College President, Associate Professor Lee Kheng Hock's report on the "FAmily Medicine for OUr Singapore" (FAMOUS) project. A/Prof Lee shared the key findings of this project which you can also read about in this issue of College Mirror under the "President's Forum". One of the interesting findings was how highly trained Family Physicians felt more self-fulfilled despite this not necessarily leading to more pay. Perhaps Maslow's self-actualisation via higher education and teaching can make one's clinic practice more fulfilling. Other interesting points included how many family physicians hoped for family medicine to be recognised as a specialty, knew the importance of pursuing post-graduate education in family medicine, and how it would enable them to better manage patients.

A delicious 4-course dinner was served, as participants tucked in to an appetiser of Lemon Myrtle Salmon "Nicoise" quail eggs, green beans and cherry tomatoes. The celery and potato soup was tasty too. There were 2 choices for the main dish being roasted chicken thigh with sautéed mushroom ragout or basked cod fish. Dessert was a wonderful plate of Mousse cake with strawberry ice-cream and raspberry coulis.

The final item for dinner was the presentation of the College Teachers Award and the Distinguished Educator's Award ceremony, where College Vice-president Dr Tan Tze Lee was on stage to hand out the awards. This was in recognition for the work of our College teachers, who are our silent warriors in the fight to raise clinical standards for our fraternity, one trainee at a time. Kudos and thanks to our College teachers, and we have an article describing the efforts of one of the college teachers' award recipient and how he gave his time selflessly for the trainees who were appreciative of his good intentions. The dinner ended on this high note, a wonderful celebration of Family Medicine in Singapore.

CM

◄ *Happy SingHealth FM ACP family at WFDD 2017*

◄ *Recipients of College Teachers' and Distinguished Educators' Awards*

(more photos of the event can be found on Page 14 and on www.cfps.org.sg/galleries)

CFPS Honours Our FM Teachers

College Teachers' Award
Dr Ang Lai Lai
Dr Chan Meng Huey Jason
Dr Choo Kay Wee
Dr Chua Chi Siong
Dr Chung Wai Hoong Irwin
Dr Eng Soo Kiang
Dr Goh Kian Peng
Dr Koong Ying Leng Agnes
Dr Lam Chih Chiang Benjamin
Dr Lee Biing Ming Simon
Dr Lim Mien Choo Ruth
Dr Low Sher Guan
Dr Moey Kirm Seng Peter
Dr Ong Chooi Peng
Dr Phua Cheng Pau Kelvin
Dr Rukshini Puvanendran
Dr Soh Hun Beng Lawrence
Dr Somasundram Pushparanee
Dr Subramaniam Surajkumar
Dr Tan Puay Wee Steve
Dr Tan Yew Sang
Dr Tan Yew Seng
Dr Tang Wern Ee
Dr Tsou Yu Kei Keith
Dr Yeo Cheng Hsun Jonathan

Distinguished Educators' Award
Dr Chew Sze Mun
Dr Chung Wei Pyng Clara
Dr Leong Choon Kit
Dr See Toh Kwok Yee
Dr Soh Soon Beng
Dr Tan Kok Heng Adrian
Dr Tan Ngiap Chuan
Dr Wong Tien Hua

A Good Teacher Takes a Hand, Opens a Mind and Touches a Heart

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

The prestigious College Teachers' Awards given out by the College of Family Physicians Singapore go out to long-serving tutors who have served tirelessly and thanklessly in various College programmes, such as the GDFM, MMed (FM) College Programme and the Fellowship programme. The tutors have long formed the backbone of the above training programmes, without which the flame of mentorship and tutelage would not have been passed on from generation to generation. All of us pass out of medical school with a bachelor's degree, but some of the more committed family physicians embark on further training in order to be better trained and equipped to meet the ever increasing needs of our ageing population. Training is never easy, and as the Navy SEALS aptly summarises it in their motto "The only easy day was yesterday".

We are privileged to get an exclusive interview from one of the most decorated tutors in the MMed (FM) College Programme, Dr Eng Soo Kiang (ESK), to find out what motivates him to train the next generation of family physicians.

College Mirror (CM):
Hi Dr Eng, it's been my honour knowing and serving alongside you! I first knew you when we were embarking on our MMed (FM) training together, and you have struck me as one of the most brilliant candidates in our batch. Can you tell us more about yourself and your current place of practice?

Dr Eng Soo Kiang (ESK):
No, I am not brilliant. But I benefited tremendously learning from my batch-mates, Dr Jean Jasmin (Lee Mi-Li) and Dr Suraj (Subramaniam Surajkumar). They are respective champions in Pediatrics & Adult Medicine. Because of them, I have many of the family medicine topics very much covered before exam. I am a family physician in a heartland clinic. I also help out at Family Medicine Centers, home care, nursing homes, social enterprise, some regional health systems, Ministry of Health and Ministry of Communications and Information initiatives.


Dr Eng Soo Kiang

CM:
After you have passed your MMed (FM) exams, you have continued to teach and inspire subsequent generations of family physicians. What drives you to train them?

ESK:
There are 2 drivers. I am a strong believer in PAL which stands for Peer Assisted Learning, even more so for adult learners. Meeting up at with fellow tutors during teaching sessions fosters great collegiality akin to the camaraderie during NS men in camps (tutors are like trainees - we enjoy gossiping by the side too!)

CM:
What qualities do you think a good tutor should possess? What is the winning recipe?

ESK:
Dr Julian Lim, my teacher deconstructed it for me: Expertise (in subject matters), Experience (in pedagogy), Empathy (providing a lifeline to learners in trouble due to personal circumstances) & Effort (extra tutorials for those who asked).

CM:
Were there happy moments when you felt that all your hard work were indeed worth it?

ESK:
2 up-lifters. First, when trainees return to teach. Second, when I see them being clinically stronger than me and teaching better than me. But I do get mixed feelings whenever they acknowledge me as their tutor. While I'm grateful that they regard me as their teacher, I often do not feel as deserving as the compliments given by them. Much of the positive outcomes are results of their own effort and PAL. I merely facilitated them, cajoled their spirits and showed the way forward. They did their own walking.

CM:
Do you have any other pearls for aspiring teachers and tutors?

ESK:
Teaching is learning our craft twice, in fact thrice, as you need to revisit topics deeper and wider. There is a strong trans-generational apprenticeship component in doctoring, and we welcome teacher-volunteers into this virtuous cycle of learn-teach-relearn.

The story will never be complete without the perspectives of those trainees who have benefited from Dr Eng's tutelage. College Mirror managed to interview Dr June Tan (JT), Dr Neo Hui Yee (NHY) and Dr James Cheong (JC) who had been under Dr Eng's wing and are now starting to be promising tutors themselves.

(continued on the next page)

CM:
Dr Hi Tan, Dr Cheong and Dr Neo, thank you for coming forward to honour Dr Eng with your testimonies. Perhaps you can give us a brief introduction of yourselves?


Dr June Tan

Dr June Tan (JT):
I am Dr June Tan, a Family Physician currently practicing at a Family Medicine Clinic.

Dr Neo Hui Yee (NHY):
I am Hui Yee. I practice at a family practice clinic with other partners. I also locum in a Family Medicine Clinic as well as in an emergency department.

Dr James Cheong (JC):
I am Dr James Cheong, a Family Physician currently practising in the primary care and ILTC sectors.

CM:
How did you come to be under Dr Eng's tutelage?

JT:
I joined MMED Programme B in 2015 and Dr Eng was the tutor for our small clinical group.

NHY:
I started working with Dr Eng when I joined Lakeside Family Medicine Clinic while preparing for MMed (FM) Programme B.


Dr Neo Hui Yee

JC:
I joined Dr Eng's GP practice since leaving the SAF in 2013 and he has provided mentorship to me since. I was inspired to join the MMED Programme B in 2015 and Dr Eng was one of the tutors.

CM:
How was the training like under Dr Eng? I gather that it must be tough to be trained under one of the most decorated tutors in College!

JT:
Yes definitely, Dr Eng ensures that we practice Evidence Based Medicine and will always challenge us with tough questions. I could still remember submitting to him my first write-up of my 40 cases – imagine having 15 comments given to a half-page write-up! From this, you can see how strict and meticulous he was in checking our work. During the course of my MMed (FM) programme, he would share with us the relevant topics to read up on. Even when the course sessions had ended months before the exams, Dr Eng remained dedicated and supported our clinical group relentlessly.

NHY:
It was mentally challenging but extremely rewarding and fulfilling. Dr Eng took me through numerous practice sessions for the physical examination station whenever there were patients with good physical signs. During the course we were continuously challenged to read up on the latest Evidence Based Medicine.


Dr James Cheong

JC:
Dr Eng inspired me because he led by example and practiced what he preached. He demanded the best from the trainees and gave himself no less slack. He possesses a deep repository of updated evidence-based medical knowledge, which inspired many to emulate. Rather than spoon-feed information, he would inquire, guide and encourage the trainees to learn smart and hard.

CM:
Were there challenging moments when you felt like giving up? How did Dr Eng help you through those moments of crises?

JT:
I must admit the course was tough and there were a few times when I questioned myself if I should really carry on and was doubtful on passing the exams.

As a clinical tutor, Dr Eng would encourage me to move on and he would give me helpful tips on how I can be more efficient in learning. I am really grateful for his guidance and encouragement.

NHY:
Indeed there were times when I was overwhelmed by the sheer amount to study and the assignments. Dr Eng advised me to be optimistic especially nearing the examination period and assured us that we would pass! That helped me to feel better about sitting for the examinations.

JC:
Like many of my classmates, I had to juggle family, work and learning all at the same time. The sheer amount of knowledge and skills to be horned in a short time was demanding. Throughout this time, Dr Eng continued to encourage and inspire. I would recall waking up many times in the morning to see his latest medical feeds to clinical questions posted by students via WhatsApp or email. We were inspired and moved on these occasions. You can really sense his passion for teaching and as his students, we wanted to do him proud.

CM:
I hear you are starting to tutor the next generation of family physicians. How has the experience been so far?

What is the Future of Family Medicine in Our Singapore?

Speech delivered by A/Prof Lee Kheng Hock, President,
25th Council, College of Family Physicians Singapore,
at the World Family Doctor Day Celebration held on the 20th May 2017

The ancient Romans worship Janus the god of beginning, transitions and the future. Janus is a god with two faces. One face is always look back into the past and the other look forward into the future. The ancients knew that the past and the future are inseparable. It is said that man cannot comprehend the mind of God because our mortal perspective is always from the past and we can only experience the present. God however is timeless. Past, present and future happens at the same "time".

As mortals, we can only attempt to look into the future of family medicine by looking for data. Data is nothing more than facts and statistics gathered for analysis. For that purpose, the College embarked on a project to study our future using tools that are available to extract data. We assembled a team of knowledgeable volunteers in the College who have a front row seat on the development of family medicine in Singapore. We commissioned the FAMOUS Project (FAmily Medicine for OUr Singapore) to understand the state of family medicine and to peer into the future.

It is not possible to envision the future without looking to our past, our origins. Arguably the first modern version of the physician who were formally trained in medical schools began in the early 1900's. Back then all graduates were general practitioners. As family physicians or general practitioners, we can claim to be the original mainstream of doctors. Family medicine as a discipline or specialty became defined in the late 1960s. Some say this was a counterculture movement in response the rapid specialisation of medicine and the fragmentation of patient care. Specialisation started in the 1930s and gained momentum in the post war years. By 1960s the downside of specialisation became apparent as it resulted in the rapid decline of the generalist. Communities around the world realised the importance of having family doctors who care for patients as unique individuals who live in the community. They are not hospital bound human being with a collection of discrete diseases. There were calls for the restoration of the generalist doctors who specialize in the treatment of persons rather than diseases or organ malfunction. In the 1960s and 1970s, there was a world-wide grassroots movement to restore generalism in medicine.

The idea spread to the shores of our country. On 30th June

(continued on the next page)

JT:
So far, it has been great coming back to teach. It has enabled me to share my knowledge and tips with the next batch and also encouraged them to move on. Our tutors had put in loads of effort to train us and it's time we pay it forward. Teaching allows me to constantly revise what I've learnt and as well as to learn from the junior batch.

NHY:
It has been a really good experience. I am extremely thankful for the tutors who have taken time off their busy schedules to help us. It is an honour and privilege to be able to help teach the next generation of family physicians.

JC:
Medicine is a practice of apprenticeship and mentorship. Coming back to teach is simply reciprocity. It is also a great way to further sharpen and consolidate my clinical knowledge and skills. It is also a channel to build collegiality.

CM:
Is there anything else you will like to share with the rest?

JT:
I would like to encourage more MMed (FM) graduates to take up teaching so that the future generation of family physicians can benefit.

NHY:
Besides gaining knowledge after going through the MMed (FM) programme, I feel more empowered to manage patients holistically. It is heartening to see that more are taking up further training in family medicine to be better doctors. I hope that this trend will continue.

JC:
Medicine is lifelong journey of learning, caring and giving. I would encourage all of us to continually upgrade ourselves and strive to be stewards of primary care.

We would like to thank Dr Eng Soo Kiang and the rest of the college teachers for their tireless contribution to education in College, as well as Dr June Tan, Dr Neo Hui Yee and Dr James Cheong for picking up the baton!

CM

What is the Future of Family Medicine in Our Singapore?

Speech delivered by A/Prof Lee Kheng Hock, President,
25th Council, College of Family Physicians Singapore,
at the World Family Doctor Day Celebration held on the 20th May 2017

The ancient Romans worship Janus the god of beginning, transitions and the future. Janus is a god with two faces. One face is always look back into the past and the other look forward into the future. The ancients knew that the past and the future are inseparable. It is said that man cannot comprehend the mind of God because our mortal perspective is always from the past and we can only experience the present. God however is timeless. Past, present and future happens at the same "time".

As mortals, we can only attempt to look into the future of family medicine by looking for data. Data is nothing more than facts and statistics gathered for analysis. For that purpose, the College embarked on a project to study our future using tools that are available to extract data. We assembled a team of knowledgeable volunteers in the College who have a front row seat on the development of family medicine in Singapore. We commissioned the FAMOUS Project (FAmily Medicine for OUr Singapore) to understand the state of family medicine and to peer into the future.

It is not possible to envision the future without looking to our past, our origins. Arguably the first modern version of the physician who were formally trained in medical schools began in the early 1900's. Back then all graduates were general practitioners. As family physicians or general practitioners, we can claim to be the original mainstream of doctors. Family medicine as a discipline or specialty became defined in the late 1960s. Some say this was a counterculture movement in response the rapid specialisation of medicine and the fragmentation of patient care. Specialisation started in the 1930s and gained momentum in the post war years. By 1960s the downside of specialisation became apparent as it resulted in the rapid decline of the generalist. Communities around the world realised the importance of having family doctors who care for patients as unique individuals who live in the community. They are not hospital bound human being with a collection of discrete diseases. There were calls for the restoration of the generalist doctors who specialize in the treatment of persons rather than diseases or organ malfunction. In the 1960s and 1970s, there was a world-wide grassroots movement to restore generalism in medicine.

The idea spread to the shores of our country. On 30th June

(continued on the next page)

JT:
So far, it has been great coming back to teach. It has enabled me to share my knowledge and tips with the next batch and also encouraged them to move on. Our tutors had put in loads of effort to train us and it's time we pay it forward. Teaching allows me to constantly revise what I've learnt and as well as to learn from the junior batch.

NHY:
It has been a really good experience. I am extremely thankful for the tutors who have taken time off their busy schedules to help us. It is an honour and privilege to be able to help teach the next generation of family physicians.

JC:
Medicine is a practice of apprenticeship and mentorship. Coming back to teach is simply reciprocity. It is also a great way to further sharpen and consolidate my clinical knowledge and skills. It is also a channel to build collegiality.

CM:
Is there anything else you will like to share with the rest?

JT:
I would like to encourage more MMed (FM) graduates to take up teaching so that the future generation of family physicians can benefit.

NHY:
Besides gaining knowledge after going through the MMed (FM) programme, I feel more empowered to manage patients holistically. It is heartening to see that more are taking up further training in family medicine to be better doctors. I hope that this trend will continue.

JC:
Medicine is lifelong journey of learning, caring and giving. I would encourage all of us to continually upgrade ourselves and strive to be stewards of primary care.

We would like to thank Dr Eng Soo Kiang and the rest of the college teachers for their tireless contribution to education in College, as well as Dr June Tan, Dr Neo Hui Yee and Dr James Cheong for picking up the baton!

CM

(continued from Page 19: Marrying Family Medicine and Mental Health)

1971, Dr Sreenivasan, Dr Wong Heck Sing, Dr Koh Eng Keng and the other prominent physician leaders at that time formed the College of Family Physicians Singapore. The rest as they say is history.

Today as present leaders of this movement, we contemplate the future. I would like to share with you what I learned from Prof Clayton Christensen about leading organisations into the future. Christensen is a world renowned business school professor from Harvard who was hailed as the number one thought leader in management for his work on innovation. However the work that I found most interesting was his ideas on leading into the future.

"God threw us a curved ball when he created the world because he made data only available about the past but oriented us to look into the future," said Prof Christensen. He used the boat analogy to describe the problem. As data is only available about the past, leaders tend to steer the organisation forward whilst looking backwards. Sometimes they realized the problem and try to move to the middle of the boat and try to mingle with the crew. Unfortunately, he said that data is heavy and tend to sink to the bottom. People surface successes to the bosses and the real unsolved problems are seldom revealed. Then the leaders move to the front but there is a thick fog and they can't see ahead. So they make assumptions and buy into theories of what lies ahead and move on.

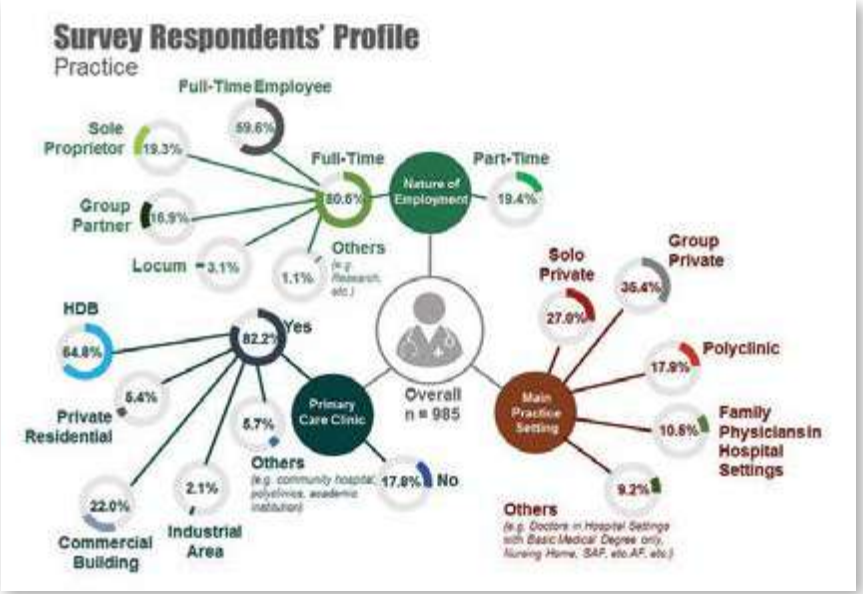
Mindful of the dangers ahead we decided to gather data as best as we could. The FAMOUS project team deliberated and concluded that we need answers in 3 main areas:

1. What should be the new models of primary care that we need to meet the healthcare needs of an aging population?
2. How should we educate and train family physicians for the enhanced role that is required of us?
3. How can we develop research in Family Medicine that supports our mission?

We proceeded to gather data by 3 methods:

1. A survey involving 985 members.
2. Focus groups involving 63 family physicians, residents and medical students to date.
3. Delphi study of 22 Opinion Leaders in Singapore's healthcare system.

The survey respondents profile was representative of our practising family physicians.



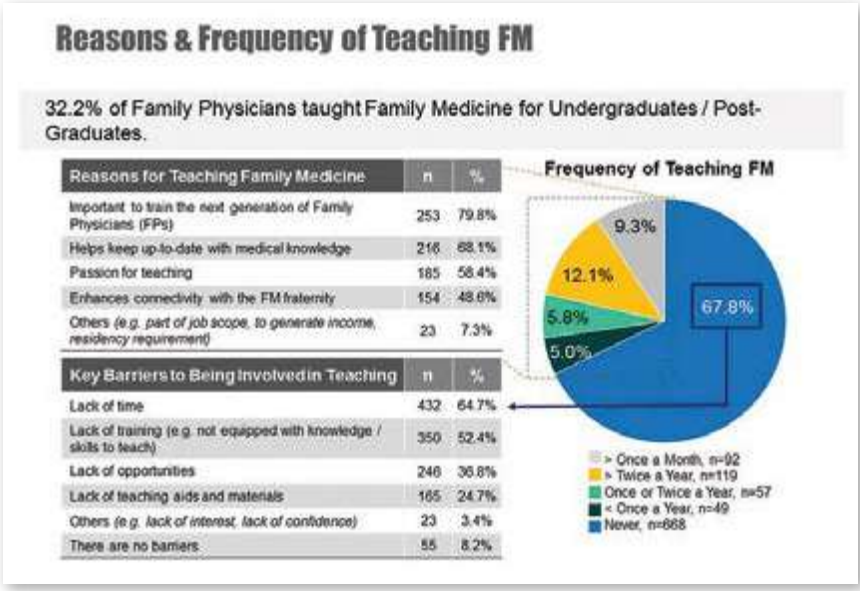
The top 5 most frequently cited challenges to the practice of family medicine were:

Rising healthcare costs
Patient not willing to pay charges commensurate with treatment
Rising patient expectations and demands
Competition from larger groups and/or managed health care
Increasing complexity of patient care

82.1% of the respondents felt that it is time for family medicine to be officially recognised as a specialty.

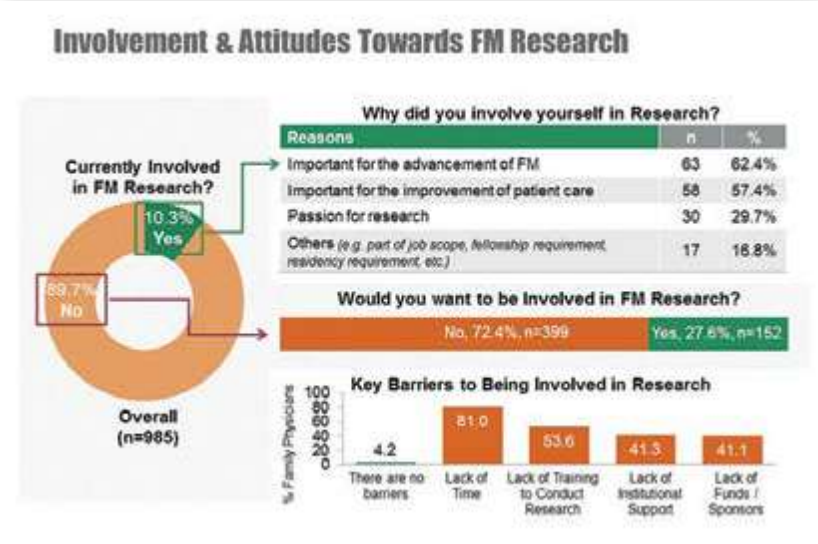
80.9% of Family Physicians agreed with the statement "It is important to pursue post-graduate education in Family Medicine"

81.0% of Family Physicians agreed that Family Medicine post-graduate qualifications enabled them to "better manage patients"



A healthy 32.2% were actively involved in teaching family medicine. It was very heart-warming to learn that almost all of these

members were motivated by altruism. 79.8% responded that they teach because they feel that it was important to pass on the knowledge and skills to the next generation of family physicians.



The survey found that only 10.3% were involved in research. For the majority who were not involved in research, 27.6% said that they want to be involved in research and will do so if they were given time and resources.

Despite being paid less when compared to specialists, 61% of the respondents were satisfied with their income while 16.6% were dissatisfied.

Family physicians are known for our forte in establishing good doctor patient relationship. It is interesting that this was confirmed in the survey with 74.7% of respondents saying that they were satisfied with the state of their doctor-patient relationship. However there were significant variations between the settings of practice. The satisfaction rate was highest among those working in solo practices and lowest in those working in polyclinics.

On the other hand, family doctors in solo practices scored the lowest in work life harmony.

The themes that emerged in the Focus Group revealed very interesting insights into the aspirations and angst among the different groups.

Residents and students were inspired and felt that family medicine training is relevant and needed by our community, especially for the future. However they felt that resources to support training were lacking. In comparison to other specialties, the training programme itself lack clarity and there was a sense of a lack of completenes when compared to other specialties. This was understandable as to date, we are still unable to get official recognition of our FCFP programme as equivalent to the senior resdency program and our discipline recongised as a specialty. This will probably continue to hinder us as we try to attact more young doctors and medical students to take up family medicine as a career that allows them to be recognised for their excellence.

Satisfaction with Work-Life Harmony
Across Practice Setting

Across practice settings, "Solo Private" had the least proportion of Family Physicians who were "Very Satisfied + Satisfied" (56.0%) and highest proportion who were "Very Dissatisfied + Dissatisfied" (21.8%) with Work-Life Harmony.

Satisfaction with Work-Life Harmony	Across Practice Setting*				
	Solo Private n=266	Group Private n=349	Polyclinic n=176	FPs in Hosp. Settings n=101	Others n=89
Very Satisfied + Satisfied	56.0%	61.6%	61.3%	66.3%	66.3%
Very Satisfied	13.5%	14.0%	10.2%	18.8%	13.5%
Satisfied	42.5%	47.6%	51.1%	47.5%	52.8%
Neutral	22.2%	22.4%	21.6%	24.8%	25.8%
Dissatisfied	15.4%	14.0%	12.5%	8.9%	7.9%
Very Dissatisfied	6.4%	2.0%	4.6%	0.0%	0.0%
Very Dissatisfied + Dissatisfied	21.8%	16.0%	17.1%	8.9%	7.9%

Satisfaction with Relationship with Patients
Across Practice Setting

More than 80% of Family Physicians practicing in "Solo Private", "Group Private, and "FPs in Hosp. Settings" were "Very Satisfied + Satisfied" with their relationships with Patients.

Relationship with Patients	Across Practice Setting*				
	Solo Private n=266	Group Private n=349	Polyclinic n=176	FPs in Hosp. Settings n=101	Others n=87
Very Satisfied + Satisfied	86.1%	80.5%	65.9%	85.1%	74.7%
Very Satisfied	30.1%	22.6%	9.1%	20.8%	13.8%
Satisfied	56.0%	57.9%	56.8%	64.3%	60.9%
Neutral	11.6%	15.2%	27.3%	12.9%	23.0%
Dissatisfied	1.5%	2.9%	6.2%	2.0%	2.3%
Very Dissatisfied	0.8%	1.4%	0.6%	0.0%	0.0%
Very Dissatisfied + Dissatisfied	2.3%	4.3%	6.8%	2.0%	2.3%

Family physicians working in the polyclinics lament the lack of time, the high volume of cases and how such constraints limit their ability to manage increasingly complex cases. They aspire to improve through the reorganisation to work in teams and to foster ownership of patients under their care.

Family physicians in private practice felt that the the important role that they play in the healthcare system is often overlooked. Not enough recognition is given to those who altruistically participate in training, teaching and research. They feel that there is a need for a mindset change amongst peers and policy makers towards FPs in private practice.

Family physicians working in community hospitals were concerned about the fragmentation of care in the healthcare

(continued on the next page)

(continued from Page 11: What is the Future of Family Medicine in Our Singapore?)

system and the need for more training in areas such as transitional care. They feel that the system urgently needs well-trained generalists who can ensure the continuity of care of patients as they navigate the healthcare system.

The Delphi study revealed the following possible scenarios in the future:

1. Primary care will be radically re-organised.
2. There will be a new definition and role for family medicine
3. Healthcare financing will change to support management of complex chronic disease
4. Primary care will be a key component in the solution of the problem of the aging population.
5. There will be increasing recognition of family medicine and this will attract bright young doctors to take up family medicine.
6. IT and electronic records will be widely adopted in primary care.
7. There will be progress in FM research but challenges will remain

In conclusion, I would like to return to Prof Christensen's boat analogy. The frantic activities of the leaders in the boat that can only see backwards might seem ludicrous and futile at times. However everything becomes clear if you know where our journey started from and where we want to go. The future can be bright even though the way ahead is shrouded in a fog. I would like to end with a quote from Prof Robert Taylor, one of the pioneer family medicine leaders in the early 70s.

"The initial promise of family medicine was that it would rescue a fragmented health care system and put it together again, and return it to the people."

Let us roll up our sleeves, raise the sail and bring our boat to the promised land.

CM

Transforming patient care through the formation of SingHealth Duke-NUS Family Medicine Academic Clinical Programme

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

The SingHealth FM ACP family

The SingHealth Duke-NUS Family Medicine Academic Clinical Programme (FM ACP) was launched on 1 January 2017. An Academic Clinical Programme (ACP) is a SingHealth-wide framework for all clinical specialties to advance in Academic Medicine with resources and funding support from SingHealth and Duke-NUS. Each ACP brings together specialists in a particular discipline from different institutions to maximise the power of shared knowledge and resources.

The launch of FM ACP brings together staff across SingHealth Polyclinics, Singapore General Hospital, KK Women's and Children's Hospital, Sengkang General Hospital and Bright Vision Hospital to advance Family Medicine as an academic discipline and to establish itself as a thought leader in primary care.

The key appointment holders in this ACP are:

- Dr Adrian Ee, Academic Chair
- Associate Prof Lee Kheng Hock, Academic Deputy Chair

(continued from Page 11: What is the Future of Family Medicine in Our Singapore?)

system and the need for more training in areas such as transitional care. They feel that the system urgently needs well-trained generalists who can ensure the continuity of care of patients as they navigate the healthcare system.

The Delphi study revealed the following possible scenarios in the future:

1. Primary care will be radically re-organised.
2. There will be a new definition and role for family medicine
3. Healthcare financing will change to support management of complex chronic disease
4. Primary care will be a key component in the solution of the problem of the aging population.
5. There will be increasing recognition of family medicine and this will attract bright young doctors to take up family medicine.
6. IT and electronic records will be widely adopted in primary care.
7. There will be progress in FM research but challenges will remain

In conclusion, I would like to return to Prof Christensen's boat analogy. The frantic activities of the leaders in the boat that can only see backwards might seem ludicrous and futile at times. However everything becomes clear if you know where our journey started from and where we want to go. The future can be bright even though the way ahead is shrouded in a fog. I would like to end with a quote from Prof Robert Taylor, one of the pioneer family medicine leaders in the early 70s.

"The initial promise of family medicine was that it would rescue a fragmented health care system and put it together again, and return it to the people."

Let us roll up our sleeves, raise the sail and bring our boat to the promised land.

CM

Transforming patient care through the formation of SingHealth Duke-NUS Family Medicine Academic Clinical Programme

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

The SingHealth FM ACP family

The SingHealth Duke-NUS Family Medicine Academic Clinical Programme (FM ACP) was launched on 1 January 2017. An Academic Clinical Programme (ACP) is a SingHealth-wide framework for all clinical specialties to advance in Academic Medicine with resources and funding support from SingHealth and Duke-NUS. Each ACP brings together specialists in a particular discipline from different institutions to maximise the power of shared knowledge and resources.

The launch of FM ACP brings together staff across SingHealth Polyclinics, Singapore General Hospital, KK Women's and Children's Hospital, Sengkang General Hospital and Bright Vision Hospital to advance Family Medicine as an academic discipline and to establish itself as a thought leader in primary care.

The key appointment holders in this ACP are:

- Dr Adrian Ee, Academic Chair
- Associate Prof Lee Kheng Hock, Academic Deputy Chair
- Dr Tay Ee Guan, Academic Vice Chair, Clinical Services
- Dr Tan Ngiap Chuan, Academic Vice Chair, Research
- Dr Ruth Lim, Academic Vice Chair, Education
- Dr Chow Mun Hong, Academic Vice Chair, Strategy & Innovation

The FM ACP's main priorities include:

- coordinating care practices
- developing new models of integrated care
- promoting multidisciplinary and inter-professional care and learning
- supporting undergraduate and postgraduate medical education
- improving healthcare delivery and impact

We look forward to further transformation of patient care in Family Medicine through the work of clinician faculty and staff in FM ACP.

CM

Family Medicine Review Course (FMRC) 2017

by Dr Poh Zhongxian Adrian, Dr Xu Bangyu, Dr Ong Chong Yau, Dr Taiju Rangpa, FCFP 2016-18

The 2nd Family Medicine Review Course was held on 20th May 2017 at the Academia, Singapore General Hospital. It marked an especially auspicious day for the community of Family Physicians, as it also coincided with the celebration of World Family Doctors' Day.

As the role of the Family Physician continues to evolve in the context of the local healthcare setting, it is imperative that we keep updated, and continually improve and equip ourselves. The Family Medicine Review Course provides such a platform and opportunity to learn and refresh, as well as to establish and strengthen fraternal ties both within the primary care community and our hospitalist specialist colleagues.

The 2017 edition of the Family Medicine Review Course was jointly organized by the College of Family Physicians Singapore (CFPS), Chapter of Family Physicians, Academy of Medicine Singapore (AMS), as well as the Department of Family Medicine and Continuing Care, Singapore General Hospital. We are also thankful for the support that we received from our sponsors.

The inaugural course in 2016 led by Dr. Wang Mingchang was a resounding success, and we had hoped to build upon the winning formula. This year, there were 240 registered participants for the course. Including the speakers and organizing committee, there were over 260 doctors in attendance that afternoon. We were very heartened by the overwhelming response to what looks to be one of the signature events on the local family medicine calendar.

The organizing committee is also very grateful and indebted to our advisors – Dr. Chng Shih Kiat (Chapter of Family Physicians), Dr. Low Sher Guan Luke (College of Family Physicians) and Dr. Ng Lee Beng (Fellowship Program Director) – for their unwavering support and guidance over the 6 months of preparatory work leading to the day of the course.

This year, we were particularly excited over what we thought was a tantalizing scientific program lined up for the afternoon. The plenary sessions included topics concerning the emerging local healthcare challenge of Frailty in the field of Geriatrics, to exploring frontiers in the realm of Treatment

(continued on Page 16)

- Dr Tay Ee Guan, Academic Vice Chair, Clinical Services
- Dr Tan Ngiap Chuan, Academic Vice Chair, Research
- Dr Ruth Lim, Academic Vice Chair, Education
- Dr Chow Mun Hong, Academic Vice Chair, Strategy & Innovation

The FM ACP's main priorities include:

- coordinating care practices
- developing new models of integrated care
- promoting multidisciplinary and inter-professional care and learning
- supporting undergraduate and postgraduate medical education
- improving healthcare delivery and impact

We look forward to further transformation of patient care in Family Medicine through the work of clinician faculty and staff in FM ACP.

CM

Family Medicine Review Course (FMRC) 2017

by Dr Poh Zhongxian Adrian, Dr Xu Bangyu, Dr Ong Chong Yau, Dr Taiju Rangpa, FCFP 2016-18

The 2nd Family Medicine Review Course was held on 20th May 2017 at the Academia, Singapore General Hospital. It marked an especially auspicious day for the community of Family Physicians, as it also coincided with the celebration of World Family Doctors' Day.

As the role of the Family Physician continues to evolve in the context of the local healthcare setting, it is imperative that we keep updated, and continually improve and equip ourselves. The Family Medicine Review Course provides such a platform and opportunity to learn and refresh, as well as to establish and strengthen fraternal ties both within the primary care community and our hospitalist specialist colleagues.

The 2017 edition of the Family Medicine Review Course was jointly organized by the College of Family Physicians Singapore (CFPS), Chapter of Family Physicians, Academy of Medicine Singapore (AMS), as well as the Department of Family Medicine and Continuing Care, Singapore General Hospital. We are also thankful for the support that we received from our sponsors.

The inaugural course in 2016 led by Dr. Wang Mingchang was a resounding success, and we had hoped to build upon the winning formula. This year, there were 240 registered participants for the course. Including the speakers and organizing committee, there were over 260 doctors in attendance that afternoon. We were very heartened by the overwhelming response to what looks to be one of the signature events on the local family medicine calendar.

The organizing committee is also very grateful and indebted to our advisors – Dr. Chng Shih Kiat (Chapter of Family Physicians), Dr. Low Sher Guan Luke (College of Family Physicians) and Dr. Ng Lee Beng (Fellowship Program Director) – for their unwavering support and guidance over the 6 months of preparatory work leading to the day of the course.

This year, we were particularly excited over what we thought was a tantalizing scientific program lined up for the afternoon. The plenary sessions included topics concerning the emerging local healthcare challenge of Frailty in the field of Geriatrics, to exploring frontiers in the realm of Treatment

(continued on Page 16)

(continued from Page 13: Family Medicine Review Course (FMRC) 2017)

Resistant Hypertension in the field of Cardiovascular Medicine. There were also 2 parallel symposiums covering pertinent primary care topics in Pediatric Medicine, Pediatric Surgery, Hematology and Gynecology. We were also very privileged to have an august panel of speakers who were distinguished and highly accomplished in their sub-specialty field.

It is fitting that the organization of such a course is entrusted to Family Medicine Fellows in training every year – as it embodies the spirit of paying it forward. This 'rigors' of course organization represents an indirect contribution to the community of family doctors where we also belong, and a commitment to our patients as we seek to be better for their sakes.

The betterment of medicine takes place in the consultation, in the lab, in clinical trials, in medical education and in helping one another grow as physicians. Our nation and all who reside in Singapore will be better, when we are all better collectively as family doctors. As we pursue higher ground in the current healthcare transformation and the evolving definition of the role of the family physician, we need to help one another along so we can all contribute in singleness of heart and mind. The whole is greater than the sum of all its part.

The FCFP class of 2016-2018 is better and wiser from the experience we have gleaned from the preparation, as well as from the lectures of the 2nd Family Medicine Review Course. In particular, the preparatory journey over the past 6 months in preparing for the course has drawn us closer as a class, and has also shown us how all our strengths and weakness complement one another. The whole is greater than the sum of all its parts. Synergism has many applications. Indeed, in many aspects of medicine too.

Learning never stops. It stops because we stopped looking, asking and reflecting. I believe we grow better as doctors, when we grow as a person. May we seek to be better, that our patients may be better.

Below is a collection of reflections and learning points from 'various parts' of the FCFP 2016-2018 mechanism, as we recount our journey. May it also inspire you to catch on the flame and join the fray to contribute in our own small way in moving Family Medicine in Singapore onward and forward, as we aspire to push frontiers and discover new horizons.

Dr Xu Bangyu

I have learnt the importance of teamwork and coordination in the planning and execution of the review course proper. Recognizing and appreciating the strengths of every individual fellow trainees, synergistic outcomes can be achieved when we learnt to tap on and integrate each other strengths and concerted efforts. Unexpected events can still occur despite all the numerous preventative measures installed in place. During one of the break-out sessions, the speaker had requested for another set of her presentation slides to be used instead. As the chairman rushed to retrieve the correct presentation slides from his laptop, I calmly approached the speaker and retrieve the correct one from the thumb-drive. This tiny hiccup lasted only for 1 minute. By staying calm and providing support to one another, unexpected events can be managed expectantly as well!

The successful outcome of the Family Medicine Review Course 2017 is the fruit of the team work of all the fellowship trainees, the CFPS administrative staffs and the various experienced senior trainers from the fraternity of family medicine. From the planning of the program line-up to the logistic preparation to the running of the review course, everybody's contributions are like the numerous jigsaw pieces which when put together collectively produces a beautiful jigsaw puzzle. The Family Medicine Review Course provides a platform to allow Family Physicians to upgrade their skillsets and also to lead by example, encouraging and aspiring the next generation of Family Medicine trainees to constantly upgrade themselves so as to provide the best holistic patient-centered care for our patients. As the Chairperson for the main plenary session, I have learnt that it is important to be able to correlate the topic covered by our esteem Specialist speaker back to the family medicine-orientated perspective, thereby allowing the Family Physicians to be able to integrate this new skillset acquired from the review course to provide better care for our patients.






Dr Ong Chong Yau

It would not have been done without a joint effort of the whole cohort of trainees. At the very beginning of the fellowship program, a group of three trainees has been assigned. I must say that to have Adrian as the chief of the organizing committee is a blessing. We have started the allegation of duties with appointment of subcommittees very early about nine months ahead of the estimated day of the review course. I was assigned to be in the scientific committee with Sai Zhen and Taiju. Together with Adrian, we had several discussions on the topics to be included in the FM review course. Because of the scarcity of the time allocated to each speakers, we needed to be specific in choosing the emphasis of the topics- update, approach, diagnosis, or management. Family medicine being a specialty with broad coverage of disciplines made the choice of topics virtually unlimited! The scientific committee has suggested over 50 topics after consideration of the importance of the topics to current date and the relevance of the topics to practice. The relevance to practice is another challenge as family physicians works in different settings. After the shortlisted topics were made, we discussed on the most important emphasis to each topic that would possibly benefit our heterogeneous audience. After agreeing with the final six topics ourselves, we discussed about the potential speakers for the topics. We submitted our draft of topics to the two supervisors Dr Luke Low and Dr Chng Sher Kiat. Reply from supervisors representing the College of Family Physicians Singapore came rather fast. We have made few rounds of changes after receiving suggestion from the supervisors before finalizing the topics and speakers. The six topics were divided into one combined plenary session, one pediatrics track and one gynecology-hematology track. We were again lucky that the six speakers were keen and able to deliver their expertise on the topics on the chosen date of FM review course.

Dr Taiju Rangpa

This was a good learning process in organizing a large conference. Such course has to be well planned with good distribution of manpower so that each does his or her part of the work and collaborate for a successful outcome. Teamwork was very nicely demonstrated amongst our batch mates as we coordinated with each other and the support staff from the college. We also got to know each other better during the process. This bonding will help us for future family medicine endeavours. As the chairperson for the paediatrics track, liaising with the paediatric speakers was a good learning process. As our learning goals in family medicine may be different from the hospital based paediatricians, there is a need to guide the speakers what is expected from their teachings to general practitioners in the review course. Moving forward, we should organize more such courses as it benefits all in the family medicine fraternity.

CM

20 MAY 2017

FAMILY MEDICINE REVIEW COURSE
Academia, Singapore General Hospital

WORLD FAMILY DOCTOR DAY DINNER
Grand Copthorne Waterfront Hotel

More photos of the events can be viewed at www.cfps.org.sg/galleries

Physician Self Care: On Mental Health

By Dr Timothy Teoh, psychiatrist

It began with an innocent enough query in a WhatsApp chat:

"Hey, does anyone know what happened to AAA?"
"He is working at YYY clinic. Why?"
"Not sure if it is true. Friend mentioned he committed suicide in a hotel yesterday."

While there are many unknowns with regard to the cause of such an unfortunate event, it did prompt personal messages amongst individuals in the chat and a request to write this article.

When one is asked to write an article, invariably it starts off with a literature review. Pubmed and Google scholar searches were conducted. Some of the numbers that popped up in the search included how approximately 300 to 400 doctors died due to suicide a year (about one a day), how 12% of male doctors and 19.5% of female doctors suffer from depression (Interestingly, based on the Singapore Mental Health Study conducted in 2010 by IMH, as many as 1 in 17 (6%) people have suffered from Major Depressive Disorder at some time in their life) and how completed suicide rates for doctors are 1.4 to 2.3 times the rate achieved in the general population. However, to the family and friends of one who has committed suicide, data and statistics would hardly be in their minds.

What usually follows would be Kubler Ross' stages of grief: denial, anger, bargaining, depression and acceptance. "Surely it can't be true?" "Maybe I should have spent more time with him?" "Were there any signs I might have missed?" are common questions that family members and friends could have. Unfortunately, hindsight is always 20-20 and it would inadvertently lead to more questions than answers.

One question that pops up more often than not is whether such an unfortunate event could have been prevented. Thus, if we were to view mental illnesses as diseases, and utilise common preventive strategies in the battle against these diseases, we can proactively seek methods to try and prevent such incidents from occurring again.

Primary Prevention

Primary prevention focuses on preventing the onset of an illness or disease by removing causative risk factors. Methods utilised include protection against the disease agent, such as vaccination or behavioral changes, i.e. increased activity or stopping smoking. With regard to an outcome of suicide – unfortunately – there are a multitude of causes, each with its own risk factors. Suffice to say, the promotion of good mental health is a good starting point to the primary prevention of mental illness, a major cause of suicide.

At this juncture, I feel it is good to be reminded of the concept that health does not equate to the absence of disease. This is especially so in the realm of mental health, where it is more important to promote mental wellness than mental health. When one has to work from 8 in the morning all the way to 5 in the evening (and sometimes also the night shift), six to seven days a week – socially isolated in his or her own clinic – it is easy to shift into a routine. A routine of waking up to go to work, followed by attending to patients for the day (and night) before going home to sleep. Alas, a routine that repeats itself day after day, week after week, month after month and finally, year after year. The trap of routinisation is the absence of disease without the presence of wellness.

While one might not necessarily fall into depression when doing this for an extended period of time, it does not make one happy. Simple behavioral changes like meeting up with friends or initiating (and maintaining) a simple exercise regime or even taking up a hobby will break the monotony of work and could contribute to achieving mental wellness. Unfortunately, there are other behavioral changes that are sometimes rationalised to improve mental wellness but otherwise, do more harm than good. These include alcohol, drugs and other vices.

I recognise that it is easy to talk about something and much more difficult to implement and keep to it. Like any other forms of primary prevention, we have to first recognise the benefits of 'prevention rather than cure' in order to fully subscribe to committing to such lifestyle changes. Having a buddy to encourage will also be beneficial in attaining this goal.

Secondary Prevention

Secondary prevention focuses on early detection and intervention, thus stopping or retarding the progress of the disease. Many mental illnesses are neurodegenerative in nature and secondary prevention contributes to improving the quality of life further downstream. This is also where having a buddy is again beneficial in attaining this goal. The Chinese have a saying "pang guan zhe qing (旁观者清)", which loosely translates to "a bystander views more clearly". Subtle changes in one's mental state, be it being a little less tolerant of others, increased irritability or decreased levels of energy are more likely spotted by a pang guan zhe (旁观者) rather than to be self-noticed. Moreover, depression has been described by using the analogy of a frog in water being brought to a boil. So sinisterly subtle is the change that by the time it is noticed, the water has reached its boiling point.

Self-monitoring is the other option for early detection. While subtle subjective changes might not be detected, a mindful and truthful attempt on any of the many self-rating scales (easily available on the internet), makes one cognizant that something could be festering. A common self-rating scale for depression would be the Zung Self-rating Depression scale. Whilst not diagnostic, it does fulfil a two-fold purpose: (1) to make the physician cognizant that he is vulnerable to depression and (2) allows a trajectory to be charted over time if administered frequently enough with the correct mindset.

Tertiary Prevention

When one becomes symptomatic, we then move into the realm of tertiary prevention, whereby we attempt to reduce complications due to the mental illness or to reduce disability. The simplistic solution here is to seek professional help. 'Simplistic' because it is never easy for a physician to seek help from another colleague – remember the saying "Physician, heal thyself"? What is worse than to admit that he could be suffering from a mental illness and has to seek help from a psychiatrist? This is more apparent when the healer – so often the one placed in a position to help his patients – now finds himself needing help himself. Not uncommonly, the physician might try to "treat thyself" – either with medication or with substances like alcohol or drugs, owing to affordability or accessibility. Unfortunately, alcohol and substance misuse are precisely the complications that tertiary prevention attempts to reduce.

Mental illness is the proverbial elephant in the room. The main cause is often due to stigma. To non-medical folks, mental illness is usually associated with a weak personality and one can simply 'toughen up' and 'deal with it'. When it strikes a doctor – an individual whom others turn to for help – this elephant magnifies its size.

"I have survived through medical school, housemanship and specialist training, I can't be depressed. This is just a phase."

Similar to all other illnesses, no one is invulnerable to mental illness. The first step in preventing suicide is to recognise that doctors are just as vulnerable. As the circumstance of working solo in isolation as a GP can further contribute to this vulnerability, it is imperative to look out for any signs or symptoms or changes in mental state, either through self-reflection or close friends. And should that occur, the doctor ought to have the humility to acknowledge that help is required – not in the form of medication alone but also many other modalities to treat the full spectrum of mental illness."

Conducted in the 1980s by the American Medical Association (AMA) and American Psychological Association (APA), a study on physician suicide found that those who had committed suicide were seeing patients who were slightly more difficult or emotionally draining. This is something family practitioners would have to be aware of and likely to experience. This is unlike working in hospital setting, where there are other doctors and multi-disciplinary teams in one's department to discuss, consult and manage difficult/draining patients. If left to manage everything on his own, this would surely and steadily take a toll on the attending physician. In hospitals, there are already programmes to recognise medical personnels in distress and provide dedicated resources to address that, eg. the Staff-Support-Staff programme at TTSH. Perhaps something similar can be considered for our GPs?

On 17 April 2017, Prince Harry opened up on his struggles following the death of his mother, Princess Diana. In closing, he urged all listeners to seek help whenever needed and not to be ashamed when it comes to their mental health, because "you will be surprised firstly, (by) how much support you (can) get". Similarly, the avenues of support for all (including doctors!) with mental health challenges, are aplenty in Singapore. One simply has to be willing to ask.

CM

FAMILY PRACTICE SKILLS COURSE

Updates in Rheumatology

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #69 on "Updates in Rheumatology", held on 06 May 2017.

Expert Panel:
A/P Lau Tang Ching
Dr Anindita Santosa
Dr Koh Li-Wearn

Chairperson:
A/Prof Goh Lee Gan

A Healthy Dose of Family Medicine in Nursing Homes

Care collaborations between Singapore General Hospital (SGH) Family Medicine and Continuing Care (FMCC), Pearls Hill Care Home and Henderson Nursing Home

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

The mere mention of nursing homes brings to mind stereotyped images of elderly residents who are bedridden with high nursing needs and staying in institutional care for the rest of their lives. The public often lament the loss of privacy and dignity during the tail end of these residents' lives, and many sympathize with their plight, but few come forward to contribute to the care of these residents. Nursing homes are therefore besieged by lack of good medical, nursing and allied health manpower and funding to improve the quality of care for their residents. But all these are set to change. At the forefront of such change lies the care collaboration between SGH FMCC and two of the nursing homes in their regional health system catchment area, namely Pearls Hill Care Home and Henderson Nursing Home. We find out – from Dr Matthew Ng, Senior Consultant and Head, SGH FMCC and Dr Catherine Chan, Registrar, SGH FMCC – how SGH FMCC is gearing up to improve the care system in these two nursing homes.

College Mirror (CM):
We recently learnt that SGH FMCC has started collaborations with some nursing homes. Which are these nursing homes involved, and how did this collaboration come about?

Dr Matthew Ng (MN):
SGH FMCC and Bright Vision Hospital (BVH) are currently working with Pearls Hill Care Home and Henderson Nursing Home. Collaboration with the nursing homes is part of care integration plan under Regional Health Systems (RHS).

CM:
How much resources does this collaboration take from SGH FMCC and the nursing homes?

MN:
Our resident physicians are visiting each nursing home 3 times a week and spent at least 4 hours for each session there. The resident physician will consult a senior doctor if further clarification on management are required. To facilitate the learning of the medical officer and RPs, the consultant in-charge goes to the nursing home occasionally as well.

In the nursing homes, we worked closely as a multidisciplinary team including a team led by nursing managers, physiotherapists, occupational therapists, medical social workers and visiting speech therapist/dietician/pharmacist.

CM:
How do the doctors feel about this collaboration?

Dr Catherine Chan (CC):
Very few of us had prior exposure to nursing home work, hence this is a great opportunity to understand how family physician can contribute to the management of nursing home residents in Singapore. With this exposure and knowledge, further improvement can be made to transit patient more smoothly from acute or community hospital to a nursing home. However, working in this unfamiliar setting can be both exciting and challenging.

CM:
Were there any rewarding moments when all your efforts paid off? Were there also moments which were particularly challenging?

CC:
As doctors, the rewarding moments were the appreciative "Thank Yous" we received.

Contributing to the care of the residents ranging from reducing acute hospital readmissions to completing an Advance Care Planning is fulfilling as we know that for some of the residents, nursing home is their final home and the healthcare staffs are their only "family".

I think one of the biggest challenges was increasing number of residents with complex medical needs, for example, patients with ongoing oral chemotherapy for cancers. There are a lot more ambulatory patients with high fall risk staying in nursing homes due to poor social support. All these patients require more and longer medical consultations.

Resources like lab test, imaging and medication are definitely limited as compared to acute or community hospital, and the doctor will need to order evidence-based tests or treatment available in the community that will be beneficial for the least cost.

There is a quite fair amount of administrative related work needed for doctors to do within the Enhanced Nursing Home Standards.

CM:
How has this helped the nursing homes?

CC:
We hope to assist the nursing homes in improving the quality of care, focus on quality of life and psycho-social needs of the residents in nursing homes and at the same time meeting the Enhanced Nursing Home Standards. As a family physician who comes from an acute hospital, we can play an intermediate role between the other members of the nursing home multidisciplinary team and the professionals in the acute and community care. Hence, we can provide adequate continuous long-term care, which most residents require.

Dr Low Wen Chyi, Resident Physician SGH FMCC with staff from Henderson Nursing Home

Image courtesy of SGH FMCC

CM:
This is a new frontier from the traditional models of care in family medicine. What does such a collaboration mean for family medicine?

MN:
Family medicine is one discipline in many settings. Today, Family Medicine has moved beyond the traditional GP and polyclinic setting in the community, and is practiced in many different contexts and in diverse areas such as acute hospitals, community hospitals and nursing homes.

Family physicians are well suited to provide nursing home care. They can manage numerous chronic conditions, are trained in patient-centered care, and have experience working with families and interdisciplinary teams. These important skills can help residents and their families establish meaningful goals of care at the end of the life span. Continuation of care can be provided for the residents at the nursing home, decreasing the necessity of patients returning to the hospital specialist outpatient clinic for routine follow-up of their medical problems.

CM:
How will this help the regional health system in the entire healthcare landscape?

MN:
By working with the nursing home, we can help in developing and strengthening partnerships across care providers in the region, and across care settings – tertiary, primary and community care especially in an ageing population.

This will improve patient flow and coordination of care through the complex healthcare system, align capacity with demand, and strengthen coordination and communication for a seamless care.

Overall, helping to ensure effective, appropriate, and efficient and value conscious care for the entire healthcare landscape.

CM:
What else can we look forward to, in such a collaboration?

MN:
We can look forward to including nursing home as part of residency and advanced practice nurse community medicine's training.

There are also ideas about working on providing continuing medical education and development of evidence-based protocols with regard to nursing home medicine and care.

CM:
Is there anything else you will like to bring up for our readers?

CC:
We hope that there will be a progressive change in nursing home instead of being reflected as "The space just didn't seem to have any life in it … it feels like your life is on hold."

CM

Marrying Family Medicine and Mental Health –

Care collaborations between Sengkang Health (SKH) Family Medicine (FM) and Institute of Mental Health (IMH)

By Medical team, Department of Family Medicine, Sengkang Health Services

not many are aware that a small team from SKH FM department started providing general medical care to the acute medical and isolation ward in IMH comprising of about 30 beds since January 2017. These two wards serve IMH patients with acute medical needs like uncontrolled diabetes mellitus, asthma, hypertension, stable cases of pneumonia, cellulitis, electrolyte disturbances and poor oral feeding associated with depression or even anorexia nervosa. For some time, IMH have engaged various part time general and family medicine physicians to manage these medical cases but this is the first time IMH is engaging a team from a general hospital.

A typical ward round in the acute medical wards comprise of multidisciplinary team of a psychiatrist, ward medical officer, advanced practice nurse, pharmacist and SKH FM team. They are supported by allied health services including dietician, speech therapist, occupational and physiotherapist as well as basic laboratory and imaging facilities. Besides managing patients in the acute medical wards, SKH FM team is involved in a mobile TCU clinic to review hospital appointments for their long stay inpatients with a purpose of decreasing the number of appointments and managing stable chronic diseases in IMH itself. In addition, senior physicians from SKH FM were invited to start teaching sessions for Advanced Practice Nurse in training. College Mirror (CM) speaks to the Medical team of SKH FM department to understand the role of FM in IMH.

College Mirror (CM):
It is interesting that SKH FM has started collaborations with IMH. Can you share how these came about?

Medical Team:
For a long time, patients in IMH had their predominant psychiatric issues well sorted out, but their existing medical issues required care elsewhere outside IMH. Such patients usually have to see the various polyclinics and hospital specialist outpatient clinics for their multiple outpatient visits, or be admitted to an acute hospital when they run into exacerbations or acute complications. By virtue of the anticipated close proximity in 2018, the senior management of IMH and SKH came together to try to resolve this situation as part of a regional health system. The strategy arising from the discussion would be for SKH FM to provide medical care in-house to the inpatients in IMH, so that timely, appropriate and consolidated care can be delivered to such patients without having to shuttle them between IMH and the various polyclinics and hospitals. This also allows closer interaction between our SKH FM team and the psychiatrists in IMH, to formulate comprehensive and holistic care plans that intervenes at not only the psychiatric front, but also the medical front. Since then, we have been steam-rolling ahead with such a collaboration, and we are indeed seeing some of the fruits of our labour.

CM:
Did your FM physicians have concerns when asked to support SKH FM-IMH collaboration? Were they worried, anxious?

Medical Team:
Needless to say, we had our initial concerns about whether their psychiatric conditions would affect the disease presentation of their medical conditions, as well as whether we could work with the psychiatrists on the collective management plans. But we have made tremendous headway in terms of communications and collaborations between the two services, and care delivery to the patients in IMH have improved over the months that have passed. Looking back, our worries and anxiety were more perceived than real as our psychiatry colleagues in IMH have proven to be most supportive in this collective endeavor that helps IMH patients.

CM:
Can you share some of your stories and experiences with us from your collaboration? How do you cope with psychotic patients?

Medical Team:
I vividly recall several cases of pneumonia and cellulitis which we have confidently managed well, and these patients have made good recovery as expected. The psychiatrists have shared with us that these cases would have been sent out to other hospitals in the old days but we have managed them well in-house, and this has significantly boosted the confidence levels on both sides and brought our working relationships closer together. Our medical team has also learned a lot from the psychiatry teams regarding the assessment and management of psychotic patients, and through a collective effort to manage them together, such

patients demonstrated favorable outcomes, often without the need for admission to other hospitals. Our medical team often finds it a challenge to differentiate delirium from psychosis especially in this pool of patients with existing psychiatric issues, and the psychiatrists who know their psychotic patients best have helped us hugely on this front, such that our medical team was able to deliver timely and appropriate care, even in psychotic patients who may not be cooperative in history taking and subsequent assessments. Suffice to say that such tough times have brought our working relationships and friendships closer together.

CM:

What are your personal feelings about this collaboration? Has it providing you any learning value or broaden your perspective?

Medical Team:

I think most of us would not have expected to cross institution borders to deliver care, as delivery of clinical services traditionally reside within institutions. But seeing the great need in another institution so close to home, we were spurred to move out of our comfort zone and try to work with other specialties (in this case, psychiatrists) so that we can bring together management plans from various specialties to the care of that particular patient. While this has been taxing, all of us have felt that it was for a worthy cause and we believe that the hard work will certainly pay off in the short term for each and every patient, as well as in the long term for the regional healthcare system as a whole. Such patients will be managed better, suffer from less complications and disability, and enjoy better quality of life. It was an eye-opening and humbling experience for us and the quote that springs to mind would be that by world-renowned explorer Christopher Columbus which says "You can never cross the ocean unless you have the courage to lose sight of the shore"!

Multi-disciplinary team discussion of patients in IMH *Image courtesy of SKH FM*

CM:

The "consultation" is a key component of Family Medicine, has there been challenges in taking a history from mental health patients? Can we apply the same biopsychosocial principles?

Medical Team:

One of our greatest challenge is in getting a proper and detailed history from the patients with psychiatric afflictions. The history given is sometimes piecemeal and not as reliable, but we have had good corroborative history from the staff in IMH, including nurses who take close care of them and psychiatrists who know them well, and this has helped tremendously in allowing our medical team to reach reasonable differential diagnoses and managing them appropriately.

Most of our daily ward rounds are multi-disciplinary in nature, involving medical, nursing and pharmacy. Recently, we have started multi-disciplinary meetings involving the medical social workers and therapists as well, so that has aided us in developing better insight into the patient's bio-psycho-social issues.

CM:

Has there been diagnostic challenges in the assessment of mental health patients with somatisation and conversion disorders? How do you overcome them?

Medical Team:

The psychiatrists have been instrumental in this, as we consult with them on some of the symptoms surfaced by the patients, and they have helped us in filtering the relevant information out. Coupled with appropriate investigations, we have managed to tease out most of the real problems in such patients. This is yet another display of strength arising from the close collaboration of the specialties, coming together for the care of the patients in IMH.

CM:

Do you think SKH FM has contributed to improved medical care of IMH patients? Any feedback from IMH management? How else can SKH FM team contribute to IMH?

Medical Team:

The results from the collaboration has been encouraging.

On the outpatient follow-up front, our SKH FM mobile TCU team managed to significantly reduce the follow-up appointments of IMH inpatients to the other polyclinics or hospitals, and we are able to better coordinate care, and develop a better appreciation of these patients as we plough through their medical records, assess and manage them individually at ground zero in IMH. This would not have worked well if such IMH patients came to us at SKH specialist outpatient clinics (SOC).

(continued on the next page)

(continued from Page 23: Marrying Family Medicine and Mental Health)

On the inpatient front, we have increased the care capabilities in the IMH medical wards and are delivering more medical care in-house in IMH, thus reducing the need to send them to other hospitals for admission and inpatient management elsewhere.

We are currently looking at how to allow IMH patients to have direct access to specialized scans and scopes in SKH, and this will probably bear fruit and take place in a scalable and more meaningful way when SKH starts operating in the region of Sengkang. From now till then, these are still works in progress but our team is certainly excited to be at the forefront of such cross-institution collaboration, braving all challenges that inherently arises from such collaborations and contributing to better care of patients in IMH.

CM:

It looks like FM can be relevant in a diverse settings. Do you foresee any stumbling blocks along the way?

Medical Team:

FM being generalist in nature of training and diverse in settings, allows us to be the SEALS of the medical arena, competent in Sea, Air or Land settings, figuratively speaking of course. However, we are plagued by short numbers of expert family physicians who have completed their training up to the fellowship level, which is the current benchmark of competence for us to be comfortable to manage complex cases in both the community and the hospital. This shortage stems from many reasons, and one major reason is that someone who has completed fellowship training in family medicine is not recognized as a specialist in Singapore, and does not garner the usual recognition and prestige that is accorded to other specialists. Many junior doctors who are looking for specialist recognition may not see FM to be as "prestigious" in that sense. Hopefully with changing mindsets, the future of family medicine can start to look better.

CM:

Any wise words for budding FM trainees? How should they prepare themselves?

Medical Team:

Family medicine is not just another specialty. Good family physicians share a kindred spirit of family medicine and strive to manage the patient as a whole across organ systems, regardless of whether it is in the patient's home, in office or clinic, or in the hospital. A truly committed family physician has the commitment to train to the highest expert level, to be equipped with the necessary knowledge and skill sets to allow him to practice at the top of the license in any setting that he chooses to work in. Such family physicians will also be working with other family physicians in other settings, as well as specialists, because they believe that optimal and value-based care stems from a concerted team effort, and not a one-man-show.

If a physician did not empower such a spirit, he would be cherry picking patients because he does not feel adequate to manage the patients with complex conditions. Such physicians will also define clear boundaries and practice settings of family medicine because he does not feel confident to manage patients in another setting.

So my advice to budding FM trainees – don't just train in family medicine's knowledge and skills, but embrace and empower the true spirit of family medicine. Just like how the Japanese samurai of old not only sought to hone their fighting skills, but also embodied the code of honor and morals that came with bushido. Prepare not only your body and minds, but also your hearts, for the true spirit of family medicine.

CM

Quo Vadis, Singapore FM?

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

A/Prof Goh Lee Gan (GLG) received the SMA Honorary Membership Award at the 2017 SMA Annual Dinner on 6th May 2017 from Minister Gan Kim Yong and President SMA Dr Wong Tien Hua. In my citation of him as a worthy recipient of this award, I spoke of GLG as a composite of three areas of achievement — servant-leader, academic-teacher, and physician-healer. The citation I gave would be reported in the June issue of the SMA-News. In this College Mirror (CM) interview, I sought GLG views about how he views Family Medicine (FM) in Singapore going forward.

A/Prof Cheong Pak Yean (CPY):
Congratulations, Lee Gan - once again on your SMA award.

A/Prof Goh Lee Gan (GLG):
Thank you, Pak Yean, for that citation. It is glorious. Well, I am a little amazed myself at the amount of things that I did. I supposed the most important was I enjoyed it, even though it was often not easy. The things achieved were meaningful to me.

A/Prof Goh Lee Gan (left) receiving the SMA Honorary Membership Award from Minister Gan Kim Yong (centre) and Dr Wong Tien Hua (right)

Image courtesy of SMA

CPY:
Could you elaborate on your experience in developing FM in Singapore?.

GLG:
Right - perhaps I start with National University of Singapore (NUS) adoption of FM as a medical discipline in Singapore. There were several key supporters of this: Professor Edward Tock, then the Dean of the Medical School; Dr Lee Suan Yew, then the College President; Professor Phoon Wai On, then Head of Social Medicine & Public Health (SMPH); and my classmate Prof Lee Hin Peng. He became the subsequent first Head of COFM, the name given to the new Community, Occupational & Family Medicine Department.

Thirty years have passed since the setting up of this Department on 13 Feb 1987 in NUS. I am proud that in the 3 decades, the whole structure and system of FM training from undergraduate to postgraduate, is now in place. Our FM postgraduate training encompasses the Graduate Diploma (GDFM), Masters (MMed FM), FM Residency, and the College Fellowship (FCFP), the de facto FM Specialist Training Program.

Thanks are due to the huge numbers of Family Physicians, and Hospital Specialists who] contributed generously in terms of time and energy, to the development of FM to what it is today. Thanks are also due to our colleagues and Government leaders in the Ministry of Health through the years for their support and encouragement. Indeed, our Health Minister, Mr Gan Kim Yong and his fellow Ministers, Permanent Secretary for Health, and the Director of Medical Services, Professor Benjamin Ong, all continue to inspire the development of FM as a major contributor to the Health and well-being of our Singaporeans.

I am proud to play the role of the midwife - to make sure the discipline is delivered viable and robust. FM training structure today is healthy and broad based. All the three medical schools each have a robust undergraduate programme. There are FM Residency programmes in all three hospital clusters. The College runs the College programme leading to MMed FM and also the FM Fellowship programme leading to the FCFP exit certification.

The details of this 30-year journey is captured in a video clip presented at the dinner on 25 February 2017 celebrating the setting up of FM in NUS, way back on 13 February, 1987.

CPY:
In that 30th Anniversary dinner, the Permanent Secretary for Health Mr Chan Heng Kee spoke on numbers and settings for FM. How do you see FM as "one discipline in many settings" impacting on FM role in the health care system in the next few years?

GLG:
Yes, I think this is a practical vision statement for FM practitioners in today's Singapore. With the ageing of the Singapore population, and the consequent co-occurrence of two or more chronic diseases in many elderly persons,

(continued on the next page)

(continued from Page 25: Quo Vadis, Singapore FM?)

At the 2017 Annual SMA Dinner. (From left: A/Prof Cheong Pak Yean, A/Prof Goh Lee Gan, Dr Tan See Leng and A/Prof Lee Kheng Hock)

the norm would be patients requiring care that is not just disease focused but also person-centered. Family physicians being both disease and person centred, are therefore in demand not only in the community but also in acute settings, in community hospitals, in long-term care, and in also in end-of-life care.

CPY:

So that brings me to the question: "*Quo Vadis FM, thirty years on?*"

GLG:

We need to do several things.

Firstly, we have to continue to promote the vision statement to FM physicians, the public, policy makers and also encourage the press to help us promote the adoption of such a vision.

Secondly, we have to promote multi-disciplinary team care with FM, hospital specialists, nursing, and allied health as team members.

The third is to promote better health literacy in our people to be able to provide self-care, to make appropriate decisions based on informed choice, and to use health services optimally. Only with this will we be able to optimize the use of our scarce resources. FM practitioners need to play a big role in this.

CPY:

The last question - I see that you also spent a fair bit of your time on the regional and international stage to promote FM. How has that played out?

GLG:

Yes. I find regional and international connections beneficial, enlightening, inspiring, and satisfying. We learnt a lot of FM content, practice, ethos, pedagogy, and training skills by sharing, exchanging, and promoting what are best practices. We pay forward. We create a system of supporting FM resources across the world to expose our younger FM generations to both disease focussed and also person centred care.

I participated in training of our FM counterparts in Malaysia, Indonesia, Philippines, Myanmar, Korea, China, Taiwan, Hong Kong and Japan. I went as far south as Fiji several years ago. It was hard work but satisfying.

Good to say that exactly 20 years, a delegation of our family physicians - yourself and Dr Julian Lim included – visited Myanmar to acquaint their leaders about our FM undergraduate and postgraduate training. FM as a discipline was then new to them. We subsequently facilitated study trips to Singapore after that for their family doctors to learn our system.

I understand that in a national meeting that took place in early May this year, the current Health Minister there announced the setting up of Departments of Family Medicine in the various universities, the revamp of their Diploma in Family Medicine and the starting of a Master programme in Family Medicine. We are glad that we played a small igniting role in those early years.

(CM: The FM development in Myanmar would be reported in the next issue of the College Mirror)

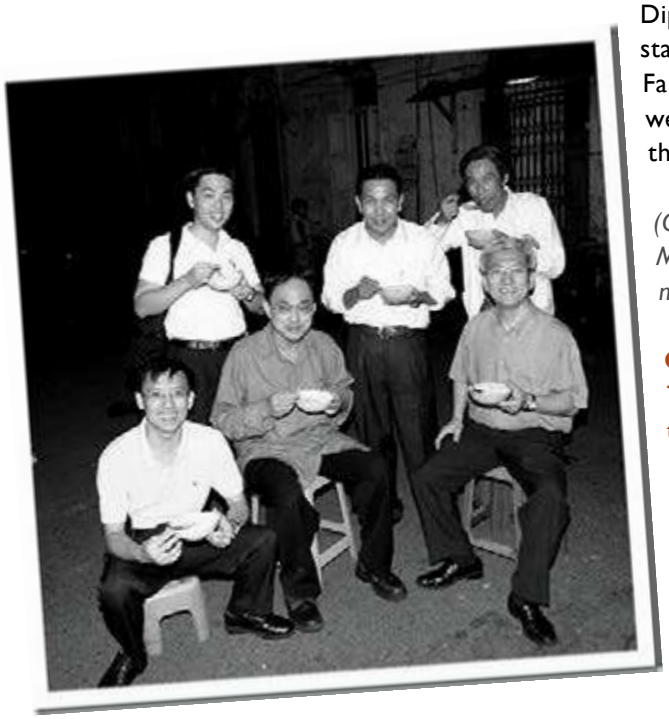
CPY:

Thanks Lee Gan, for your thoughts. Your SMA award is something that the whole FM Fraternity is really proud of.

GLG:

Thanks, Pak Yean — for your kind words.

CM



▲ *(From left) Singaporean FPs Julian Lim, Wong Tien Hua, Cheong Pak Yean and Goh Lee Gan enjoying 'Tau Huay' on 21st street at Yangon, Myanmar in 2005 with Dr Win Lwin Thein, (standing between A/Profs Cheong and Goh) now Vice-President General Practice Society, Myanmar.*