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SOLDIERS OF FAMILY MEDICINE

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ABSTRACT

Family Medicine is interesting because there is variety and most of the time you are dealing and managing not so sick people, people who can still talk to you and whose lives you can change for the better. You can do so many things in Family Medicine. Your many patients and their families are yours for life if you treat them well. There are many leaders and soldiers in Family Medicine – without a small army of loyal people, things could not get done. We are all first soldiers of Family Medicine; some may become leaders in various ways and to various degrees. There will be some with the calling to do more; others can only contribute as much but all for a good cause. Family Medicine must advance as a profession, so that mediocrity will not be allowed to set in.

Introduction

Family Medicine, I think must be one of the most interesting disciplines. It is interesting because there is variety and most of the time you are dealing and managing not so sick people, people who can still talk to you and whose lives you can change for the better. You can do so many things in Family Medicine. Your many patients and their families are yours for life if you treat them well.

In my opinion, there are only three broad related disciplines in Medicine – Family Medicine, Internal Medicine and Geriatric Medicine, but Family Medicine is the broadest of them all because it is primary first line care. It is the most cost-effective of the clinical disciplines – a good family physician truly brings down costs, and is at the frontline of preventive care. When subspecialties were introduced, Family Medicine was one of the disciplines through which one can do the subspecialties like

palliative medicine and sports medicine. I indeed hope that besides the generalist family physician, there will be those highly trained in Family Medicine and those who branch into subspecialties too. This is an exciting development and we hope that these will come quicker rather than later.

In our practice, we always start with the history so let me relate some history to all us doctors here. I will try to be as accurate as I can from memory, and as you all know history is recall, recall is flavoured by personal opinion. If there should be any with a different view, please excuse me.

Soldier of Family Medicine

In the not so distant past as a medical officer, I did not have a very clear idea of what I should do. Actually, I think I just wanted to be a generalist, a GP. Unfortunately, when I went for a couple of interviews to explore, I was quite discouraged when I was told what work in a group practice would be like. I decided that it would be better to stay in government practice – it appeared more challenging to work in a polyclinic or hospital seeing a fairly wide variety of patients and treating patients the way I was taught in the medical units.

After my hospital postings, I worked many years in the OPDs and polyclinics and went through the period of the transition of small clinics to large multi-doctor polyclinics. I was quite amazed that I rather enjoyed myself in the OPD and later being in charge of polyclinics in which I worked. It didn’t exactly taxed my brains to see countless URTIs and I was pretty used to seeing the fairly large numbers of diabetics, hypertensives etc., but I was quite frustrated that I did not have access to the investigations and range of drugs that I got used to in hospital. However, these gradually changed through the years. Back then when I was in a two doctor OPD near my flat, I could even go back to see my young son at lunchtime, go back at 4.30pm and call time my own.

After a while, I went back to studying thanks in no small measure to Dr Lam Sian Lian, the Director of the polyclinic services in the Ministry of Health. She was a wonderful mentor – she encouraged me to do the MCGP, and later, the public health traineeship and I indeed owed my postgraduate career to her mentorship. That was also how I met A/Prof Goh Lee Gan.

First batch of FM Trainees

I joined the first batch of Family Medicine trainees on a private basis in 1988. It was called the Family Medicine Vocational Traineeship programme. You would probably call me a Programme B trainee back then because my other colleagues went through 3-monthly postings in hospitals – however, I had enough medical and other postings, and I was one of the oldest trainees - probably above the 90th percentile in age although there were indeed older GPs who attended who were not trainees. They attended to further their skills and did not take the exam.

Those were memorable times – I learn a lot from the eight modules, from the older GPs and from both my GP colleagues, and GP and specialist teachers. We learn the soft skills as well as the hard ones. We learnt to interact, to ask, to be confident, to take pride in the specialty called Family Medicine which was clearly different from the hospital specialties. We read journals, kept articles for reference, used it to teach. It was important to build the esteem of family physicians. Most importantly, I learnt to be a much better doctor. I had a fellow trainee, Dr Wong, who studied and practised cases with me. We encouraged each other.

Some colleagues thought that something must have happened to me to want to work as an ordinary MO in the OPD. But it was there that strangely I gradually became the GP and family physician which I had wanted to be. My regrets whenever I left a clinic for another one was always that I will leave the group of patients that were used to me. I think the joy of being a GP is to have that faithful following, they are your patients, but they can also be your friends who confide in you. Even in the busyness of an OPD, these encounters are precious. And to treat them well is a joy because they are grateful and thankful. But that was not to be my lot in life.

Leaders of Family Medicine

A/Prof Goh Lee Gan invited me to speak at the Commencement today and it brings back memories of the first commencement we had many years ago. It was A/Prof Cheong Pak Yean's (who was then President of CFPS) idea I think, to have such a ceremony. This was and is an important ceremony. It brings together the collegiality

of those who belong to the same discipline of Family Medicine. There is so much to learn and do in Family Medicine; so much to integrate and make it the holistic practice that no other discipline or specialty can have.

The Commencement brings back memories of the aspirations of our past visionaries - those who make it happen in this College; a number of these pioneers have passed on but their spirit remains – Dr Wong Heck Sing, Dr Sreenivasan, Dr Koh Eng Kheng, Dr Leong Vie Chung, to name some prominent ones. The next generation was people like Dr Lee Suan Yew, Dr Lim Kim Leong, A/Prof Cheong Pak Yean, A/Prof Goh Lee Gan, Dr Alfred Loh, not in any particular order. They developed and built on both the local and international links. These were and are amazing people – who as a group were very important to the development of Family Medicine in Singapore – complementing each other, sometimes even unconsciously I think. They were instrumental to what you all have today. Even their disagreements built us all up to accept that in the world of ideas and aspirations, there may be different decisions and different views, but there is a common destination and we are friends despite the differences.

Among the Presidents of the College I worked with, Cheong Pak Yean was a great visionary, a leader and implementer, very practical and down to earth. Goh Lee Gan was extremely good in putting things together and built up international networks of fellow academicians, examiners, and tutors, who were a great help to the College and Family Medicine in Singapore. Alfred Loh brought Wonca to Singapore. Of course, there were many more important things they did – you know that I can't list them all.

Family Medicine Examinations

The original examination as I know it was the College Diplomate Exam or MCGP which was established by the College in 1972. This was changed to MCFP when the College changed its name. I believe the first MCGP also took elements of the British and Australian exams and perhaps even the MRCP exam of those days. The MCGP exam was replaced by the MMed(FM) exam in 1993 after the School of Post Graduate Medical Studies NUS (today called DGMS) using the format revised it into the MMed(FM) examination. The chief architect of the MMed(FM) at that time was of course A/Prof Goh Lee Gan, who also put up the eight modular courses. The

MMed(FM) was recognised for the award of the MCFP bringing back the MMed exam to its College roots.

One of the things College implemented was the GDFM examination. The GDFM came after a spirited discussion in a College AGM. After it was decided that College should implement it, the course started in year 2000. After a time of planning and discussions, the School of Graduate Medical Studies sent A/Prof Goh Lee Gan, Dr Tan Chee Beng and I to Townsville, Queensland, to observe the FRACGP. Townsville had a newly opened medical school in James Cook University whose Dean was a Family Physician, and it had purpose built new infrastructure. These were rooms adjacent to the examination room in new buildings. They had one way mirrors and audio visual equipment in which we could observe how they did the OSCE exam. We also learnt how the Australians design, plan and wrote exam questions – the MCQs and MEQs. Using the Australian learning experience and with the same learning modules for MMed(FM), the GDFM examination was born and modeled after the Australian FRACGP. The Australian academics and examiners in Townsville were very warm towards us – they treated us very well and we owed it to their kindness that we had all these things in place today.

Future of Family Medicine

There is another generation of FM leaders who will come after Lee Gan, Pak Yean, etc. – they will be led by the likes of Lee Kheng Hock, Tan Chee Beng, Ho Han Kwee, Lim Fong Seng and many more - please excuse me if I have not mention many other important ones some who are seated in this auditorium. I believe they will work with the same teamwork and co-operation. I am sure some of you sitting here will also be leaders in time to come. I believe to be a leader, your heart and brain must be aligned. A person may have his heart in the right place but it may not work if the brain is not aligned with the heart. The other way round is more damaging – good brains but wrong heart. I am glad that the leaders of Family Medicine that I spoke about have both their hearts and heads aligned – we were fortunate to have such people leading us.

Why am I saying all these? Do I have a hidden agenda? I am saying it in the hope that among you will arise leaders in Family Medicine, never mind whether you

contribute more or less, but you did. There are many leaders and soldiers in Family Medicine – without a small army of loyal people, things could not get done. We are all first soldiers of Family Medicine, some may become leaders in various ways and to various degrees. Your leaders in Family Medicine will approach you to do various work, and the process of renewal must go on. There will be some with the calling to do more, others can only contribute as much, but all for a good cause. We need examiners, we need tutors, we need fellows to fly the flag high and make Family Medicine a specialty; we need editors, researchers, council and committee members. We need Family Medicine in the heartlands. We need Family Medicine in the polyclinics, we need Family Medicine in the hospitals. Family Medicine must advance as a profession, so that mediocrity will not be allowed to set in.

Postgraduate learning will continuously hardwire your brains, shift neurotransmitters along your neurons, constantly move and connect the various parts of your brain, so that you have a better alignment to good hearts, so that your practices will be better. Lifelong learning never ends; I am encouraged to hear about old professors who do not have respect for artificial retiring ages, are still actively functioning, lecturing, giving opinions, teaching, researching, and making new discoveries. We can conclude that life only ends when we are brain dead.

At the end of the day, we are still doctors looking after patients. Let me leave you with a lesson I learnt many years ago, which you can carry with you in your practice as a doctor looking after patients. As doctors, never be crooked, but if you are straight, be wise too; don't be hard, unyielding and inflexible. Bend over backwards always to help your patients, but never break the law or the rules of good practice.

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