

Educating Family Physicians for the Evolving Needs of our Community

Professor James Best, Dean of Lee Kong Chian School of Medicine, Singapore

Slide 1 I am greatly honoured to have been invited to deliver this oration named after such a distinguished Singaporean, Dr Baratham Ramaswamy or BR Sreenivasan. As Dean of Lee Kong Chian School of Medicine, Singapore's newest medical school and a joint medical school of NTU Singapore and Imperial College London, I have been given the topic *Educating Family Physicians for the Evolving Needs of our Community*. By the end of the presentation I hope you will see why my heart as well as my head is committed

Slide 2 For a start, I have been able to make a connection between Dr Sreenivasan and Tan Sri Dato Dr Lee Kong Chian. Amongst the many roles he played in Singapore, Dr Sreenivasan was Vice Chancellor of the University of Singapore at the time of its transformation from the University of Malaya – Singapore in 1962, and the Chancellor at that time was Lee Kong Chian. Another connection was that they were both founder members of the Singapore anti-tuberculosis association.

These were two of many leadership roles BR Sreenivasan undertook and the most relevant this evening was that he was the first President of the College of General Practitioners of Singapore, now the College of Family Physicians. I noted significantly that he was a General Practitioner with a special interest in respiratory disease and this is relevant to one of the issues I will address in this oration.

Slide 3 As a committed academic, I did further research and discovered that the first Sreenivasan Oration was delivered in 1978, making this the 40th Oration in his honour. The first was delivered by another doyen of Singapore Family Medicine, Dr Wong Heck Sing, who was President of the College for 3 terms and an active international advocate for Family Medicine as a member of the WONCA executive. I found it very instructive to read the record of his oration titled '*The Future of the Singapore General Practitioner*' and thought it would be useful to review some of his dictums and see where we stand 40 years on. So I have chosen four and will address these in the rest of my presentation.

Slide 4 In his oration, Dr Wong lamented that "*The decline (of general practice) is due to fewer and fewer graduates venturing into a territory that is uncharted, untaught and unsung in the academic world*". Does that remain true in Singapore today? I believe the situation has improved a lot and would like to tell you what we are doing in the

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academic world of LKCMedicine to chart, teach and sing the discipline of Family Medicine.

Slide 5 To achieve the goals that Dr Wong outlined requires academic leadership of the discipline and so we appointed a Professor of Family Medicine, Professor Helen Smith, who joined us over a year ago from the University of Sussex and Brighton. She has already had a very positive impact on many aspects of academic Family Medicine within our Medical School and beyond.

From the very start of our MBBS curriculum back in 2013, Family Physicians have had a strong presence on our teaching Faculty, involved in many aspects of medical education. Just before our first students matriculated we launched the Family Medicine Academy with purpose built education facilities at Butik Batok Polyclinic and elsewhere. At the launch our Executive Vice Dean professor Lionel Lee said *'By teaching here at Bukit Batok and the other polyclinics, we are bringing our students closer to patients, their circumstances and environment. Students will experience medical care that is personal, continuing and comprehensive for all patients'*. I think that is a great description of Family Medicine.

At LKCMedicine, we have also been active in engaging Family Physicians in research, as fully participating investigators, not just to provide their patients as research subjects.

Slide 6 So what is our vision for those of our students whom we hope to inspire to choose Family Medicine for their medical career. I see an era of well trained and highly skilled Family Physicians. When my father graduated in 1946 from the University of Melbourne, the degree of MBBS meant he was trained as a physician and surgeon – and he also delivered about 100 babies a year. His shingle or nameplate that hung on the fence outside his General Practice surgery said *'Physician and Surgeon'* referring to the degrees of M.B.B.S. Since then, the rise of specialties in medicine tended to downgrade General Practice and led even doctors themselves to say 'I am just a GP'. I recently saw an advertisement from the Royal Australasian College of General Practitioners at Melbourne airport. It says *'I'm not just a GP. I'm your specialist in life'*.

The message is that Family Physicians worldwide need to take pride in their profession and the skills they possess. An important strategy to enhance the skill-base of Family

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Physicians is to take a special interest in a branch of medicine and to acquire additional knowledge and skills in this particular area, just as BR Sreenivasan did in respiratory diseases. Other options include women's health, mental health, adolescent health, diabetes and obesity, rheumatology, cardiovascular medicine, sports medicine, dermatology, rehabilitation medicine, geriatric medicine, occupational health and many more. And of course there can be deeper interest in education and in research. Family Physicians are ideally placed to become the T-shaped medical professional, with a breadth of knowledge across Family Medicine, and additional depth of knowledge and skills in a particular field. Special interest in two fields can produce the pi-shaped individual and in a group practice or polyclinic varied special interests provide a comb shaped capability. I believe this approach leads to greater interest and longevity in a medical career, as well as greater recognition and pride in one's ability.

Slide 7 The other reason the highly skilled Family Physician is so important to medicine in the current era is our ageing population. It is not only unaffordable for older people to see multiple specialists for their multiple chronic illnesses, but it is bad medicine and likely to lead to confusion, over-medicating and gaps in care. I call it 'pinball medicine' where the older patient bounces from specialist to specialist until they fall through the hole at the bottom and lose their money!

Slide 8 Now the second recommendation from Dr Wong was that *"the future general practitioner or family physician needs a broad education and should not concentrate on the physical and biological sciences to the exclusion of the humanities and the arts.... this understanding (of people) will heighten his sensitivity to the feelings of his fellow men..."*.

Slide 9 One of my favourite quotations that I like to share with medical students is from Franz Kafka's book 'A Country Doctor' published 100 years ago in 1917. He says 'To write prescriptions is easy, but to come to an understanding with people is hard.'

Slide 10 Like Dr Wong, I believe that the study of literature, art and poetry can play an important role in learning to understand and connect with our patients as fellow human beings, even if we are from very different backgrounds. We have a strong commitment to the teaching of medical humanities at LKC Medicine and our students embrace this part of their curriculum. In particular, we aim to shape the attitudes of our students to

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see medicine as a caring profession, to put the interests of their patients first at all times and to be compassionate and respectful.

Slide 11 Our goal is to produce the kind of doctors you and I would like to have caring for us and for our families. Family Physicians are ideally placed to deliver this kind of medical care and I am sure the other medical schools in Singapore share this view and these aspirations.

Slide 12 Dr Wong's third counsel was that *"The answer (to prohibitive healthcare costs) ...is in preventive medicine and no one in the medical profession is as well placed as the general practitioner to do the job, provided he is well trained."*

Slide 13 While it is certainly true that the Family Physician is well placed to practise preventive medicine, ranging from vaccination to diabetes screening, a recent publication identified over 290 barriers to preventive medicine discussions with patients. For a start, the system of remuneration and recognition is biased so very strongly towards reactive or procedural medicine. I am reminded of a close friend from the same year at medical school, who is a cardiac surgeon and has performed countless coronary artery bypass grafts. When he used to come to our home in Melbourne for a barbecue he always brought a great bottle of red wine, one of many that he received from grateful patients, whose heart he had held in his hands and whose blocked coronary arteries he had bypassed.

I couldn't help thinking that if that patient had been counselled by his Family Physician to stop smoking and had his high blood pressure and high cholesterol treated, he would not have developed angina and would not have needed open heart surgery. But then 10 years later when nothing happened - when he didn't get angina or have a heart attack or need cardiac surgery - would he have brought the red wine to his Family Physician?

Slide 14 I have mentioned earlier the dramatic changes ahead with the ageing of Singapore's population. The number of those aged 65 or more has increased from 220,000 in 2000 to 440,000 in 2015, and is expected to increase to 900,000 by 2030. Healthy ageing is essential to affordable healthcare and to a productive, older workforce. Preventive health measures are critical to this outcome and Family Physicians are ideally placed to do the job. We must ensure this aspect of medicine is

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emphasised right from the start of Medical School education and we should advocate for better recognition of its importance.

Slide 15 The fourth and final exhortation from Dr Wong that I will cover was *“In no other field of practice is it more necessary for the practitioner to continue his learning process throughout his professional career.”*

Slide 16 It is estimated that the doubling time of medical knowledge (or the medical literature) when my father graduated in 1946 was over 50 years; by 1972 when I graduated it was about 12 years; currently it is less than a year. Information technology is both the source and the solution to this challenge, and so our students at LKCMedicine all have an iPad to access their lectures and other information online, anywhere and at any time. They are prepared for lifelong learning for which medical school is just the warm up lap.

At the 6th Asia Pacific Primary Care Research Conference held in Singapore this September in conjunction with the Family Medicine Symposium, the tagline was *‘Advancing Best Care through Education and Research’* and I want to highlight the benefits from engagement in teaching and research for the Family Physician.

Slide 17 It took me only a couple of minutes to come up with eight benefits for the Family Physician who contributes as a teacher. Perhaps the most rewarding is the motivation and inspiration we receive from our students. And after all, the word ‘doctor’ derives from the Latin *‘docere’* – to teach.

Slide 18 Similarly, it was easy to produce a list of eight benefits from engagement in research. One very good reason is the intellectual stimulation of what must be a very bright mind to have earned a place in Medical School. And don’t we all have some responsibility to advance medical knowledge and improve care?

Slide 19 I believe there is great opportunity for a collaborative effort between Medical Schools, the College, the Academy and the Ministry to improve the engagement of Family Physicians in education and research. A programmatic effort will not only enhance the standing and status of Family Medicine, it will improve standards of care, work satisfaction and will inspire our students to emulate impressive role models to choose a career in that most challenging but also most personally rewarding of medical specialties.

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Slide 20 So what would Dr Sreenivasan and Dr Wong encourage us to do today? I think Dr Sreenivasan would urge you to be proud of your status as Family Physicians and to develop your skills in a particular area of interest, including education and research. I like to think that Dr Wong would be impressed with the progress that has been made in the four areas I have outlined – and he would encourage you to keep going!

Thank you also for the honour of giving the 40th Sreenivasan Oration.