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Convocation 2016

The Next Generation *of Family Physicians*

The Minister of State for Health, Ministry of Health, Dr Lam Pin Min, was the Guest-of-Honour at the Family Medicine Convocation Ceremony and Dinner, on 19 November 2016. He addressed the guests with the following speech.

Dr Lam Pin Min

Associate Professor Lee Kheng Hock,
President, College of Family Physicians Singapore,
Council Members,
Distinguished Guests,
Ladies and Gentlemen,

Good evening

INTRODUCTION

It gives me great pleasure to join you today at the Family Medicine Convocation Ceremony and Dinner. First and foremost, I would like to congratulate this year's graduands on attaining your postgraduate Family Medicine qualifications. This is an important milestone in your career and we wish you every success in the years to come.

As you continue to hone your clinical practice with the skills and knowledge acquired during your training, I urge you to keep in mind the vital role you play as a Family Physician in tackling some of the challenges facing our healthcare system

ROLE OF FAMILY PHYSICIANS

Our population is ageing rapidly. The average life expectancy increased from 75 years in 1990 to nearly 83 years in 2015. The chronic disease burden has also increased. Many of you would also be aware that a key challenge we face is the rising healthcare cost. Our government healthcare spending doubled from about $4 billion in 2011, to nearly $9 billion in 2015. As our care needs change, our current hospital-centric approach to healthcare is increasingly unsustainable. We need to bring about a fundamental shift, from providing healthcare, to improving health. We need to think about more upstream behavioural changes towards healthy living, and be proactive in taking responsibility for our own health. Examples include going for regular health screenings and follow-ups; as well as shifting the centre-of-gravity of our care, from the acute hospital setting into the community. This will help us live better and stay healthy longer, and also to provide good, accessible and quality care, at more manageable healthcare costs.

In this regard, Family Physicians play multiple critical roles. In line with MOH's vision of "One Singaporean, One Family Doctor", Family Physicians are uniquely placed to build mutual trust and form deep-rooted therapeutic relationships with their patients. By anchoring care for patients in the community, Family Physicians act as patients' health advocates in the context of their families and the wider community, while being effective gatekeepers against unnecessary escalation of care and associated costs for patients as well as for the system. As patient care needs become more complex, Family Physicians also play key roles as coordinators and trusted advisers to patients and their caregivers to help them navigate the healthcare system.

There has also been an increasing shift towards team-based care to manage patients in a more holistic way. Evidence has shown that there are significant improvements in outcomes when chronically ill patients are managed by an inter-professional clinical team. Family

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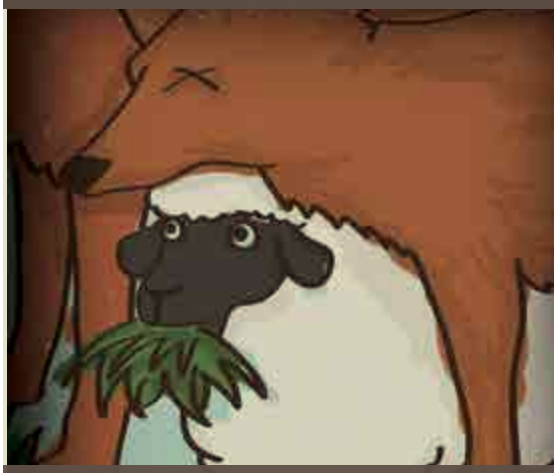

Patients remember

by Dr See Toh Kwok Yee, MCFP(S), Editor

With Christmas and New Year just around the corner, it is that time of the year for giving and receiving gifts.

While doctors are generally not expected to be playing Santa to our patients, but on the other hand, we do have our fair shares of greeting cards and pastries of the season from them.

The presents may not be opulent but they all represent a singular thought: appreciation.

Sometimes, I do feel embarrassed by my patients' thoughtfulness. After all, I have regularly made them wait more than an hour, chided them for not following advice and do charge them a standard private consultation fee.

A simple thank-you note would have sufficed.

Recently, an elderly patient whom a GP colleague had managed for more than a decade for multiple co-morbidities was admitted for hepatoma. She had enjoyed good health until recent years when her memory started to fail as result of Alzheimer's.

According to the patient's daughter, even when she had become disorientated during her admission, she had kept talking about her Family doctor by name.

Why do patients remember us?

I believe it's probably because we have done more than the mere ticking off the history checklist and doing a perfunctory clinical examination or embarking on a whole range of investigations.

Experts think it has to do with making that special doctor-patient connection through genuine dedication and actively cultivating a relationship of trust.

This is not about "hospitality medicine", winning over patients with a great personality and a nice smile and nothing else.

It is about the art of engaging patient to trust us enough before applying the science of medicine for a better outcome.

Sometimes, in our anxiety to impress our patients, we do it the wrong way around by diving straightaway into the latest evidence based medicine, which, instead, may repulse them.

In the combat against any disease, we need first to have the patients stand on our side as allies sharing common objectives and targeting the same enemy.

Even more unhelpful is mass arming of patients without any information on where to shoot as seen in some health screening programs that have absolutely no personal doctor-patient encounter from start to finish.

It is, therefore, gratifying to report in this year-end issue that the important role of the Family Physician is once again affirmed and our next generation of colleagues including our medical students are all raring to go!

Here's wishing our readers a Merry Christmas and a Happy New Year.

CM

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16 College Road #01-02, Singapore 169854
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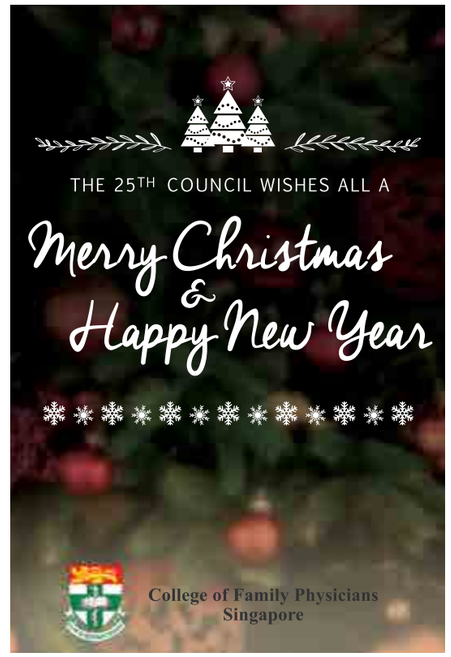

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Physicians must therefore develop roles as team leads and members in multi-disciplinary primary care teams, with members complementing one another in knowledge, skills and expertise.

In addition to managing increased case load and complexity in the community, another key challenge facing Family Physicians is the unpredictability of global public health threats. Hence, Family Physicians also play an important role as the frontline of defence for public health threats. Our primary care doctors in the community have time and again remained watchful and supported Singapore in various public health emergencies, from the SARS outbreak over a decade ago to the recent Zika outbreak, where the first reported case of community spread was picked up by an astute Family Physician in Aljunied. His vigilance and prompt action led to the timely discovery of the Zika outbreak, and allowed us to swiftly take action to contain and mitigate the situation. I believe we can continue to rely on the professionalism and clinical acumen of the primary care community to rally around and safeguard the health of our population.

GROWING THE PRIMARY CARE LANDSCAPE

As the disease burden and complexity increase with our ageing population, the primary care sector will continue to evolve and expand to remain relevant to a wide spectrum of patients with increasingly complex medical needs. To better meet the needs of our population, MOH is enhancing public sector primary care capacity, including redeveloping and building new polyclinics. This goes beyond building more of the same, but also includes a review of care models to enable greater integration of care our frail elderly to age well in the community.

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To facilitate good chronic disease management in the private GP sector, MOH has been exploring various innovative models over the years to enhance GPs' access to nurse and allied health services. One model is the Community Health Centre (CHC), where GPs can refer patients for services such as diabetic eye and foot screening, and nurse counselling. Our GP partners have also actively spearheaded ground-up initiatives such as Primary Care Networks (PCN) to improve chronic disease management through team-based care. The PCN aims to bring together GPs into networks, and provide them with access to shared support services. The model has shown promising results and MOH is looking at resourcing more GPs to form PCNs.

To support these and other primary care facilities, we will need to grow our pool of well-trained Family Physicians. MOH is strongly supportive of the key roles Family Physicians will play in primary and community sectors, and has been working with the College of Family Physicians Singapore (CFPS) and the FM fraternity to review our postgraduate Family Medicine training framework to develop the training capacity and curriculum to meet current and future care needs in Singapore. I am heartened to know that the proportion of Family Physicians practising in GP clinics and polyclinics has steadily increased from under 50% in 2012, to about 60% in 2016. I believe this will continue to grow.

MOH is also developing IT as another critical enabler to strengthen primary care. With patient care increasingly straddling across various healthcare settings, the National Electronic Health Record (NEHR) becomes increasingly relevant for sharing useful patient information across providers and supporting continuity of care. MOH and MOH Holdings are currently developing GPConnect, an integrated IT system comprising a Clinic Management System (CMS), electronic medical record (EMR), with direct links to national systems such as NEHR, CD-LENS and CHAS Online. This will support GPs in delivering more efficient and better quality primary care.

THE NEXT GENERATION OF FAMILY PHYSICIANS

As you join the ranks of fellow Family Physicians and continue the good work of Family Medicine, besides contributing in terms of clinical practice, I hope you will consider giving back to the fraternity by becoming a Family Medicine trainer in the future. Just as you have benefited from the generous teaching and guidance of your mentors, you can play your part and "pay it forward" by moulding our next generation of Family Physicians. For those of you with the interest and aptitude, we also hope that you can contribute to the field of primary care research, which has the potential to not only improve patient care, but also raise the profile of Family Medicine. I also challenge you to constantly think out of the box and seek continual improvement in the delivery of primary care, by innovating new models of care or patient work flows to enhance our healthcare efficiency and cost-effectiveness.

Our pace and degree of success in shifting from a hospital-centric model to a community-based one depend very much on how quickly primary care can be transformed to anchor the care of patients. I am heartened to see that so many of our young doctors such as yourselves have chosen this path.

I would like to thank the College and all Family Medicine tutors for their hard work, and their close collaboration with the Ministry to ensure that there is a ready pool of highly trained Family Physicians to meet the needs of our nation. More importantly, I am glad to see this pool of dedicated Family Physicians devoting much time and effort in developing the discipline further, so as to keep our healthcare system sustainable, and ready for future challenges.

I wish you all the best. Thank you.

CM

Sreenivasan Oration 2016

A/Prof Kenneth Mak, Deputy Director Medical Services (Health Services Group), Ministry of Health was the Sreenivasan Orator and had delivered the following address at the Family Medicine Convocation Ceremony and Dinner 2016.

A/Prof Kenneth Mak

Minister of State for Health Dr Lam Pin Min
Associate Professor Lee Kheng Hock, President, College of Family Physicians Singapore,
Council Members,
Distinguished Guests,
Ladies and Gentlemen,

Good evening

INTRODUCTION

It gives me great honour to deliver the Sreenivasan Oration today, in commemoration of the late Dr B R Sreenivasan's immense contribution to Family Medicine, medical education, and the health of countless Singaporeans. Let me first thank the College of Family Physicians Singapore (CFPS) for this privilege.

In preparing for this talk, I went through the speeches of previous Sreenivasan Orators so as to better understand what topics were of interest to members of the College of Family Physicians. I realised that these excellent speeches covered a wide range of topics on how Family Medicine developed in Singapore, the desired competencies

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of a Family Physician, current and future challenges affecting the Family Medicine community, as well as how family physicians should be trained to maximise their potential and fulfil their roles in healthcare. The speeches can be found within the College's internet website; I strongly encourage our newly inducted colleagues, who have successfully attained their post-graduate Family Medicine qualifications, to read these speeches. The speeches give a strong sense of the heritage you have, as you joined the fraternity of Family Physicians in Singapore, and provide context to what I will talk about this evening.

'VALUE' IN HEALTHCARE

I was asked to speak this evening on "The Value Proposition of Family Medicine to the Healthcare System". 'Value' means different things to different parties. Even with a shared understanding of the term, different parties may consider different things to be of 'value'. The term 'Value Proposition' is often used to refer to business or marketing statements that a company uses to highlight the characteristics, services, or innovative features which make the company and its products more attractive to its customers. Value propositions state how a product or service solves a pain point, or gives more benefits compared to alternative products and services.

In determining whether Family Medicine presents a value proposition to the healthcare system, one must first consider the context. What challenges do we face in our healthcare system, today and in the not too distant future, which present us with the need to transform the way in which we provide care to Singaporeans?

UNDERSTANDING THE CONTEXT FOR CHANGE IN HEALTHCARE

We face many challenges today which compel us to tweak our public healthcare model. Our aging population demographic leads to increases in demand for healthcare resources. Singaporeans are living longer, but not necessarily healthier. Singapore is also aging rapidly - 1 in 4 Singaporeans will be above the age of 65 years by 2030. Our senior citizens will have a higher associated incidence of chronic diseases as well as problems related to frailty and aging. They are five times more likely to be hospitalised and to stay twice as long in hospital compared to those in the younger age groups.

We have expanded our public healthcare infrastructure in tandem with the rising demand to maintain accessible care for all Singaporeans. We continue to build new acute and community hospitals, and to expand the bed capacity of our existing hospitals. We will be opening 6 new polyclinics within the next 5 years. We projected our manpower needs to grow. There is a need for more manpower in all our healthcare sectors, whether of doctors, nurses, pharmacists or other allied health professionals.

There is however, a finite limit to how far and how fast we can expand our healthcare resources, to meet the ever increasing demand. Manpower and fiscal constraints in the near future require us to think critically about the need to transform our healthcare model. Two key concepts are key to understanding this change.

KEEPING HEALTHCARE SUSTAINABLE – MOVING BEYOND QUALITY TO VALUE

The first concept is "SUSTAINABILITY". Given our finite healthcare resources, it is important for those of us involved in public healthcare policy setting and implementation, not to blindly pursue introducing new healthcare services and technologies, without considering whether such services are clinically effective and cost-effective. Our goal is not to be 'first in class' or 'best in class', but we aim to deliver healthcare based on a pragmatic understanding of what a reasonable and appropriate level of care is, to maintain the health of all Singaporeans.

'Value' creation that is relevant to this context comes at a cost, and involves trade-offs. Michael Porter, the eminent Harvard Business School Professor, puts it succinctly in his contemporary interpretation of 'value' in healthcare, by defining value as 'health outcomes achieved per dollar spent[1]'. In our quest to move beyond quality in healthcare per se to value based healthcare, we need to ask ourselves how we can improve health outcomes for Singaporeans, without a significant increase in cost. Our search to create better value drives us to reduce care fragmentation, by removing duplication and variation in our healthcare processes.

It is reasonable to expect a more sustainable, value-driven healthcare model to affect specialists and acute care hospitals the most. However, it is often Family Physicians, working in the private sector who provide us with good insights on how to achieve this. Family physicians have a clear appreciation of what is important in managing the chronic health care needs of their patients. They are less enamoured with technology, if it does not contribute positively to the physician-patient care model they work hard to establish, and particularly if it does not further empower them to deliver better care. They intuitively seek leaner ways of providing care, and take pains not to increase the cost burden for their patients, without good reason. This is one reason why I have a world view that states that the most impactful and sustainable change efforts in healthcare, are likely those which are led by primary care physicians, for their patients in the community.

Care transformation initiatives led by family physicians need not only occur in their outpatient clinics. We have seen important work undertaken by family physicians in trying to move more patients out of the acute care hospitals, into community hospitals, and from community hospitals back to home. Family physicians contribute further to our conversation on value driven healthcare, by helping to define what constitutes success in healthcare transformation. We are moving away from looking merely at process indicators, to outcome measures. When looking at outcomes, we are also shifting our focus from clinical outcome indicators, to patient derived outcomes. Family Physicians, in forming deep and personalised relationships with their patients, have a unique understanding of their patients' concerns and health aspirations. They can help us define care goals appropriate for their patients, even if their patients journey across care boundaries, into the hospital. Family Physicians cannot expect to confine their clinical practice only to their clinic, but they must be challenged to step up, to work with specialists across care settings, and to help coordinate care or co-manage care for their patients.

CENTRE OF GRAVITY – MOVING BEYOND HOSPITALS TO THE COMMUNITY

The second concept for us to reflect on this evening, is "CENTRE-OF-GRAVITY". All of us are familiar with this physics term. This is the point where the entire weight of mass of an object appears to concentrate at, so that the object remains in equilibrium or in balance if we are able to support the object at this point. This physics definition is a mouthful and only provides an understanding of the concept in one dimension. Clausewitz, the German military strategist expanded our application of the 'Centre of Gravity' concept into warfare, by regarding the Centre of Gravity (CG) not simply as an imaginary point where the forces of gravity converged, but also as point where there was a congregation of critical capabilities, critical needs and critical vulnerabilities. Striking the CG of an object with enough force causes that object to lose its balance or equilibrium, and topple over. A military CG, was not simply the source of strength of an enemy but the fulcrum on which his strengths, capabilities and vulnerabilities are delicately balanced.

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Convocation 2016

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Tackling an enemy's CG, destabilises him greatly to allow a decisive victory to be quickly achieved.

The centre of gravity of our healthcare system has for many years been regarded as our Acute Care Hospitals. We have concentrated much of our resources to building up acute hospitals into centres of subspecialist clinical excellence, with less resources devoted towards building up our continuing care and community care sectors. For many, definitive care only occurs when the patients enter the entrance of the hospital and stops when the patients leave the hospital. In reflecting on the need for change, we now realise that this is too myopic a view on what a patient's entire care journey is, from illness to health. A patient first resides in his home and ultimately must return to his home in the community to continue contributing positively to society. We are now more mindful of the need to return patients as best as possible back to their community and are working hard to reduce the time patients need to spend in the hospital.

In my mind, the proper centre of gravity in our healthcare system is in Primary Care. As the first point of care for most of the population, our primary care doctors provide timely treatment of conditions before more serious and costly complications develop. As gatekeepers to specialist care, Family Physicians help patients avoid unnecessary medical risks and the typically higher costs associated with specialist care. Family Physicians coordinate their patients' care and rationalize their healthcare visits, minimizing duplication of services and resource utilization, for the benefit of both the patient and the healthcare system.

To facilitate such value-based care, to deliver better patient outcomes while managing rising costs, MOH has worked on ways to transform the primary care sector. We introduced Family Medicine Clinics (FMCs) and Community Health Centres (CHCs). We continue to explore other primary care models, including supporting the development of FP-led organisations of GPs into Primary Care Networks. These networks would be supported by additional administrative and clinical resources from MOH. The novel local care models are not intended to compete with private primary care practitioners and to poach patients away from incumbent single general practitioners working in their clinics. Instead, they are intended to further empower Family Physicians to better care for their patients. They enable Family Physicians to partner with other providers in a regional health system to deliver seamless and integrated care, thus bringing value to their patients.

Family Physicians play important roles in our 'Hospital to Home' strategy. Your President in the College, A/Prof Lee Kheng Hock, has spent many years leading a team within the Singapore General Hospital, tasked with facilitating patients leaving the hospital and coordinating transitional care programmes to support patients recuperating at home. He has also helped to facilitate placements of patients into Community Hospitals and Nursing Homes after discharge. Your Honorary Secretary, A/Prof Tan Boon Yeow, plays a seminal role in helping to pilot new care models in the Community Hospital and provides thought leadership in how patients with complex care needs should be supported after discharge from the Community Hospital. The roles these Family Physicians play are non-traditional and anathema to traditionalists who regard Family Medicine as only inhabiting the Primary Care, Community space. Yet, these roles are vitally important as these roles define the ever present need for Generalist clinicians to remain in our healthcare system, to help manage patients who present with complex and concurrent medical needs and to help their patients navigate through the public healthcare maze. We must avoid the undue and excessive care fragmentation, as well as the lack of care ownership of our patients, that can come through a greater degree of subspecialisation. We endeavour to reduce friction our patient's care journeys, and Family Physicians play an important role in helping our patient navigate their care transitions.

The evolving and expanded role of Family Physicians requires new competencies to be developed. This is particularly in the knowledge of community resources and as team-players or leads, in multi-disciplinary healthcare teams, as mentioned by Minister of State Dr Lam in his earlier opening address. The Family Physician must learn behavioural science strategies and deeper communication skills, in order to better influence his patients and nudge his patients to take a more active and disciplined ownership of their chronic medical condition.

CENTRE OF GRAVITY – BEYOND HEALTHCARE TO HEALTH

Another strategem in our care transformation, to reduce long-term demand on our healthcare resources, is to change our focus from delivering illness care, to maintaining the health of our population. Moving 'beyond healthcare to health' requires us to work with other stakeholders in government, schools and in the workplace, to encourage healthy eating choices as well as to maintain active lifestyles through sports and exercise. This will reduce the risk burden for developing chronic medical conditions like coronary artery disease and diabetes in the medium to long term. We are designing better screening programmes both for the population and those we regard at higher risk for conditions like diabetes.

Family Physicians play a vital role in our preventive health efforts. Most screening is currently performed by doctors in primary care. GPs must undertake to follow-up and treat their patients for their chronic medical conditions, after these conditions are diagnosed through screening. FPs contribute further by providing important health education and counselling, The educational messages resonate better and have a greater likelihood in being internalised, leading to meaningful change, if they come from people whom patients trust, like a family member, close friend, or a trusted and valued family physician.

Family Physicians play an important role in preventing the progression of chronic disease to developing complications. In a pilot project in 10 polyclinics, called NEMO, ACE inhibitor and ACE receptor blocker therapy was provided to diabetic patients, without evidence of nephropathy, in a clinical protocol, with statistically significant decrease in the rates of progression to proteinuria and renal impairment. We are looking to expand this and other organ failure prevention strategies under our national campaign to control Diabetes. This is a clear example of how a healthcare system creates more value by supporting primary care visits for tighter diabetic control, regular screening to detect and treat complications early, and to implement strategies to retard the progression of diabetes. This is far superior to achieving world-class outcomes for lower limb amputations.

PRIMARY CARE 2.0 – A FAMILY PHYSICIAN FOR EVERY SINGAPOREAN

We have long articulated the need for every Singaporean, with his family, to develop a close, trusting and lasting relationship with his family physician. This is the cornerstone of our efforts to shift the CG of healthcare away from the hospitals and into the community. In order for this to succeed, Family Physicians must be absolutely convinced that they bring value to their patients, in tangible and non-tangible ways. While clinical outcomes can be measured and treatment costs can be quantified and controlled, Family Physicians must believe that their long standing presence and acceptance in the communities where their patients live and work, gives them powerful opportunities to develop unique insights in what really matters to their patients. They must take on the mantle of being advocates of their patients, in ensuring their patients do not suffer from fragmented poorly coordinated care. Understanding the healthcare system far better than their patients, they must step up to help their patients navigate through the whole healthcare system in their journey towards health. Amongst all care providers, they are in the best position to provide holistic care, as they understand best their patient's physical, social and psychological needs.

CONCLUSION

In conclusion, primary care is the foundation of any healthcare system. When we focus on delivering empowered primary care, all stakeholders stand to benefit. A greater empowerment of primary care physicians, to look after the chronic medical needs of our aging population results in many health benefits, including better clinical outcomes, a lowered incidence of end-organ complications and greater patient satisfaction. Family physicians in chronic disease management programmes have seen lower associated hospital admission rates in patients with diabetes, COPD and asthma. Their care has contributed to lower total healthcare costs for their patients.

In completing this Sreenivasan Oration, I must state my belief that the value proposition of Family Medicine does not need defending. What is needed is for you, the community of Family Medicine practitioners, to reflect and agree that your wide roles in the healthcare system legitimately benefit your patients and the healthcare system as a whole. You create value at different levels and you value-add each step of the way, by contributing thought leadership as well as a willingness to innovate and move beyond the comfort zones of what is regarded as traditional primary care. The Ministry very much looks forward to having the College and each of you as valuable partners in our journey to transforming our healthcare system, for better health, better care and better life for our patients.

Thank you.

[1]*Porter ME, Teisberg EO. Redefining health care: creating value-based competition on results. Boston: Harvard Business School Press, 2006.*

CM

Welcome Dinner for Professor Helen Elizabeth Smith

by Dr Lim Hui Ling, Council Member, College of Family Physicians Singapore

A welcome dinner at Tien Court, Copthorne King's Hotel. (From left) A/Prof Tan Boon Yeow, Dr Lee Eng Sing, Dr Julian Lim, Dr Lim Hui Ling, A/Prof Cheong Pak Yean, A/Prof Lee Kheng Hock, Prof Helen Smith, A/Prof Lim Lean Huat, Dr James Chang Ming Yu, Dr Lim Fong Seng, Dr Ng Lee Beng, Dr Gilbert Tan

Image courtesy of A/Prof Tan Boon Yeow

Prof Helen Elizabeth Smith, was recently appointed Professor of Family Medicine and Primary Care at the Lee Kong Chian School of Medicine (LKC-SoM). This development is greatly welcomed by the College of Family Physicians Singapore and the Family Medicine Community as it spells greater recognition of Family Medicine as an important aspect of medical education and research.

The College together with the Chapter of Family Medicine Physicians, Academy of Medicine jointly held a dinner to welcome Professor Smith to our fraternity and to get to know her better. We met on 21 October 2016 at the Tien Court Restaurant of Copthorne King's Hotel. Council members of the College, and Ex-co members of the Chapter were able to informally find out more about her distinguished background and research interests.

Prior to her appointment to LKC-SoM, Prof Smith was the founding professor of Primary Care at Brighton and Sussex Medical School and was Head of the Division of Public Health and Primary Care. She is also an expert in Primary Care Research Networks.

Over dinner, while introducing her to some local dishes, we shared our thoughts about the state of Family Medicine in Singapore and discussed possible research areas that Prof Smith could consider. This was a fruitful and engaging evening for all of us. There are many possible areas where the College may be able to collaborate with Prof Smith and we look forward to working with her in the future.

CM

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www.primarycarepages.sg

Media: Friend or Foe

by Weber Shandwick, a leading PR agency in Singapore

Ask a room full of people for their views on media and chances are you will hear a wide-ranging set of opinions – many will perhaps say interactions with media are a daunting task while others are likely to talk about the ease of media interviews.

Regardless of which of the two popular opinions you might side with, it always helps to treat media interactions like you would your school exam. And how well or poorly you do really depends on you and the preparation you put in beforehand.

So here are some golden rules for interacting with the media

Do's:

- **Speak clearly:** Tell a story that is short, simple and easy to understand. Where possible, give the journalist some background and context of what you are sharing
- **Make a point:** Get to the point first then give the reason and example of the point you are making. Never ramble
- **Treat the journalist like a human being:** Be friendly and forthcoming. Your demeanour during an interaction can make a big difference
- **Be firm, not aggressive:** If the journalist doesn't agree with you or asks you the same question repeatedly try and change your approach
- **Always be respectful of their time and deadline:** Don't promise them something (a quote, some data or information) that you might not be able to deliver
- **Be prepared:** Some of the best speakers are those who rehearse beforehand
- **Data or visuals:** Have data or slides? Keep them handy so you can use that to illustrate your point. Journalists like nothing more than having valid data that they can use

Don'ts:

- **Don't speak in medical jargon:** Remember the ultimate recipient of this story is the man on the street who does not have the same medical knowledge as you
- **Don't be afraid to ask for details:** Journalists always welcome questions so feel free to ask them for details about the story and angle they are working on
- **Don't do an interview in a hurry or when you are distracted:** Never do an interview over the phone in the middle of a busy clinic day or when driving. If you find yourself in such a situation, politely ask to speak to them at a later date or time or ask for their contact details. You can also opt to do an email interview by providing written responses or meet them in-person for an interview
- **Don't share information that has no local context:** The journalists in Singapore cover stories about Singapore or the region. So even if there's an interesting development in Europe or America, chances are they will not be interested in it unless it has an impact on their readers here
- **Don't chase journalists on when the story will appear:** The job of a journalist is to work on a story and file it. The ultimate decision on whether a story will be published or not rests with the editor. Sometimes your interview may be pushed or dropped altogether because something urgent came up or there's an advertisement to be placed

The job of a journalist is to inform and educate the public and as doctors you play an important role in ensuring their stories have factual and relevant information that will ultimately benefit patients and the masses.

CM

Family Medicine Extravaganza 2016

By Edwin Liang, NUS Yong Loo Lin School of Medicine (Class of 2017), on behalf of the Family Medicine Extravaganza 2016 Organizing Team

(Left) Full group shot with our experienced speakers and satisfied participants in NUS MD6, LT35

The Family Medicine Extravaganza 2016 was held on 24th August 2016 at the National University of Singapore (MD6) for the third year running. Featuring the theme of Family Medicine in various healthcare settings, this event aims to shed light on what Family Medicine entails and its increasingly important role in the future of Singapore's healthcare, catered for medical students and junior doctors.

Medical students from all three medical schools in Singapore

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Are you a good leader?

by A/Prof Lee Kheng Hock, President, 25th Council, College of Family Physicians Singapore

Having been an accidental leader of sorts for some years now as the President of the College, I sometimes wonder if I have been a good leader or at least, a good enough leader. The strange thing I realized is that many leaders do not set out in life to become one. You mind your own business and pursue what interest you. Then one day, usually when something goes seriously wrong, you realized that everyone is looking at you for an answer. It is a bit like being in one of those movies where the protagonist wakes up and finds carnage all over and somehow he is in possession of the murder weapon. That is when epiphany dawns upon you and you know that you are the one who must clean up the mess and clear your name at the same time. Well at least that is what the good leader will do. The bad ones just hightail off and blame everyone else.

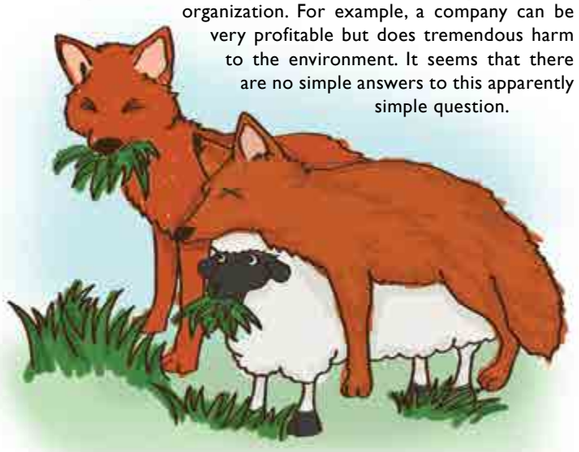
I have tried to learn to be a good leader. There is no shortage of people who hold the secret to good leadership. They are usually not shy about it. Surprisingly, they are quite enthusiastic to share their so-called secret for a sum of money and few days of your time. They are usually as good as those gurus who teach people how to lose weight. I stopped wasting my time and money after I realized that these gurus are usually quite mediocre leaders themselves. I find the best way to learn leadership is to find a good mentor who is great at leadership. Living ones are quite hard to find. Being human they are likely to disappoint you eventually. The best mentors are usually dead and can only be found in books. That way you only see their good side as their flaws are buried with them. One of my dead mentors taught me the best kept secret of leadership. He said that you can resurrect the ghost of dead mentors in your mind to guide you through difficult times. It is not as spooky as it sounds. The hard part is that you must read and imbibe their best moments from the books they write and what others wrote about them. You also need a vivid imagination. Watching lots of horror movies helps.

The other way to be a good leader is to count your sins. According to Lucy Kellaway, my favourite journalist from the Financial Times, there are 7 deadly sins that are common among CEOs (i.e. leaders who make a lot of money). These sinners can be recognized by these traits:[1]

1. Vanity
2. Control freak
3. Ditherers
4. Bad at listening
5. Bullies
6. Afraid of conflict
7. No good at small talk

I was quite pleased when I tallied and discovered that I only have 2 out of the 7. That was until I learned that most of the top CEOs surveyed were sinless. They had perfect scores of zero out of seven. However, these were highly suspect as they were all self-assessments. The journalist who studied these extensive surveys did not believe them as from her unbiased observations most of them were rotten sinners, some with perfect scores on the other extreme. She concluded that the most serious and common sins among CEOs were a lack of self-knowledge and generosity in giving themselves the benefit of the doubt, often at the expense of their subordinates.

What is one to do if you really seek self-knowledge? Jeffrey Pfeffer is an author and business school professor at Stanford University who wrote more than a dozen highly influential books on organizational psychology, management and leadership. When asked for the best measure that indicates a good leader, his answer, as in all wise answer was, "it depends". There are different perspectives of what is "good". A leader can do good for himself or for the organization that he serves. The sobering thing is that what is good for the leader may be bad for the organization and vice versa. A leader can win accolades and/or make lots of money and become a rock star in the world of leadership. However, the organization can remain stagnant or even go down the tubes. If we take an altruistic view, good leaders must do good by the organizations they serve. Then again, there are many dimensions of what is "good" for an organization. For example, a company can be very profitable but does tremendous harm to the environment. It seems that there are no simple answers to this apparently simple question.



"Are you sure this vegetarian thing will make me the leader of the pack?"

Fortunately for a less complicated and altruistic organization like our College, there may be an easier answer. What is good for our organization is enshrined in the objectives of College as stated in our constitution. In gist, it is all about raising the standard of family medicine for the sake of the patients we serve and empowering our members to be the best that they can be. The other easy part is that College leaders don't get paid or receive stock options. So there is little risk of temptation by material gains. In fact most College leaders end up donating time and money to the organization. Instead of counting sins then, it might be better to count virtues. There are 8 virtues that another of my dead mentors came up with. (I wrote about them with regard to professionalism some time ago.)[2] These can be applied to leadership as well. These are:

孝 **(xiao)** ***Filial piety*** Staying faithful to the founding principles of the organisation	悌 **(ti)** ***Fraternal piety*** Duty to your constituents
忠 **(zhong)** ***Loyalty*** Duty to country and the community that your organization serves	信 **(xin)** ***Trustworthy*** Deserving of trust in the interactions with stakeholders
礼 **(li)** ***Propriety*** Appropriate conduct in managing the affairs of the organization	义 **(yi)** ***Righteousness*** Abide by the ethical and moral codes of conduct
廉 **(lian)** ***Incorruptible*** Not swayed by consideration of personal gains and zero tolerance	耻 **(chi)** ***Sense of shame*** Admit to mistakes and remediate any harm done

The world would be a better place if we have virtuous leaders. As for the College, I hope we will continue to be served by council members who strive to attain these virtues. As for myself, I resolve to repent of my sins and seek to accumulate more virtues. Before I leave, one last word from another dead mentor. Beware of false prophets with phoney new visions and who talk a good game. Reject them like the plague. Good College leaders tend to be those who are long suffering and serve quietly for years and even decades. They are neither vain nor populist. They don't just show up during election time. Choose wisely. We need good leaders in the College.

[1] *http://www.bbc.com/news/business-13974474*
[2] *http://www.cfps.org.sg/publications/the-college-mirror/download/57*

CM

(continued from Page 9: Family Medicine Extravaganza 2016)

(Duke-NUS Graduate Medical School, NTU Lee Kong Chian School of Medicine and NUS Yong Loo Lin School of Medicine) worked together to organize this event, with generous support from the Joint Committee of Family Medicine Singapore (JCFMS) and the College of Family Physicians Singapore (CFPS). Our concerted effort and hard work paid off in the end, with an impressive turn-up number of 150 medical students and junior doctor participants, who were all eager to find out more about primary healthcare from the Family Medicine veterans themselves.

This year's program comprised keynote talks from experienced Family Medicine physicians, Family Medicine Residency program talks by the three Sponsoring Institutions, as well as an update on the Graduate Diploma in Family Medicine. Participants were awed by the inspiring talks by well-respected Family Medicine doctors who shared their personal experiences interacting with patients of different backgrounds, and enjoyed the rare opportunity to personally interact with them over a sumptuous dinner (topped off with yummy Yami yoghurt)!

In essence, there are three take-home reflections from the Family Medicine Extravaganza 2016.

Meaningful Sharing and Endless Learning

For many students, the Family Medicine Extravaganza was a good chance to learn more about family practice as a whole. Esteemed speakers such as A/Prof Lee Kheng Hock, A/Prof Chong Phui-Nah, Dr Leong Choon Kit and Dr Low Sher Guan spoke about family practice in various settings – from the hospital, to the polyclinic, to the community. For many students, it was eye opening to learn about how deeply involved family practice is in every aspect of healthcare, and how family practitioners across Singapore contributed in different ways to maintaining the health of our society. The event also allowed students to learn about the more practical aspects of pursuing Family Medicine, such as the various residency programmes available, as well as the Graduate Diploma of Family Medicine. Many of us walked away from the event with a greater appreciation for the importance of Family Medicine.

Koh Jinkiat, Phase 3 Medical Student,
NTU Lee Kong Chian School of Medicine

Working Together Towards a Common Goal

In retrospect, organizing the Family Medicine Extravaganza together with students from all three medical schools was a joy. The biggest takeaway was the realization that there are

(continued on Page 14)

Our emcees, Jinkiat and Lauren calling the randomly-picked winners for the lucky draw events!

Assoc Prof Chen Fun Gee presenting tokens of appreciation to our keynote speakers - A/Prof Lee Kheng Hock (top left), A/Prof Chong Phui-Nah (top right), Dr Leong Choon Kit (bottom left), Dr Low Sher Guan (bottom right)

Dr Loke Kam Weng presenting tokens of appreciation to our Residency programme/ GDFM speakers - Dr Darren Seah (top left), A/Prof Tan Boon Yeow (top right), Dr Sally Ho (bottom left), Mr Alvin Chee (bottom right)

All images courtesy of Nicholas Leong, Phase 4 Medical Student, NUS Yong Loo Lin School of Medicine

FAMILY MEDICINE
Convocation 2016

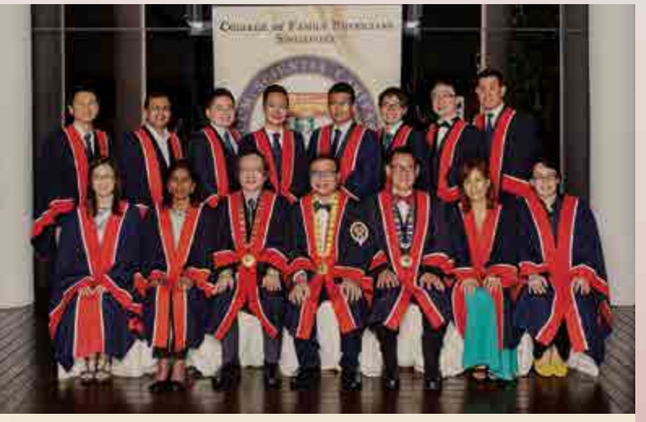
19 November 2016 ▪ NUSS Kent Ridge Guild House

25th Council (2015 – 2017)
COLLEGE OF FAMILY PHYSICIANS SINGAPORE

Standing (from left)
Dr Ong Cong Wei Alvin, Dr Chan Hian Hui Vincent, Dr Pang Sze Kang Jonathan, Dr Lim Fong Seng (Honorary Treasurer), Dr Low Sher Guan Luke, Dr Subramaniam Surajkumar (Honorary Assistant Secretary), Dr Low Lian Leng (Honorary Editor), Dr Lim Hui Ling, Dr Ng Lee Beng (Honorary Assistant Treasurer), Dr Teo Hui Ying Valerie

Seated (from left)
Dr Kwong Kum Hoong, Dr Paul Goh Soo Chye (Censor-in-Chief), A/Prof Lee Kheng Hock (President), Dr Lam Pin Min (Guest-of-Honour, Minister of State, Ministry of Health), Dr Tan Tze Lee (Vice-President), A/Prof Kenneth Mak, A/Prof Tan Boon Yeow (Honorary Secretary)

Not in photo
Dr Doraisamy Gowri, Dr Goh Lay Hoon



FELLOWSHIP PROGRAMME
FCFP(S) RECIPIENTS

Standing (from left)
Dr Wong Pey Gein Franco, Dr Kharbanda Manojkumar Amarlal, Dr Ong Cong Wei Alvin, Dr Wong Wei Mon, Dr Ong Luan Seng Desmond, Dr Tan Wee Hian, Dr Kong Jing Wen, Dr Tan Zhong Wei Mark

Seated (from left)
Dr Hu Pei Lin, Dr Thulasi d/o Chandran, Dr Paul Goh Soo Chye (Censor-in-Chief), A/Prof Lee Kheng Hock (President), Dr Tan Tze Lee (Vice-President), Dr Lee Mi-Li Jean-Jasmin, Dr Teo Hui Ying Valerie

COLLEGIATE PROGRAMME
MCFP(S) RECIPIENTS

Standing (from left)
Dr Kang Chun-Yun Gary, Dr Tan Chee Wei, Dr Wang Mingchang, Dr Taiju Rangpa, Dr Soh Ling Ling, Dr Lee Mei Gene Jesmine, Dr Su Shengyong, Dr Xu Bang Yu, Dr Teoh Ren Shang

Seated (from left)
Dr Wee Yi Mei Sabrina, Dr Teh Kailin, Dr Paul Goh Soo Chye (Censor-in-Chief), A/Prof Lee Kheng Hock (President), Dr Tan Tze Lee (Vice-President), Dr Kwek Sing Cheer, Dr Kalambaarachchi Neelakshi Dilmini

Graduands 2016

MMED(FM) GRADUANDS

Standing (from left)
Dr Jiang Song'en Jeffrey, Dr Fang Hao Sen Andrew, Dr Ong Hui Ni Grace, Dr Hii Ik Ting Irene, Dr Tang Jessica Hay, Dr Lim Xiu Mei Laura, Dr Tan Mui Yen June, Dr Aw Junjie, Dr Chiang Shu Hui Grace, Dr Tan Yan Fang Cheryl, Dr Lee Fang Chin, Dr Goh Zhaojing, Dr Chuah Miau Sing Rachel, Dr Tng Huiling Kimberly, Dr Cheak Wan Ying, Dr Haidee Ngu, Dr Suriya Prakaash

Seated (from left)
Dr Chu Chun Hong, Dr Liang Kai Lun Victor, Dr See Qin Yong, Dr Paul Goh Soo Chye (Censor-in-Chief), A/Prof Lee Kheng Hock (President), Dr Tan Tze Lee (Vice-President), Dr Wong Peng Yong Andrew, Dr Vivek Bansal, Dr Chao Chien-Chih Steven, Dr Shaik Mohamed Bin Mohamed Noor

GDFM GRADUANDS

Standing (from left)
Dr Chew Si Yuan, Dr Tang Soong Joo, Dr Tan Yan Ling Cynthia, Dr Lee Wei Zhen Candice, Dr Toh Ee Ping Sabrina, Dr Lim Sze Sze, Dr Tian Shuxin Olivia, Dr Aw Suet Chee, Dr Lua Wen Bin Samuel, Dr Lim Lee Wei, Dr Ong Jing Hui Joshua*

Seated (from left)
Dr Lim Yee Theng Tracey, Dr Tang Zoun Teng, Dr Goh Lit Ching, Dr Paul Goh Soo Chye (Censor-in-Chief), A/Prof Lee Kheng Hock (President), Dr Tan Tze Lee (Vice-President), Dr Lau Shuyi Alexandra, Dr Chie Zhi Ying, Dr Choong Siew Li, Dr Lee Hui Qi

** Book Prize Winner —— Dr Tan Yan Ling Cynthia*

(continued from Page 11: Family Medicine Extravaganza 2016)

fellow students who are equally passionate about promoting Family Medicine as a potential career option. It would be great if future committees could keep up this spirit!

Wu Hongking, Phase 3 Medical Student, Duke-NUS Graduate Medical School

Importance of Promoting Primary Healthcare

Every speaker highlighted the increasing role of Family Medicine doctors and primary healthcare teams in the evolving healthcare landscape both locally and internationally, in light of pertinent issues such as the ageing population. Many acknowledged the need to further develop Singapore's primary healthcare services, to ensure sustainability and efficiency for our healthcare system in the long run.

Personally, I feel that it is important for physicians of the future to promote primary healthcare to their patients, regardless of their eventual specialty.

Edwin Liang, Phase 5 Medical Student, NUS Yong Loo Lin School of Medicine

Overall, the Family Medicine Extravaganza 2016 was well-received by participants and the Family Medicine doctors who graced the student-led event. Moving forward, we strive to continue being strong advocates for primary healthcare, through initiatives such as the Family Medicine Mentorship Program (pioneered by the Family Medicine Clinical Specialty Interest Group from NUS Yong Loo Lin School of Medicine in partnership with CFPS), as well as the upcoming Family Medicine Extravaganza 2017!

CM

CFPS Family Medicine SIG Mentorship High Tea

by Dr Lim Hui Ling, Council Member, College of Family Physicians Singapore

On 12 November, CFPS hosted a high tea session at the Hotel Grand Pacific to facilitate a meet up between mentors and their medical students. After an introduction by A/Prof Lee Kheng Hock, Dr Lim Hui Ling shared a few ideas and quotes on what mentorship is and how it benefits both the students and their mentors. Dr Julian Lim then shared more about his personal experience with mentoring students and younger doctors and shared some pointers on mentoring gleaned from attending a conference in Japan.

Most of the time was devoted to facilitating interaction between medical students and their assigned mentors so that they could ask questions freely and learn directly from their own as well as other mentors around their table.

For us as mentors, it was refreshing to talk to these younger future colleagues and to share our experiences with them. We left with a fulfilling sense of an afternoon well spent.

Do read on for some reflections from the students who attended the session.

LIM MEI XING • DUKE-NUS MS3

I had the privilege of attending the mentors-medical students high tea meet-up session at Hotel Grand Pacific. As I have yet to experience family medicine as a clerkship, it was a very good opportunity for me to find out more about family medicine as a career choice. During the session, we were put informally into small groups with one family physician in each group. For me, I had a good chat with our mentor of the day, Dr Lim Huiling. Not only did she share candidly about her choice of family medicine and the wide range of conditions that a family physician needs to know, she also shared about the difficulties faced juggling a job as a junior doctor as well as the responsibilities setting up a family at the same time. It was certainly helpful being able to talk to female physicians who have walked through the path of juggling the different duties of being a doctor as well as a mother, giving us advice and encouraging us that these difficulties can be overcome.

The afternoon was also filled with simple and entertaining games such as guessing how our mentors' day is like. As a medical student with endless assignments and exams to study for, I remember feeling surprised to hear about

(continued on the next page)

how the family physicians are able to make time for their hobbies aside from family time and work. In fact, they encouraged us to have a hobby instead of all work and no play!

Other than the small group interaction, we had the opportunity to engage in large group Q&A session. Interesting questions were raised, ranging from how family physicians withstand the professional solitude in a clinic setting to how they continually keep up with the constant updates of medical knowledge. It was certainly a fruitful afternoon for me!

ZHANG MINGMING • DUKE-NUS MS3

The Mentors-Medical Students High Tea Meetup session, organized by College of Family Physicians Singapore, was held at Hotel Grand Pacific on 12 November 2016. Around 20 family physicians and 30 medical students attended this event. The low student-to-doctor ratio allows small group discussions and effective communication between students and doctors.

This high tea session was a great experience for me as a medical student. During the session, we first had small group discussions with our mentors. My mentor shared with me her 20 years' experience from when she was a trainee rotating in different specialties till now as a practitioner in a private sector. She told me how she managed to work as a junior doctor and set up a family at the same time. She also explained her rationale for going to private sector and choosing the medical group that she has been working for for 10+ years. It was very helpful for us students to learn about what work is like as a family physician, especially when we are exploring our career choices.

The large group Q&A session further broadened my view of family medicine. I was very impressed by the wide range of things family physicians can do. Some doctors choose to work in secondary or community hospitals where they provide high-quality inpatient care. Some choose to join medical groups that emphasize on personalized medicine and holistic care. Some decide to open their solo practice. It cleared up my concern that family medicine practice may be very limited.

Our mentors kindly shared their daily life with us during the game session. I was again impressed by the variety of lives that our family physicians are leading. We have leaders of their medical groups, entrepreneurs, parents who send children to school and bring them home every day, adventurers who have 10 hobbies, etc. As much as they enjoy life with their own families and friends, they always remember to connect with each other and keep updated with the latest practice guidelines and healthcare policies from various seminars, journal clubs and what's app group.

I had a great time at the high tea session. I believe all the students feel the same way.

CM

Precepting Medical Students in the Family Medicine Posting

reported by Dr Chan Hian Hui Vincent, Council Member, College of Family Physicians Singapore and
A/Prof Goh Lee Gan, Past President, College of Family Physicians Singapore

The second session of the Community of Practice for Family Medicine (FM) Educators was held on 3 September 2016 at our College Lecture Room. The topic of precepting was chosen as many family doctors are involved in teaching medical students in their practice. We were honoured to have A/Prof Cheong Pak Yean as our guest speaker, and he shared with us perspectives of his teaching experience.

1 *View the FM posting as an opportunity*

The FM posting remains the opportunity where medical students can see patients managed as persons with body and mind functioning in family/social groups in the community. The opportunity is to teach medicine as an integrative discipline of breadth that is delivered not just in ambulatory clinics but also in community hospitals, palliative care and community outreach settings in the continuum of care outside specialist hospitals.

Guest speaker A/Prof Cheong Pak Yean with participants at the Community of Practice for Family Medicine Educators (COP-FME) session on teaching Family Medicine students in the outpatient setting. College vice-president Dr Tan Tze Lee and COP chairman Dr Ang Seng Bin were also present.

2 *Be prepared*

A/Prof Cheong emphasized that it was important for all teachers to be ready to teach in the community context. Teachers should be well versed with approaches to common conditions. The manuals provided by the NUS Yong Loo Lin School of Medicine (YLL SOM) FM Department and various clinical practice guidelines for chronic diseases are useful references. Be prepared to impress upon students that *the clinical methods and thinking are the same* as that taught in the hospital settings except that they are now applied in the primary, personal, continuing and comprehensive contexts.

3 *Be engaging*

The simple act of introducing students to the clinic staff and profile of the practice is one good way to engage the students in your professional world. After they have sat through the clinic sessions, it is important to engage

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Family Medicine Review Course 2017

Organised by:
Academy of Medicine, Chapter of Family Medicine Physicians &
College of Family Physicians Singapore

The Chapter of Family Medicine Physicians (FMP) of the Academy of Medicine Singapore (AMS), together with the College of Family Physicians Singapore co-organized the first Family Medicine Review Course on 14th May 2016. It was an overwhelming success and we are proud to organize the second course in 2017 as part of celebration of the World Family Doctors' Day.

Thanks to the feedback and the hard work of the organizing committees, this second course promises to be even better than the first. Family doctors training under various structured programs in family medicine will find this a helpful supplement to their existing training programs. GP colleagues will find this course to be a good program to get updates in key areas of practice.

Do sign up for this course. We can celebrate and learn together. Thank you.

Dr S R E Sayampanathan
Master
Academy of Medicine

A/Prof Lee Kheng Hock
President
College of Family Physicians Singapore

Organising Committee:	Advisors:
Dr Poh Zhongxian	A/Prof Tan Boon Yeow
Dr Nor Izuan Bin Rashid	A/Prof Lee Kheng Hock
Dr Kang Chun-Yun Gary	Dr Chng Shih Kiat
Dr Neelakshi Dilmini	Dr Low Sher Guan Luke
Dr Sim Sai Zhen	Dr Ng Lee Beng
Dr Tan Eng Chun	
Dr Low Hui Sien Sara	
Dr Ong Chong Yau	
Dr Taiju Rangpa	

We are delighted to invite you to the 2nd Family Medicine Review Course jointly organised by the Chapter of Family Medicine Physicians (Academy of Medicine) and the College of Family Physicians Singapore, held on the afternoon of **20 May 2017 (Saturday)** at **The Academia, SGH**.

This year's scientific programme promises an exciting as well as clinically relevant line-up of lectures, that aims to share evidence-based practice and practical clinical approaches in the practice of Family Medicine.

The Family Medicine Review Course is designed to cater both to help keep the experienced Family Physician abreast with the latest developments in Family Medicine practice, as well as assist the aspiring Family Medicine trainee or medical student learning and preparing for examinations.

We boast a line-up of eminent and distinguished faculty who are both locally and regionally renowned. They will deliver 2 plenary lectures as well as 4 parallel clinical tracks relevant to the practice of Family Medicine in Singapore today. These tracks include Geriatrics, Cardiovascular Medicine, Paediatrics, Obstetrics & Gynaecology as well as Haematology.

The course coincides with World Family Doctor's Day (WFDD), and we warmly look forward to seeing you at these important events on the Family Medicine calendar.

FM Review Course Organising Committee,
FCFP(S) Batch 2016-2018

FAMILY MEDICINE REVIEW COURSE 2017

20 May 2017, Saturday 12.00pm – 5.30pm

Academia SGH, Level 2

20 College Road, Singapore 169856

Registration slots are limited to the first **150** applicants

Categories & Fees	Early Bird Fees (before 27th Feb 2017)	Standard Fees
College Members / FAMS	S$21.40	S$32.10
Non-College Members / Non-FAMS	S$42.80	S$64.20

All prices stated are inclusive of 7% GST. Registration fees includes lunch & tea-break.
Cheque payment must be made payable to **College of Family Physicians Singapore**.

Closing date for registration is **14 April 2017**.
Track allocations are on a first come first served basis. *CME points pending.*

Venue	Academia, Singapore General Hospital	
Time	Programme	
1200 to 1345	Lunch & Registration	
1345 to 1400	Opening address by President, College of Family Physicians Singapore Welcome address by Chairman, Chapter of Family Medicine Physicians, AMS	
Track	Plenary sessions	
Venue	Auditorium, Academia	
Time	Topic	
1400 to 1440	Screening and interventions for frailty in the elderly *Dr Lim Wee Siong*	
1440 to 1520	Management of treatment resistant hypertension in primary healthcare *A/Prof Roger Foo*	
1520 to 1530	Question and Answer	
1530 to 1600	Tea Break	
Track	Paediatrics	Haematology & Gynaecology
Venue	L1-S1, Academia	Auditorium, Academia
Time	Topic	Topic
1600 to 1640	Diagnostic approach to delayed development in children *Dr Kang Ying Qi*	Approach to vaginal discharges and dysfunctional uterine bleeding *A/Prof Tan Thiam Chye*
1640 to 1720	Common paediatric surgical problems in primary healthcare *Dr Dale Lincoln Loh*	The emerging use of novel oral anticoagulants – essentials for the family physician *A/Prof Lee Lai Heng*
1720 to 1730	Question and Answer	Question and Answer

Family Medicine Review Course 2017

Name: Dr _____

MCR No.: _____ Email: _____

Contact: (HP) _____ Office: _____

I am a ☐ College Member
☐ Fellow, Academy of Medicine
I'd like to attend the following session:
☐ Paediatrics
OR
☐ Haematology & Gynaecology

Please mail the completed form & cheque payment by **14 April 2017** to:
College of Family Physicians Singapore, 16 College Road #01-02, College of Medicine Building, Singapore 169854.
For further enquiries, please contact College Secretariat at 62230606 or **Email**: fmrc2017@cfps.org.sg or **Fax**: 6222 0204.

(continued from Page 15: Precepting Medical Students in the Family Medicine Posting)

them. They could be asked about which event or patient made the most impression on them and why.

Indeed, this is an exercise in "*reflective learning*"; it encourages students to consolidate their learning in the process. Instead of the usual case presentations, novel ways of learning can be used such as adducing one-minute learning points or soliciting pictures of salient cases drawn to express their thoughts and feelings. Four pictures depicting the Stott Davis 'ABCD' tasks of a consultation drawn by medical students are reproduced in Fig 1 to illustrate this point. These students shared their insights from their community posting in a session called 'Pictures from the Frontline'. This session is one component of the NUS YLL School of Medicine FM posting.

4 *Teach Principles of Family Medicine*

Patient encounters that illustrate the principles of family medicine could be pointed out. A good book to have on hand is Ian McWhinney's classic 'Textbook of Family Medicine'[1]. For example, the medical students who drew the first picture of two birds in Figure 1 intuitively understood the meaning of symptoms as discussed in page 85 and 86 of McWhinney's book.

In that encounter, the students met a 55-year-old woman, a long-term patient of the preceptor doctor. The students were familiar from their hospital postings of acute chest pain as a red flag for acute myocardial infarct. However, the doctor knew that she worked as a cleaner in a food court and had attended in the past for musculo-skeletal pain from physical toil. The doctor also vaccinated the widow's only daughter before she left to work in the United States. After a screen for red flag symptoms and signs, the doctor understood the meaning of the chest pain expressed by the woman. She had 'heart pain' and not 'cardiac pain'. The meaning of the physical discomfort felt after her work stint took on added meaning of vulnerability and loneliness. The picture drawn by the students of a forlorn bird pensively pining for the young, brightly-coloured bird flying off towards the sun was a powerful statement made by the students that they understood the notion of the 'empty nest' syndrome.

5 *Teach whole person medicine*

A/Prof Cheong felt that it was important to impart the concept of 'whole person medicine'. Students are encouraged to learn at every opportunity about the patient and not just the disease. No patient encounter is mundane. Family doctors manage not just diseases, but also dis-eases and problems of living over time.

Many family doctors thus practice medicine as both art and science. The art of the extended consultation is not just about clinical instinct nor is it just about hospitality. It is about understanding the patient in the context of his family and life space. The consultation thus extends from nomothetic evidence-based medicine to idiographic narrative medicine. This art was elaborated in the 2011 Sreenivasan Oration[2] 'Redefining the Art of the Consultation'.

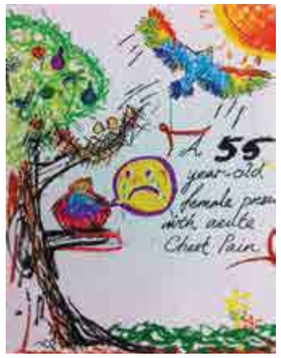
Conclusions

Precepting medical students in the outpatient setting is an opportunity to teach students the importance of seeing and managing patient as persons in the primary, personal, continuing and comprehensive contexts. To be effective, one needs to prepare for teaching, and be engaging. Opportunistic teaching of the principles of family medicine and emphasizing the importance of practicing whole person medicine are worthy goals to impart to our future doctors.

[1] *McWhinney, Ian R. Textbook of Family Medicine Thomas Freeman 3rd edition.*

[2] *Cheong PY. Sreenivasan Oration 2010 Re-defining the Art of Consultation Singapore Family Physician 2011; 36(4): 54-60.*
This paper may be downloaded from the College website: http://cfps.org.sg/publications/the-singapore-family-physician/article/115

Figure 1: Stott Davis's ABCD Tasks of FM Consultation
Case vignettes in FM posting as drawn by medical students

Acute Care	Continuing Care	Behavioral Management	Disease Prevention
			

CM

FAMILY PRACTICE SKILLS COURSE

Advance Care Planning and End of Life Care

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #66 on "Advance Care Planning and End of Life Care", held on 24 – 25 September 2016.

Expert Panel:
Dr Raymond Ng Han Lip
Dr Siew Chew Weng
Ms Sharon Ganga-Krishnan
Dr Peh Tan Ying
Dr Laurence Tan Lean Chin
Dr Tan Yew Seng

Chairperson:
Mr Andy Sim Gim Hong
Dr Tan Tze Lee

Complex Care

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #67 on "Complex Care", held on 22 – 23 October 2016.

Expert Panel:
Dr Ng Wai Chong
A/P Lee Kheng Hock
Dr Adrian Tan Kok Heng
Dr Tay Wei Yi
Dr Farhad Vasanwala
Dr Matthew Ng Joo Ming

Chairperson:
Dr Agnes Koong Ying Leng
Dr Anthony Chao Tar Liang

Chronic Obstructive Airway Disease: Taking your Breath Away!

An interview with Dr Tan Tze Lee

The New Paper (NP) on-line of 14 November 2016 reported the story of a Chronic Obstructive Lung Disease (COPD) patient 64-year-old Mr Hanafi Mohd Noor (ex-smoker, smoked for 37 years) with the headline 'Medicine helps him breathe better'. Dr Tan Tze Lee (TZL) gave the expert commentary of Hanafi's illness in the NP report and also commented on the state of COPD in Singapore as the president of the COPD Association of Singapore. The College Mirror caught up with Dr Tan for further clinical pearls on the subject.

CM:
NP quoted you as saying that 'In Singapore, there are almost 88,000 people who suffer from COPD'. Family doctors are not seeing many cases of COPD. Do you think there is under-diagnosis? Or are the COPD cases mainly seeing specialist clinics in hospital?

RT:
Both are unfortunately true. I do believe that there is under-diagnosis of COPD in Singapore. It is the 7th most common condition for hospitalisation in Singapore in 2011, Many of these patients have already the severe form of the disease. These patients subsequently get followed up in the specialist outpatient clinics.

The cases are out there, we just need to look out for them and diagnose them early.

CM:
In the NP report, you mentioned that COPD may sometimes be confused with Bronchial Asthma. Can you provide some tips of how to spot it and also if there are overlapped syndromes?

RT:
COPD differs from asthma in various aspects. COPD patients are generally older, have a history of smoking over 10 years in most cases like Hanafi, little history of allergies, lots of sputum production. Their symptoms are also persistent and progressive. Asthma on the other hand usually starts at a younger age. Patients tend to have a history of allergies like atopy, the symptoms are intermittent and variable, and are usually not progressive. Spirometry in COPD patients do not normalise, whereas in asthma they do.

There are some patients who are said to have Asthma COPD Overlap Syndrome, ACOS, but this remains rather controversial.

More often than not, patients with COPD are misdiagnosed with bronchial asthma, and suboptimally treated. With earlier diagnosis, more appropriate interventions could be instituted much earlier, resulting in better outcomes.

CM:
The gold standard of diagnosis is spirometry. Many family doctors do not own the device. Can you provide some practical advice of how to get this done and its reliability and interpretation?

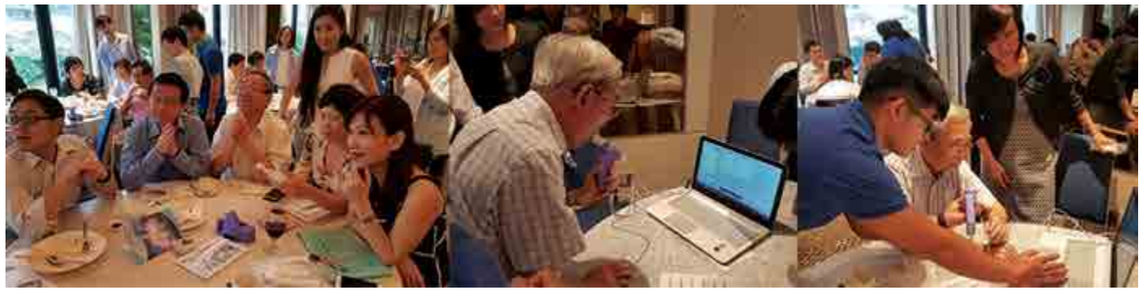
RT:
Spirometry is an easy examination to perform. The machine is now less expensive than before and after simple training, most family physicians will be able to do this in their clinics. The cost of a PC spirometer can range from anywhere from $3000.00 to $4000.00. For private clinics, there are tax incentives for acquiring such devices which help in overall productivity, diagnosis and care delivery. I have conducted several spirometry workshops for family doctors. The participants all found it very useful, and were most enthusiastic to start performing these tests. In these hands on sessions, what was very surprising for many of the participating doctors were their own spirometry readings. One participant had pulmonary tuberculosis in his youth and his pattern was restrictive. Another was a known asthmatic, but on testing himself he was shocked that he could only achieve an FEV1 of only 59% despite being on regular combination inhalers!

Of course, it is still possible to request for spirometry testing at restructured hospitals and polyclinics, where the costs per test range from $40 to $70.00. However, I strongly believe that family physicians and GPs are more than capable of performing spirometry testing themselves. It will be more impactful, and is not only a diagnostic tool but can act as a therapeutic tool in smoking cessation.

CM:
NP reported that Hanafi said he is now on three types of medicine-Nasonex, Relvar Ellipta and Spiriva. Most family clinics do not stock the last 2. Can you give us an idea of the efficacy and cost?

RT:
Relvar is a LABA/ICS (Long Acting beta antagonist/Inhaled Corticosteroid) combination inhaler. They are recently available. A study recently concluded, the SALFORD study has shown that it reduces exacerbations by 8.4% in COPD patients. Spiriva is a LAMA (long acting muscarinic antagonist) inhaler and it too has been shown to reduce exacerbations in multiple studies.

Yes they are still relatively expensive. The pharmacy price of Relvar/Ellipta is around $75.00, whereas spiriva respimat is around $105.00 each. A patient like Hanafi would need to spend $180.00 a month. Government subsidies are claimable under CHAS and Pioneer Generation and patients can use their CPF up to $400 a year.



CM:
You recently were in the expert panel together with A/Prof Khoo See Meng, senior chest physician NUH in the grand ward round conducted by the NUH FM residency programme on 7 Oct 2016 aptly titled 'Taking your breath away'. What do you think are the important take-home messages? How can these messages be spread to the wider FM fraternity?

RT:
The take-home message for family physicians is that they are more than equipped to diagnose and manage COPD cases in the community. Patients with COPD come in all shapes and sizes, male and female alike. We often have the misconception that it only affects older men, when in fact with more women and young people smoking, the demographics are changing. Women smokers are thought to be more susceptable to COPD, and we are beginning to see more women smokers who present with irreversible airway obstruction.

As smoking remains the primary factor for COPD in our local context, knowledge about our patient smoking habits and focus on smoking cessation should be more widely practiced. Although traditional teaching is that once COPD sets in, the airway obstruction is permanent, what we often see is that smokers who stop smoking can, in fact, see an improvement of their lung function upon smoking cessation. It is of utmost importance that we try our level best to encourage our patients to quit! We can do it in our own clinical settings. Otherwise smokers can also be referred to cessation programmes conducted by Health Promotion Board and the restructured hospitals.

CM:
We learnt from the article that you are presently the president of the COPD association How did you get involved and what does the COPD association do?

RT:
I have been involved with the COPD Association Singapore (COPDAS) since 2008. Being an asthmatic myself, I have always had a special interest in respiratory disease, and when my dear friend and colleague Dr Ong Kian Chung, the then president of COPDAS, asked me to join and lend a hand, I jumped at the opportunity and have been involved ever since.

As an association, we have been mainly involved in public awareness and education about COPD. In 2009, we conducted an island wide COPD awareness campaign that greatly raised the public knowledge of COPD. We also conducted many continuing medical education sessions for our GP colleagues through the years including spirometry workshops.

CM:
As for tobacco smoking and second hand smoke as causation, what measures do you think can be further taken and the family doctors roles in this?

RT:
With the anti-smoking restrictions that are now in place in Singapore, we have been able to curb the exposure to cigarette smoke. The Health Promotion Board has already in place many programmes to help our smokers to stop smoking. Can we do more? Indeed we can! During a recent visit to Australia, I was surprised to see so few smokers around. I discovered that cigarettes were not displayed in the open for sale, and the costs were prohibitive, several times the cost in Singapore!

If we doctors made it a point to take an active interest in a patient's smoking history, just the mere show of concern to the patient about his or her smoking habits will go a long way to reducing smoking rates. As family doctors we are ideally placed to support our patients through the smoking cessation ordeal, and we certainly can make a difference!

CM:
And lastly, we also know that you are the vice-president of the College, hold teaching appointments in our medical schools and if it were by the way, run a busy group practice in Choa Chu Kang. How do you manage to juggle your time to do all these? Do you have a family life at all?

RT:
Ha ha! That is a good question.

I teach at both the Duke-NUS Graduate Medical School and the NUS YLL School of Medicine. I have served in the college since 2009 in different capacities and currently, as Vice President of the college. All these additional duties do put constraints on my personal time, especially as I am still working full time in a family practice in Choa Chu Kang. I started this practice with my wife Dr Kee Loo 25 years ago after leaving NUH as a senior medical resident, and have never regretted making the change from hospital medicine to working in primary care.

I am blessed to be able to work with my wife, Dr Kee Loo, who is a great pillar of strength both in our practice and in our family. Without her support and encouragement, I certainly would not have been able to do all that I have committed myself to. My wife and other colleagues in the clinic have all pitched in and contributed enormously to run the practice time and again, freeing me to fulfill my other equally important commitments. We have two sons and a daughter who are all studying overseas. We make it a point to visit them as much as we can!

CM

Pitfalls in Private Primary Care Practice – A Personal Perspective *(Part 1)*

by Dr Soh Soon Beng, MCFP(S), Editorial Team Member

Primary care practice is a rewarding and enriching calling.

But the going can be challenging and the practitioner has to be continually mindful of the accompanying potential minefields and how best to avoid them.

In the past, doctors could step right into private practice with the basic MBBS degree and etch out a comfortable living.

Expectations from patients were lower then and naturally so was the litigation rate.

There was less bureaucracy and red tape and the clinic overheads were inexpensive.

It was Eden.

Fast forward to the 21st century and the situation could not be more different.

This article hopes to shed some lights on the commoner pitfalls and give some pointers to the younger doctors who intends to make the leap into private primary care.

Legal and Ethical Obligations
As doctors training in the hospitals we are often not attuned to the these medico-legal and ethical obligations.
We could always defer to our seniors and administrators.
However, the moment we strike out on our own, it pays to be familiar with all the laws, regulations and professional codes governing the doctor and the practice.
Failing which, the doctor will pay dearly!
The followings are must-knows:

1 ***Medical Registration Act***
The Act governs the practice of medicine and set out the the requirements for registration of doctors, accreditation for specialists and the recently, Family Physician Register.

It ensures that doctors practise competently and follow current ethical guidelines. For doctors to call themselves Family Physician, they must satisfy the basic minimum registrable criteria e.g. GDFM. Renewal of practising certificates must fulfill the minimum CME points of 50 every two years.

Physical and mental fitness to practise are also taken into consideration.

2 ***The Private Hospital and Medical Clinics Act***
The Act seeks to regulate and govern the administration and management of medical clinics, private hospital and clinical laboratories.

Guidelines can be issued from time to time to all licensees for their compliance. Since 2012 the words 'Family Physician' have become protected ; clinics can only use the word ' Family ' on the signboard provided the clinic licensee is on the Family Physician register.
Doctors registering for new clinic can do so at the following website : https://elis.moh.gov.sg.

Be prepared for unannounced periodic audit (spot checks) by the licensing team and make sure that all the emergency medications and equipments are up to date and in good working order.

3 ***Infectious Diseases Act***
The Act requires doctors to notify MOH through their e-portal (www.cdlens.moh.gov.sg) of notifiable infectious diseases. These notifications are time sensitive with some requiring notification within 24 hours and others within 72 hours.

The form MD 131 can also be used to fax in the notification.

The Zika outbreak was a case in point when daily updates and instructions were sent via email. So make sure that you maintain a valid and updated email address with MOH.

4 ***Misuse of Drug Regulation***
Doctors are required to report cases of suspected drug abuse to the Central Narcotic Bureau (CNB) via eNOTIF at https://www.enotif.cnb.gov.sg/ENotif.

5 ***Health Products Act***
This supersedes the Medicine Act and the Poison Act and includes medications that doctors prescribe which are classified as Therapeutic Products.

The significant new requirements include having the expiry dates and batch or serial numbers on the dispensed drug labels.
This is to facilitate tracing in the event of manufacturing problems or batch recall.

6 ***SMC Ethical Code and Ethical Guideline 2016***
This all important and timely update covers all aspect of doctoring and it would be wise to be familiar with it.

The new guideline also covers current trends and technologies like the role of telemedicine as well as the responsible use of social media by doctors.

The guideline can be downloaded from the following link below:
http://www.healthprofessionals.gov.sg/content/dam/hprof/smc/docs/guidelines/2016%20SMC%20Ethical%20Code%20and%20Ethical%20Guidelines%20-%20(13Sep16).pdf

The accompanying Handbook on Medical Ethics is also a must-read.
(http://www.healthprofessionals.gov.sg/content/dam/hprof/smc/docs/guidelines/2016%20SMC%20Handbook%20on%20Medical%20Ethics%20-%20(13Sep16).pdf

7 ***Retention of Medical records***
The requirement for retention of medical records stated in the MOH circular which can be downloaded at following link below: https://www.moh.gov.sg/content/dam/moh_web/Publications/Guidelines/Retention%20guidelines%202015.pdf.

In the next part, practical practice issues like medical indemnity, consent and medical reports will be discussed.

CM

Family Practice Skills Course #68

Cardiovascular Disorders 2

Sat, 07 Jan 2017: 2.00pm - 5.30pm
Sun, 08 Jan 2017: 2.00pm - 5.30pm

College of Medicine Building, Auditorium Level 2,
16 College Road, Singapore169854

TOPICS

Unit 1: Lipids management in Diabetes - Singapore Perspective
Unit 2: Cardiovascular Risk Calculators: Back to Basic
Unit 3: Update in hypertension management
Unit 4: COX-2 as Anti-inflammatory Agents
Unit 5: Pain syndromes in Diabetes
Unit 6: Erectile Dysfunction as a CV risk marker

Panel Discussion:

Day 1: Sharing Best Practice in Lipids and Hypertension Management
Day 2: Making choices in NSAIDs; COX-1, COX-2, or something else?

SPEAKERS

Dr Tan Chee Eng
Dr Peter Ting
Dr Titus Lau
Dr Leong Keng Hong
Dr Bernard Lee
Dr Colin Teo

All information is correct at time of printing and may be subject to changes.

■ SEMINARS (2 Core FM CME points per seminar)
Seminar 1 • Unit 1 - 3: Sat, 07 Jan (2.00pm - 4.00pm)
Seminar 2 • Unit 4 - 6: Sun, 08 Jan (2.00pm - 4.00pm)

■ WORKSHOPS (1 Core FM CME point per workshop)
Day 1: Sat, 07 Jan (4.30pm - 5.30pm)
Day 2: Sun, 08 Jan (4.30pm - 5.30pm)

* Registration is on first-come-first-served basis.
Seats are limited.
Please register by 04 January 2017 to avoid disappointment.

■ DISTANCE LEARNING MODULE
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is organised by **College of Family Physicians Singapore** and sponsored by **Pfizer Pte Ltd., Singapore.**

REGISTRATION

FREE REGISTRATION for College Members!

Cardiovascular Disorders 2
Please tick (✓) the appropriate boxes

	College Member	Non Member
Seminar 1 (Sat)	☐ ~~$21.40~~ FREE	☐ $21.40
Seminar 2 (Sun)	☐ ~~$21.40~~ FREE	☐ $21.40
Workshops (Sat-Sun)	☐ ~~$42.80~~ FREE	☐ $42.80
Distance Learning (MCQ Assessment)	☐ ~~$42.80~~ FREE	☐ $42.80
	TOTAL	

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

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

Cheque number: _____

Signature: _____

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

Name: Dr _____

MCR No: _____ NRIC No: _____

(For GDFM Trainee only) Please indicate: _____ intake

Mailing Address: (Please indicate: ○ Residential ○ Practice Address)

_____

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_____ E-mail: _____

Tel: _____ Fax: _____

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:
College of Family Physicians Singapore
16 College Road #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: 6222 0204