What is the Future of Family Medicine in Our Singapore?

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

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

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

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

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

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

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

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

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

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

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

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

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

CM

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

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

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

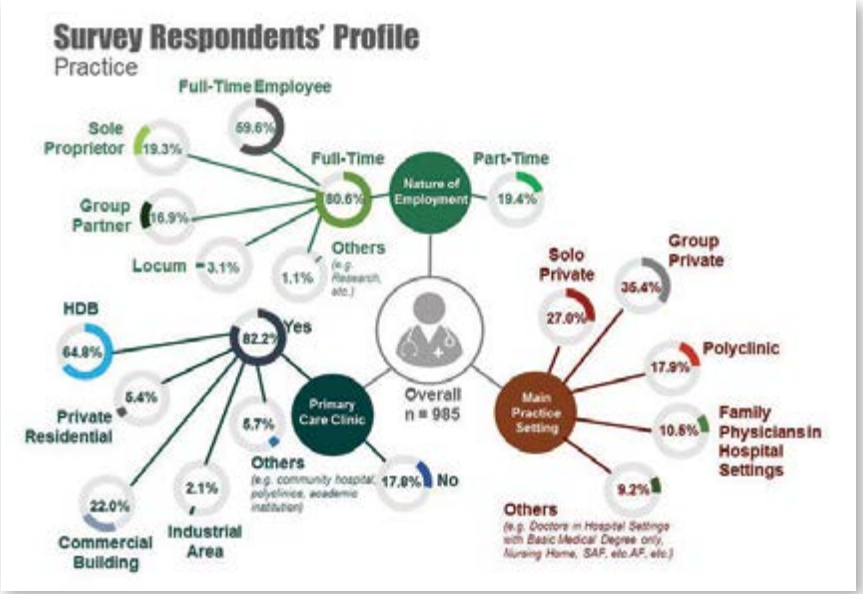
Mindful of the dangers ahead we decided to gather data as best as we could. The FAMOUS project team deliberated and concluded that we need answers in 3 main areas:

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

We proceeded to gather data by 3 methods:

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

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



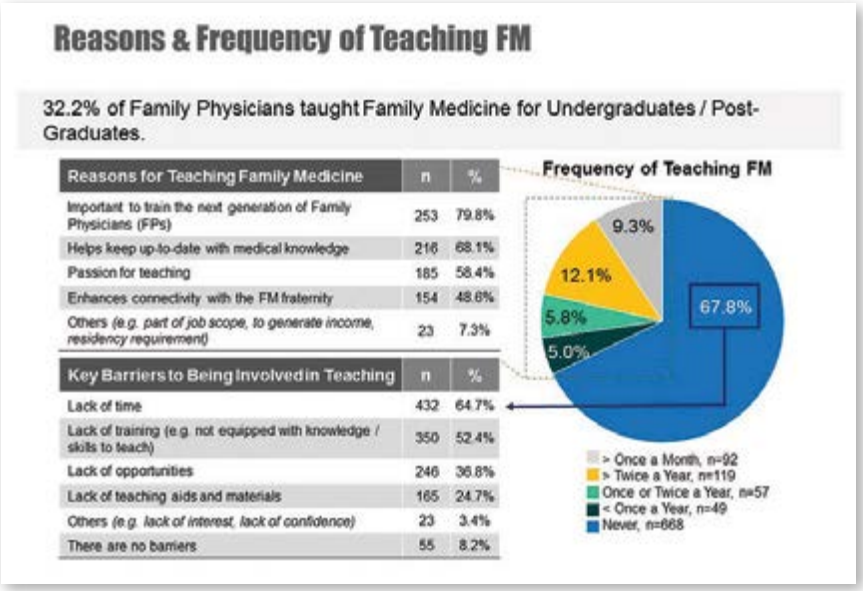
The top 5 most frequently cited challenges to the practice of family medicine were:

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

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

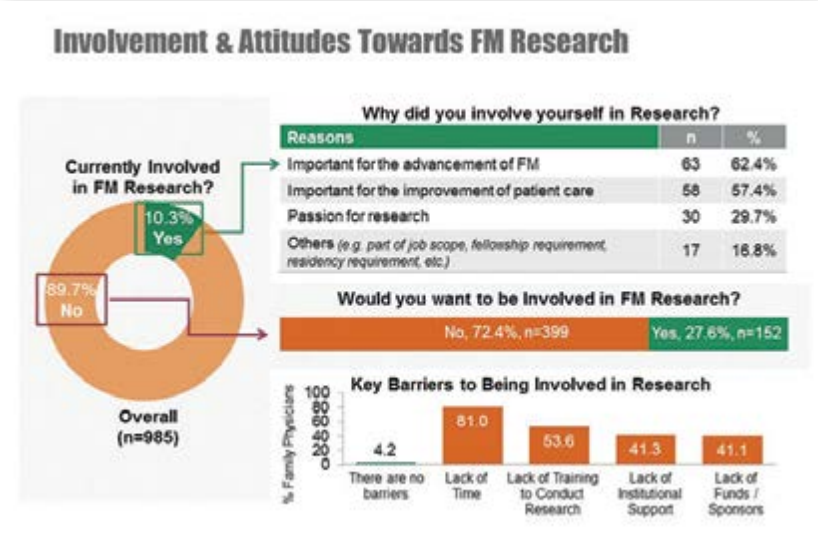
80.9% of Family Physicians agreed with the statement "It is important to pursue post-graduate education in Family Medicine"

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



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

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



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

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

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

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

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

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

Satisfaction with Work-Life Harmony
Across Practice Setting

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

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

Satisfaction with Relationship with Patients
Across Practice Setting

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

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

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

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

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

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

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

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

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

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

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

CM

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

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

The SingHealth FM ACP family

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

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

The key appointment holders in this ACP are:

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