

# “Thriving on Change and New Initiatives”

## CFPS Interview with Professor Helen Smith

Interviewed by Dr Low Lian Leng, FCFP(S), MCI

The College of Family Physicians Singapore (CFPS) is delighted to have interviewed Prof Helen Smith (HS), Professor of Family medicine and Primary Care at LKC Medicine. Prof Smith is already no stranger to us, having been in Singapore since 2016. CFPS Honorary Editor, Dr Low Lian Leng (LLL) caught up with Prof Smith earlier in the year where she shared on her aspirations for family medicine and research in Singapore.

### Dr Low Lian Leng (LLL):

Prof Smith, congratulations on your appointment as the Professor of Family Medicine and Primary Care at the Lee Kong Chian (LKC) School of Medicine, Nanyang Technological University. May I get you to briefly introduce yourself to the family medicine community in Singapore, for the benefit of those who have not had the pleasure of knowing you beforehand?

### Prof Helen Smith (HS):

I have been a Family Physician for the past 25 years. I have dual accreditation in Family Medicine and Public Health Medicine. I was a late recruit to Family Medicine, having initially undertaken postgraduate training in Public Health Medicine, did my doctorate in Public Health and worked as a Director of public Health in a very deprived city in the UK. But I missed patient care and so trained as a General Practitioner.

I have always combined my clinical practice in Family Medicine with an academic role. My most recent role was in the South of England, establishing a Division of Primary Care and Public Health within a new medical school, Brighton and Sussex Medical School and setting up a primary care research network for the south east of England.

I am married to a professor of respiratory medicine and allergy. We have 4 children - two pursuing careers in medicine.

Interests outside medicine are varied (rather like Family Medicine) – include wilderness walking, textile art, theatre, collecting antique furniture, cooking and entertaining, and collecting health promoting postage stamps!

### LLL:

What are your roles and responsibilities at LKC Medicine?

### HS:

To develop an academic department of family medicine that:

- i. Provides excellent teaching and role models for our undergraduates;
- ii. Enthuses them about careers in Family Medicine

The department will also be focusing on undertaking well-designed research studies that will improve the health and well being of patients in Singapore, and training a cadre of Family Medicine and Health Service Researchers to become Principal Investigators and can lead their own research programmes.

### LLL:

Other than your role at LKC Medicine, how else do you see yourself engaging / value adding to the family medicine community in Singapore?

### HS:

An equally component of my role is outreach, working with individual clinicians, in the community, with primary health care organisation, professional bodies (including the College!) and the ministry of Health. I have been delighted to start working already with the College on some small initiatives, including the academic writing group.

I recognise that there has been lots achieved in Family Medicine and Primary Care in Singapore already. But there are some major challenges ahead. To provide good care for our ageing population requires us to move from reactive care to far more integrated and proactive care for the individual with multiple chronic conditions. This transition requires the family doctor to develop new clinical skills and for there to be changes to the way health care is organized, funded and delivered.

I hope that I can bring some new ideas to the table, together with my expertise in evaluation of new interventions and initiatives.

### LLL:

Prof, you have been evaluating novel ways of delivering health services and ‘new technologies’ for primary health care. Firstly, how do you think family medicine delivery in Singapore may be transformed to achieve greater value in healthcare?

### HS:

Greater value and better outcomes will be achieved by enhancing the continuity of care, the coordination of care, improved communication between generalists and

specialists, and more use of multi-professional teams in the community setting.

This is not just a 'wish list' but can be evidenced with data multinational studies.

Achieving these goals is currently challenged in SG by:

- Lack of mandatory training for general practice
- Lack of patient empanelment
- Lack of availability of team based care in the smaller or solo practices
- Lack of schemes/initiatives to discourage inappropriate use by patients (and inappropriate provision by clinicians) of consultations for minor, self-limiting conditions. E.g. prescribing medications for a simple upper respiratory tract infection

There are many opportunities to develop new approaches to primary health care delivery within your wonderful country. If these innovations can be formally evaluated, this will not only benefit Singapore directly but also be of interest to other countries facing similar challenges.

**LLL:**

What are your opinions on the role of the College of Family Physicians in advancing academic family medicine in Singapore?

**HS:**

The role of the College is extremely important in the advancement of academic family medicine and your collaboration with NUS to provide a structured training towards diploma, masters, membership and fellowship are admirable.

The inclusion of medical education and research methods on the 'menu' of College CME events, the annual recognition of a research paper (paper of the year) or person with a prize, offering small research grants (awarded competitively), establishing a mentoring program for early career researchers, would be additional activities the College may wish to add to its activities. The College could also offer a prize for the best medical student project in Primary Care.

**LLL:**

The College is an academic body established to promote the ideals and practice of family medicine in Singapore. How can the College engage our members from all family medicine practice settings (primary care, home care, intermediate care, acute hospital interface) / sectors (e.g. academics, researchers, administrators) to help in this cause?

**HS:**

To embrace this diversity I would suggest the establishment of special interest sections, groups or fora within the college e.g. intermediate care. Also a 'take a colleague to work' type scheme, modelled on 'take your child to work', would enable

other family physicians to appreciate the contribution family medicine can make beyond the conventional setting.

**LLL:**

Prof Helen, you have a strong academic record in research and research grants. You are a leading exponent of Primary Care Research Networks that has been replicated throughout the UK. A Primary Care Research Network (PCRN) has huge potential to drive and elevate family medicine research in Singapore and regionally. What are the components and requirements for implementation and sustaining such a network in Singapore?

**HS:**

A network needs:

- Physical home
- Budget
- Leadership
- Research expertise
- An advisory committee of practicing doctors

It needs to listen to what its members wish to do, and be responsive to these expressed interests (ie a bottom up initiative, rather than top down). The research questions must arise from the consultation.

Starting with simple projects enables the network to achieve some early successes which builds confidence

Participating in research needs to be cost neutral for the practice

A network is not a community laboratory or a data-collecting machine.

**LLL:**

How do you see a PCRN driving on family medicine research in Singapore?

**HS:**

Research networks are a partnership between academia and service, if successful a network will promote knowledge and enthusiasm in research, increase the use of evidence in clinical care, the generation of important research questions and ultimately better patient outcomes.

A PCRN can act as an introduction to family medicine research - participants learn research skills, can contribute data to multi-practice studies with adequate sample size and results that are generalizable. Some family doctors will get the research 'bug' and will then progress to developing and to leading their own research. Some members of the first network I established have developed academic careers and become professors of General Practice

**LLL:**

Enhancing the standing of family medicine in academia is

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important to improve perception and raise the prestige of family medicine. Besides a PCRN, how else can family medicine research in Singapore drive forward?

**HS:**

We need to ensure that colleagues have

1. truly protected time for their academic activities
2. mentorship
3. a firm foundation for their academic activities - ie . they are allowed to develop their own skills to a sufficiently high level before being asked to be a PI and supervise others
4. an academic community they can relate to, here they can discuss their ideas, find collaborators

**LLL:**

Finally, is there a sustainable career path for clinician investigators / scientists in family medicine? If so, what are your recommendations / advice for our junior family physicians embarking on such a career track? Career wise, is it possible to achieve a balance between clinical practice and research?

**HS:**

There is a path, but it has not been well trodden.

The balance between clinical and academic commitment is difficult whatever branch of medicine one is in. But perhaps it is even more difficult in primary care because one is often working in a smaller team.

My advice to budding family medicine academics would be never to get disheartened but to focus on the huge positives of your chosen career. It is a great privilege to combine clinical practice with teaching and research. Interacting with students, challenging the way we practice, generating new knowledge are very stimulating and rewarding. They bring variety and wonderful opportunities to interact with academics in other countries.

I might go as far as to advocate that the combination of academia and service responsibilities is good for our wellbeing as well as the health of our patients.

■ CM



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## FAMILY PRACTICE SKILLS COURSE

### Managing Complex Patients in Family Medicine Settings

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #71 on "Laboratory Medicine", held on 21 October 2017.

**Expert Panel:**

- A/Prof Robert Hawkins
- Dr Cynthia Chee Bin Eng
- Dr Sharon Saw

**Chairperson:**

A/Prof Goh Lee Gan