ensue. There were times when the administrative process was painfully slow, almost grinding to a standstill and those were the times where patience had to be honed. Then there were the exhilarating moments when you got the necessary approvals and saw that glimmer of hope to carry on.

Then comes the building itself. It's truly quite astounding the sheer details and effort that goes into planning. The various patient flows, staff and equipment flows. My team poured through countless floor plans looking at layouts, furniture, electrical points, LAN points etc. So many nitty gritty details yet each one critical to the success and ease of operating the clinic.

I gained a deeper respect for architects and planners as they orchestrate the various activities that needs to take place and a deeper appreciation of my hospital and GP colleagues who are involved in similar projects of varying scale.

You also gain a deeper insight about yourself which is often the case when stretched or placed in unfamiliar situations. I never knew I could be so meticulous and detailed when it came to some parts of the planning (which is just not me if you ask my wife!). And, that just leads me to the next point.

2 People

You can't do it alone. Oftentimes, an area you are all focussed about means there are 3 other areas which you have neglected – blind spots. You need a team. A team to work together with you and get it done. That is obvious enough and does not need belabouring. There is only so much you know and so much more you don't. The power of a team comes when each one harness his or her strength and subject matter expertise to make the whole endeavour so much richer.

I was blessed to have had a great planning team. We had lots of fun together which made the overall journey so much more pleasant. However, a great team alone will not make it without HQ support. And HQ support is one of those things that needs to be finely nuanced. It is that balance of oversight, not over nor under but just right and in the right areas that is the most effective. It requires a great deal of insight on both sides, mutual trust and communication to strike that balance. I am grateful to have received HQ support.

In the latter half, the focus shifts to recruitment and forming a new clinic team. It's crucial to get the right people on the bus although in an organisation that may be beyond your control. In my case, I had equal proportion of freshly recruited people some new to healthcare and existing staff from other clinics. Each having different backgrounds, experiences and strength. What culture do you want to set? How to gel them together towards a common purpose?

In a way, culture is embodied inside you and expressed in relationships and the way people interact with each other. And so, the culture (whether intentional or unintentional) is set right from the planning stage and with whoever you are working with. It then gets crystallised, articulated and cascaded down more intentionally especially by your clinic management team.

3 Processes

Whether it be a GP clinic or a polyclinic, there is so much going on every day and potential risk that lurks. We all need processes and standard operating procedures (SOPs) so that everyone knows what everyone else is doing and stay safe. This is where I am thankful being in an organisation, because most SOPs have been written down and it's just a matter of adopting and adapting to fit your local setting. (Along the way, you uncover a few that makes you scratch your head but that's for another day.)

The key difference is oftentimes we are not building a cookie cutter polyclinic. Change is in the air (whether it be internally or externally driven) and care evolves in anticipation and in response. So in a sense, the organisation evolves with each new clinic because of changes in care delivery and processes which impact both organisational and clinic level.

And that boils down to the most important Ps.

4 Product and Patients

The building is merely an empty shell, a conduit for people and processes to deliver a product. And naturally product is intimately connected to patients/people you are delivering to. Rather than the afterthought, this is foremost in everyone's mind and the dominant thought that anchors the rest of the Ps. The first 2 years were spent thinking through and articulating just that – the patients we are serving and the product we are delivering - the care delivery revolution we want to see and the subsequent processes that wrap around it.

Yet the commonest question posed to me is "So, what new services are you going to have?" Perhaps a better question could be what unmet need is out there? And who is best placed to meet it? That requires us to firstly uncover that unmet need in the community we are serving and sometimes the answer lies with the existing service provider (medical or non-medical) down the road. Then to consider whether the polyclinic is best placed to meet that and in what form/manner or is someone else better placed to meet that.

A more institution centric one could be "What is a better way to deliver the care we are currently delivering to meet a known need i.e. can you improve your current product or process?" Of course, this is a common improvement question that can be asked each day. It's just that the project itself gives opportunity and impetus to consider this.

The astute reader and healthcare provider will know that this whole section is the hardest to think through. And to think through this 4 years into the future makes the task even more challenging (and almost obsolete the moment you think you finished!).

Such is the challenge of providing primary care especially from a community/ population approach. The wide scope of primary care incorporating all life stages from cradle to grave and the demographic changes means that needs are constantly evolving and emerging. Medical and

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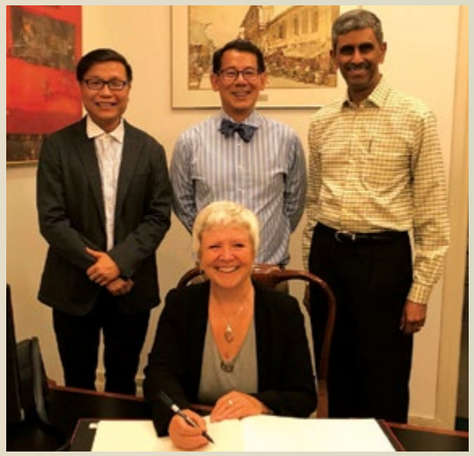
College Welcomes WONCA President

by Dr Wong Tien Hua, FCFP(S), Editorial Board Team C

The College is pleased to welcome Prof Amanda Howe, President of the World Organisation of Family Doctors (WONCA), during her visit to Singapore on 4 August 2018. Prof Howe visited our College premises and signed our guest book. That evening, College President Adjunct Assistant Professor Tan Tze Lee hosted Prof Howe to dinner at the Capella Hotel.

This visit affirms the strong relationship between WONCA leadership and CFPS.



Prof Amanda Howe (seated) signs on the guest book as (standing, from left) immediate past CFPS president A/Prof Lee Kheng Hock, CFPS president Adj Asst Prof Tan Tze Lee and Hon. Secretary Dr Suraj Kumar look on.

Dinner at the Capella Horel (standing, from left): Dr Kee Loo, Dr Lim Ang Tee, Dr Low Lian Leng, Dr Lim Hui Ling, Dr Wong Tien Hua, Dr Suraj Kumar

(seated, from left): A/Prof Lee Kheng Hock & spouse, Prof Amanda Howe, Adj Asst Prof Tan Tze Lee, Prof Helen Smith, Dr Goh Lay Hoon

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