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Family Medicine Convocation 2018

A/Prof Benjamin Ong, Director of Medical Services, Ministry of Health, was the Guest-of-Honour for the Family Medicine Convocation Ceremony & Dinner on 17 November 2018. A/Prof Ong addressed guests and graduands with the following speech.



A/Prof Benjamin Ong

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5TH FAMILY MEDICINE EXTRAVAGANZA

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Dr Tan Tze Lee, President, College of Family Physician Singapore, Distinguished Guests, Ladies and Gentlemen, Good evening.

Introduction

It is my privilege to join you tonight for this year's Family Medicine Convocation Ceremony and Dinner. Let me first congratulate this year's graduates for successfully completing your postgraduate studies and attaining your qualifications. This achievement better equips you for your career ahead, as you strengthen your ability to serve patients.

Primary Care: The Foundation of Our Healthcare System

We are all well aware of the increasing chronic disease burden as well as our

ageing population in Singapore. The number of residents with diabetes, for example, is projected to increase from 450,000 today to 670,000 in 2030. Patients with diabetes or other complex conditions and their complications usually end up

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obtaining care from multiple specialists. This results from our existing healthcare model that is largely centred on episodic care in acute hospitals. Such care is not holistic or patient-centred and is unsustainable in the long term. As we continue with the strategic shifts of our three “Beyonds”, primary and community care will grow further in importance.

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EVENT PHOTOS: FAMILY MEDICINE CONVOCATION 2018

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A WALK ON THE WILD SIDE

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over the continuum of an individual's life cycle. They are uniquely placed to understand their patients' health needs in the community, direct them to other care resources where appropriate, and guide them in navigating the healthcare system.

As the shift beyond hospital to the community gains traction, the family physician will be increasingly called upon to manage more complex patients. Family physicians will need to be upskilled in systems thinking, as well as leadership and organisational abilities to lead team-based care and inter-professional collaboration.

While most family physicians will continue to practise in GP clinics and polyclinics, a growing number will work in other community settings, such as community hospitals, hospices, home care and in cross-setting practice. One example is community-based family physicians coordinating transitional care for hospitalised patients and improving handovers when these care transitions occur.

Expanding Family Physician Development

As various roles in primary and community care already require the above higher-level knowledge and skills, a basic medical degree alone has become inadequate. While doctors taking on these roles often undergo further training, there are others practising in the community without formal postgraduate training in Family Medicine or accreditation as family physicians. To enable more doctors to effectively take on the above roles, we must leverage Family Medicine training and family physician accreditation to ensure more doctors undergo structured postgraduate training, and to distinguish those who have done so.

There are currently two routes for doctors to be trained and accredited as family physicians – the Family Medicine (FM) Residency Programme, and the Graduate Diploma in Family Medicine, or GDFM. Those who graduate from GDFM may go on to pursue the Masters of Medicine in Family Medicine (MMed(FM)) College Programme. Both routes are important in contributing to our national pool of family physicians.

I am especially encouraged to see the significant increase in GDFM enrolment in line with our increased focus on primary care in recent years, with the number of GDFM



candidates more than doubled from about 110 in 2014 to almost 250 this year. As our undergraduate medical school intake increases, we would need to expand the training pipeline under Family Medicine Residency, to train quality candidates of each cohort to MMed(FM) and Fellowship levels, and further grow the proportion of family physicians in the GP clinic, polyclinic, and community hospital settings.

Enhancing Family Medicine Training

Recognising the importance of Family Medicine training in upskilling our doctors for the future, MOH appointed the Workgroup for Family Medicine Residency Review to examine how the Family Medicine Residency programme could be enhanced. The Workgroup has since made its recommendations, which include outlining the expected attributes and competencies of family physicians, and the postings and assessments required for training. We are working closely with the sponsoring institutions to implement these recommendations.

In parallel, a GDFM Review and Enhancement Committee was appointed by the College of Family Physicians Singapore to enhance its programme in key areas of national priority, in discussion with MOH. The GDFM was reviewed with respect to its training objectives, programme structure, course content, and assessments, with specific enhancements made in the areas of chronic disease management, mental health, and geriatrics. I would like to acknowledge the efforts of the College in implementing its enhanced GDFM programme earlier this year.

The College has also rolled out the Certificate in Community Hospital Practice programme in the same period. This is designed to train family physicians to provide care in community hospitals, with the training covering rehabilitation care, subacute care, and care integration for complex co-morbidities. Five of our colleagues enrolled as the inaugural batch this year. I encourage more doctors practising in community hospitals, as well as those interested in doing so, to undergo this training.

Riding on these efforts, we need to further broaden and deepen the competencies of doctors to anchor care in primary and community care. This may include raising the bar for the accreditation of family physicians in future. This

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higher bar would reflect the anticipated future state where family physicians need to be trained at a higher level, given their expanded breadth and depth of practice, including increasing involvement in cross-setting practice. We are studying this in consultation with the Family Medicine fraternity.

Conclusion

In closing, I would like to reiterate my appreciation to the College for its support and close partnership with the Ministry in enhancing and promoting Family Medicine practice. Indeed, the future is calling for Family Medicine, and family physicians to play increasingly key roles in enabling the needed shifts required for us to strengthen and future proof the healthcare system. This should better enable our citizens to shift towards better health. My heartiest congratulations to our graduates and I wish all of you a fulfilling and exciting career ahead as our next generation of family physicians.

cows to eat some roses.

To conclude, a reminder to all the GPs here to say to people when they ask you what do you do for a living, you say I am a doctor, then if they ask you what sort of a doctor, you reply with confidence as in this billboard displayed in the Perth airport in Australia, “I am a GP (NOT JUST a GP) and your specialist in life’.

Thank you for your attention.

CM



Sreenivasan Oration 2018: “Fulfilment in family practice; how family doctors can change the world”

Professor Michael Kidd, Professor & Chair, Department of Family & Community Medicine, University of Toronto, delivered the Sreenivasan Oration at the Family Medicine Convocation Ceremony & Dinner on 17 November 2018.

Dear colleagues, guests and friends. My thanks to the President, Council, members and staff of the College of Family Physicians Singapore for the honour of being invited to deliver the 2018 Sreenivasan Oration, named in honour of a great Singaporean family physician, Dr BR Sreenivasan.

I have titled this oration, “Fulfilment in family practice; how family doctors can change the world”. The words, “fulfilment in family practice” come from the very first Sreenivasan Oration, delivered almost exactly 40 years ago, on 19 November 1978, by another distinguished family doctor and leader of this college, Dr Wong Heck Sing. Dr Wong described how Dr Sreenivasan found fulfilment in his

work as a family physician, and how he used his skills and knowledge and compassion to change the world. I am going to focus on how you and I can follow his example.

I did not know Dr Sreenivasan but I wish I had known him. He was a remarkable man. Among his many achievements, as you all know, he was a family physician who became the

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