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As Family Medicine continues to add value to our healthcare landscape, we hope that the efforts of our FM community to better train our FPs will be recognised, and that our discipline will one day be recognised in Singapore for what it really is: a specialty. Many of our ASEAN neighbours already recognise FM as a specialty; Malaysia, Thailand, the Philippines, Myanmar, Indonesia!

We are all participants of this remarkable journey. It is a journey that aims to improve standards of our specialty, such that it is well respected by other specialties. It is a journey to equip every family physician with the necessary skills to manage complex cases in the community. It is a journey to earn professional recognition that family medicine is a medical specialty in its own right.

Minister Gan himself said and I quote: ***"we are giving more recognition to these doctors. In 2014, the Chapter of Family Medicine Physicians was formed under the Academy of Medicine Singapore. This recognises Family Physicians with Fellowship as being on par with that of specialists."***

My Christmas wish….

That MOH would also follow suit.

Merry Christmas and a Happy New Year!

CM

Braving New Frontiers in Family Medicine
for Research and Regional Health Systems

Interviewed by Dr Low Sher Guan Luke, FCFP(S), Hon. Treasurer, Chief Editor

It is the dawn of a new age for family medicine! For many, it may seem like unfamiliar grounds and thus cause for concern. But for some, it means exploring new frontiers and pushing the boundaries for family medicine. Family physicians, being generalists, are well poised to go beyond the traditional role in primary care, to take on the challenge of the silver tsunami and fragmented care in intermediate and long term care (ILTC) sectors and regional health system (RHS) work. In this article, we had the privilege of interviewing Dr Low Lian Leng who is one such person braving this new frontier and doing his part to further our cause. I'm also proud of him because he is my younger brother who had done well and exceeded many people's expectations!

College Mirror (CM):
Hi Lian Leng, thank you so much for accepting our interview. And please accept our heartiest congratulations on your recent appointment as Director, SingHealth Office of Regional Health, SGH Campus, and for receiving the NUS Medicine Young Alumnus of the Year 2018! Can you tell us more about the award that you have been presented with, as well as your new job scope?

Dr Low Lian Leng (LLL):
Hi Luke, I was awarded the NUS Medicine Young Alumnus of the Year 2018 that recognizes a young alumnus who had distinguished themselves in their chosen field or path-less-taken. This is recognition for the Regional Health System work and population health research I have been doing, in addition to mentoring medical students and younger family physicians for their research and career.

I was appointed as the Director, SingHealth Office of Regional Health, SGH Campus since 1st Jan 2018. In this new role, I work closely with the SGH Campus institutions leadership, and the SingHealth Regional Health System (RHS) HQ, to implement and monitor RHS programs in SGH Campus. I act as the primary liaison for RHS matters between institution leadership and RHS HQ, and harness the strengths of SGH Campus institutions to play our increasingly important regional health role to improve population health. Being a member of the RHS leadership team, I also work closely with domain experts to strategize and plan programs to meet the needs of the community.

In addition to population health, I am also charged with innovation and improvement efforts to ensure the timely and seamless transition of patients between our institutions, intermediate and long term care and community care.

CM:
How have you found the work so far?

LLL:
We are in a phase of rapid growth and expansion, therefore the pace has been breath taking. Many excellent programs have been implemented in partnership with our community partners and grassroots. Community Nursing is one fine example, which has grown from strength to strength in SGH Campus. We started with 25 hospital-based nurses who were totally new to the community in end February 2018, trained them up to speed with an intensive 2-week training course and engaged our community partners such as Senior Activity Centres, family service centres and Resident Committees centres. We have established 17 community nursing posts in the short span of 5 months. The community nurses provide the spectrum of care, from health promotion and disease prevention to end of life palliative care, working closely with primary care and our SGH institutions.

The SingHealth Delivering on Target Primary Care Network (DOT PCN) is another fine initiative, led by my colleague Dr Emily Ho. The DOT PCN has seen rapid growth, from an initial 70 clinics to 121 clinics in a short span of 6 months or so. The DOT PCN has brought together enthusiastic and self-motivated family doctors committed to improving chronic disease care. With the SingHealth RHS's vision to "Transform Care, Improving Health", we are making giant strides towards more sustainable population health. There remains a lot of work to link up various RHS programs for synergy within and beyond the campus, so that we deliver on more seamless integrated care for the population.

CM:
How can family physicians in primary care and ILTC sectors achieve the integration of care that you have spoken about?

LLL:
I think there have been a lot of effort by fellow family physicians in these sectors to integrate within and beyond the healthcare system. I am aware that NHG polyclinics and SingHealth polyclinics have implemented the teamlet model to improve continuity of care for complex chronic disease patients. Dr Agnes Koong and her team from Marine Parade polyclinic have been actively partnering Montfort Care and the Neighbours team from CGH to better integrate health and social care. At Bright Vision Hospital, the family physicians have partnered with nearby GP clinics to develop an Integrated Primary Care for the Elderly (iPCARE). In SingHealth, the polyclinics and community hospitals are part of our Regional Health System and there are ample opportunities to co-develop new, exciting models of care, from health and frailty screening to providing community palliative care. I am sure there are many more encouraging efforts in the other clusters and among our private family physicians who are forming primary care networks. So, please pardon me on my lack of knowledge about these.

I think the spirit of collaborative teaming will be critical to bring about true integration. We cannot pay lip service to care integration yet remain in our silos and try to do everything in house. The leadership direction will be critical. There are also alot of untapped potential and resources in our community. We have to envision a better future state

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with our community partners and grassroots and engage them.

Education and Exposure of young family physicians to the different settings and help them see beyond their institutional barriers. I feel a key strength of family medicine training is our rotation to different postings. It allowed us to see the practice, gaps for improvement. We better appreciate the resource constraints in each setting, but also the opportunities for synergy. This must continue. Personally, i think more exposure of our residents to private general practice clinics and ILTC is critical to developing a healthy pipeline of family physician clinicians and leaders who can see opportunities to improve our healthcare system.

CM:
These are really exciting times for family medicine! Have you thought about what you hope to achieve in your term of office?

LLL:
Certainly build on the great work done by my predecessors. I am certainly standing on the shoulders of giants (A/Prof Lee Kheng Hock, Dr Emily Ho in SGH, just to name a few) who embarked on integrated care and population health work years back when there was little emphasis in these areas. So I am thankful for the additional resources and opportunity to develop this work further.

Better integration of Social and Health care. I hope to have all my community care teams delivering person-centred care in a highly integrated network, connected from acute care to ILTC to primary and community care with our community partners and grassroots. People know each other and institutional silos are broken down for trust and relationships. I hope to leverage on key enablers such as IT (remote sensing, tele-health) to improve this connectivity, and health services research (population level data, artificial intelligence) to innovate new models of care.

I also hope to develop a pipeline of population health ready leaders and staff, who are well poised to continue this work. As one of my senior colleagues aptly put it, we are running a relay race. While I may be running the second 100 metres (taking over from my predecessors), I need to pass the baton to the next runner without dropping the baton (patients and our programs in this case).

CM:
With every new frontier comes equally tough challenges! What are some of the challenges that you foresee?

LLL:
Tightening healthcare budgets, having to do more with less will require us to constantly innovate and collaborate in care. Strong partnerships and alliances will have to be forged.

Evolution of roles for many of us. As the needs of the ageing population changes, we have to evolve our established mindsets and practices to keep pace with these rapid changes.

Versatility and relationships will be key strengths to develop.

CM:
It's not only work at work that you do. I know you also contribute your time in the professional body of the College of Family Physicians Singapore. And you have to tend to your wife and three lovely kids as well! How do you juggle heavy work commitments, College work and family?

LLL:
I'm currently a supervisor for the Fellowship 18-20 cohort and also contribute as a research faculty. I am also the Honorary Editor of the College. Certainly it has not been easy juggling multiple commitments and still delivering quality. My wife, Dr Tay Wei Yi's support has been instrumental, she increases my bandwidth. She is an amazing lady, juggling heavy work commitment as a consultant in SGH family medicine and the 3 kids when she is home. We are a great team together and a lot of my achievements are not possible without her. I hope to contribute to teaching as long as I am still adding value, as a form of paying it forwards and fellowship.

What I have learnt is teamwork. You can do much more with teamwork. So it is about building trust and a team who can help you to complete your tasks and projects. I am still learning the ropes at work, of building a strong team and optimizing all team members' talents.

CM:
What do you feel about the future of family medicine?

LLL:
Family Medicine will be required to step up to the challenges of our healthcare system, therefore we need to evolve constantly and re-invent ourselves. We can learn useful lessons from other health systems facing the silver tsunamis e.g. Japan, Hong Kong. But we need to identify our own gaps and build on existing resources. For example, with advances in artificial intelligence and machine learning, vital signs monitoring may become common place in the near future. The family physician will need to be plugged into such system where their patients' readings can be made known to them and taken action upon. There may also be a need to step out of clinic walls to form community care teams, working alongside nurses and allied health colleagues to deliver primary, continuing and palliative care.

> **"The College can play a critical role in this transformation by constantly sensing, and developing the continuing education needs of our family doctors. This needs to be coordinated with the other academic bodies such as the universities, sponsoring institutions for residency programs so that we develop a robust continuing education to train a pipeline of future ready family doctors."**

The College can play a critical role in this transformation by constantly sensing, and developing the continuing education needs of our family doctors. This needs to be coordinated with the other academic bodies such as the universities, sponsoring institutions for residency programs so that we develop a robust continuing education to train a pipeline of future ready family doctors.

Academia will also strengthen family medicine. At the inaugural Asian Pacific Academic Primary Care Group meeting in June 2018 in Hong Kong, Singapore contributed 6 scholars. The scholars have embarked or are embarking on PhD studies, showing Singapore FM's commitment to academia. With strong academics and clinically important research in family medicine, I believe the future of family medicine should be bright.

Finally, Unity is strength. Sometimes, to optimize the system, you require sub-optimization of other parts. We need to unite as a healthcare system and allow the flow of resources from tertiary to community care to happen. There has also been lack of consensus on what is family medicine in Singapore. Within the local family medicine scene, I feel we have to look beyond our practice boundaries and embrace "One Discipline, Many Settings" to flourish. In the end, it is the sum of all these parts that will flourish and define FM, FM that is driven by the health needs of our Singaporeans.

CM

Interview with an Advanced Practice Nurse (APN)

Interviewed by Dr Yuen Sok Wei Julia, Editorial Board Member

With the ageing population and increasing number of patients with complex bio- psycho- social needs, a multidisciplinary team approach can help achieve an effective individualized care plan for the patient. Ms Ang Kim Wai, an Advanced Practice Nurse (APN) from Tampines Polyclinic, has been an important member of the multidisciplinary team. She works closely with polyclinic doctors, participates actively during multidisciplinary team meetings and provides care for patients with both acute and chronic conditions.

College Mirror (CM):
Could you tell us a bit more about yourself for a start?

Ms Ang Kim Wai (AKW):
I first started my nursing at KKH after graduating from School of Nursing in 1985. I left KKH after 4 years, and joined a private O&G clinic followed by a stint as an industrial nurse. Life is a continuous learning journey. After more than 10 years in the private sector, I felt stagnant and lacking in knowledge as there was limited continuing professional education provided and new experiences. This is when I decided to join the public sector to broaden my horizon with more learning opportunities.

I joined SHP in 2004. Obtaining my Degree in Nursing, Advanced Diploma in Community Health and Master in Nursing during my years in SHP were major milestones and a huge leap in the amount of knowledge that I have gained. I have been an Advanced Practice Nurse (APN) at Tampines Polyclinic since November 2013. I recently completed the National Collaborative Prescribing Programme in June 2018 which allows me to prescribe medicine for patients without requiring a doctor's countersignature.

Ms Ang Kim Wai

CM:
What motivated you to be an APN in Medicine?

AKW:
As an APN in Medicine, my role is mostly about delivering care. I play a role in patients' treatment and how their medical care is designed. This is incredibly satisfying as I like interacting with patients. I am able to see patients for 2 to 3 visits with longer consultation time. The continuity of care builds up rapport which helps patients with lifestyle changes, adherence and self-care which is critical in chronic disease management. Patients will see the value of APN service when their control improves. That is the biggest achievement which motivates me. It gives me a sense of satisfaction.

CM:
Could you share with us what your daily work encompasses?

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