THE
College Mirror

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FEELS LIKE Home

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

Sengkang Community Hospital allows patients to heal on their own terms with a soothing, unhurried environment and a healthcare approach that considers patients' deepest needs.

When you go to work in the morning, you may hop on the bus, followed by the train and then walk a few more steps to your workplace – it's second nature.

The healthcare journey at SKH Campus should also be like your daily commute, says Associate Professor Wong Kok Seng, Deputy Chief Executive Officer (Clinical Services) at SingHealth Community Hospitals. Patients and their loved ones will not need to worry about changing from one care team to another because it will all be smooth and seamless.

Complementary Care

While the general hospital provides specialist care for an acute condition (such as treatment for pneumonia or surgery for fractures), the 400-bed community hospital steps in during the recovery stage by providing rehabilitation services and general medical care. "This is so patients can keep well and then continue to live well in the community after," explains Assoc Prof Wong.

As patients move to the community hospital, clinical teams between the general hospital and community hospital collaborate to ensure there is no lapse in important information such as patients' critical concerns, medical condition and rehabilitation needs.

You Own Your Health

Sengkang Community Hospital provides people-centred care. This means the care plan is conceived in a collaborative manner between the clinical team and the patient, who can have a say in the intensity and pace of rehabilitation session for instance.

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IN THIS ISSUE:

Editor's Words

by Dr Tan Eng Chun, MCFP(S), Editorial Member (Team A)

Greetings, my fellow colleagues,

This CM issue has a number of interesting articles that illustrates the strides made by Family Medicine to meet the urgent medical needs in our rapidly changing healthcare landscape.

On our cover page is an article written by our Chief Editor, Dr Luke Low, on the new Seng Kang Community Hospital that epitomises the spirit of Patient Centred Care. In his own words, "it is a place that allows our patients to heal on their own terms with a soothing, unhurried environment and a healthcare approach that considers patient's deepest needs."

On the community front, there is an article on SingHealth South East (SE) Regional Health System (RHS) group who had developed an innovative model of care with the geographically-based SGH Community Nursing Service. As a family physician situated in a mature estate, many of my elderly patients visit senior activity centres and family service centres regularly. It is my sincere hope that this model of community care will succeed in augmenting the eco system support and communications between GPs, community partners and the hospitals in their care.

On topics relevant to our fellow colleagues in private practice, we invited our College President, Adjunct Asst Prof Tan Tze Lee, who is also the President of COPD Association, Singapore, to share his experience and pearls of wisdom in the management of Chronic Obstructive Pulmonary Disease (COPD) patients in the community. Our College President together with A/Prof Ng Kee Chong from College of Paediatrics and Child Health, Singapore also penned another article on an important topic on the use of Codeine-containing cough medications. Other topics include an article on tips for smooth administration of CHAS claims. We hope that this article can help GPs answer some of their queries and avoid possible pitfalls and audit lapses.

At the start of 2019, an interesting workshop titled the *Intimacy and Sexuality Workshop 2019* was held at College of Family Physicians (CFPS). The workshop was specially designed for Family Physicians in the Mind Body Interest Group (MBIG), which was the brain child of our former College President, A/Prof Cheong Pak Yean. My ever dynamic classmate, Dr Jean-Jasmin Lee, shares with us on deep insights of the topics on sexuality and intimacy that were discussed and the positive feedback that many of the participants provided.

In this issue, we also had the privilege of interviewing the various programme directors and associate programme director on their vision, initiatives and directions for the various academic programmes; GDFM, MMed(FM) and FCFP(S). We also spoke to the recent graduands of MMed(FM) and FCFP(S) on their learning, challenges and advice for the current trainees.

Lastly on a lighter note, *College Mirror* conducted an interview with master luthier Behrad Gorgani, on the art of making custom made guitars. Having had the opportunity to learn string instruments (Ukelele and Erhu) in my younger days, it was intriguing to learn that to craft a perfect guitar, it not only involves building a balanced instrument but also paying meticulous attention to the ergonomics that will prevent potential musculoskeletal disorders.

We hope that you will enjoy and find relevance reading the articles. There are also various exciting CMEs like the annual *Family Medicine Review Course* and *Family Practice Skills Courses* coming up. Do remember to register early for the courses!

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Behind the byline...

Meet the team behind this exciting issue!

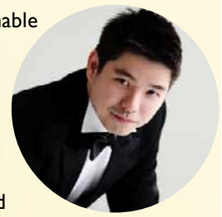
Dr Rose Fok

Rose's priority has always been her family. She thanks God for the privilege to bring them up and now… their 2-year-old dog Momo! She believes in life-long learning and constantly strives to do her best in all that she does.

Dr Tan Eng Chun

Eng Chun believes there is a season for everything in life. For this season, he is busy homeschooling his four adorable children and thanking God for the opportunity to be actively involved in their growing years. In his free time, he enjoys running, travelling to historical cities, and reading books by his favourite writers JRR Tolkien and C S Lewis.

Dr Terence Tan



Dr Terence Tan runs Enable Healthcare, providing clinical solutions and services. He has a strong interest in musical instrument and artisanal crafts. In his spare time, he plays and builds guitars. (Feel free to contact him at *terence@guitarbench.com*)

Patricia Cheok

Not the most diligent of ukulele learners, but here is me playing "Happy Birthday" for my father earlier this year (it's the only song I can play on the ukulele so far!)

CM

(continued from Cover Page: Feels Like Home)

It goes beyond just medical needs. At the community hospital, healthcare professionals make it a point of priority to understand the patients on a personal level.

"An elderly patient for example may find tremendous joy in walking his grandson to kindergarten every morning but his illness prevents him from doing so.

"When we capture these responses from the patients, it becomes the motivation for the patient to undergo rehab so he can resume activities that bring him joy," says Assoc Prof Wong.

"This may sound simple but it means a lot to patients, so we design the care plan with them and in a manner that matters to them," he adds. With the patient's consent, such information may also be shared with community partners such as day rehabilitation centres where patients may continue to visit after being discharged from the hospital.

To support patients who may not have caregivers at home, Sengkang Community Hospital links them up with community partners like nursing homes and rehabilitation centres to help them to continue their wellness journey beyond the wards.

Conducive and Thoughtful

Convenience is top-of-mind when it comes to the location of Sengkang Community Hospital. Patients can transit speedily from the adjacent general hospital and continue their recovery near to home.

Teams at the community hospital and general hospital are also working together to organise events for patients. Ideas being tossed around include mah-jong sessions, boisterous karaoke sessions and even pet therapy. Patients are also encouraged to dine communally instead of individually in their beds.

One of the most marked differences with this hospital, however, is how it looks. Says Assoc Prof Wong, "One of my favourite things is that the hospital looks less clinical than usual. There are thoughtful touches like sofas in the wards to make it more home-like.

"The environment is familiar, it's unhurried, and patients recover at a pace they are comfortable with."

Bridging Care. Building Communities

Sengkang Community Hospitals is one of three community hospitals managed by SingHealth Community Hospitals (SCH).

Set up in 2017, SCH oversees the management of Bright Vision Hospital, Sengkang Community Hospital and the new Outram Community Hospital coming up in 2020.

"It goes beyond just medical needs. At the community hospital, healthcare professionals make it a point to understand patients on a personal level."

The community hospitals under SCH integrate care with acute care hospitals like Sengkang General Hospital. The aim is to provide a homely environment for patients to take part in unhurried personalised care from multidisciplinary teams.

With a focus that goes beyond patients' length of hospital stay, we want our patients to not just recover from their medical conditions but also regain abilities to integrate into the community.

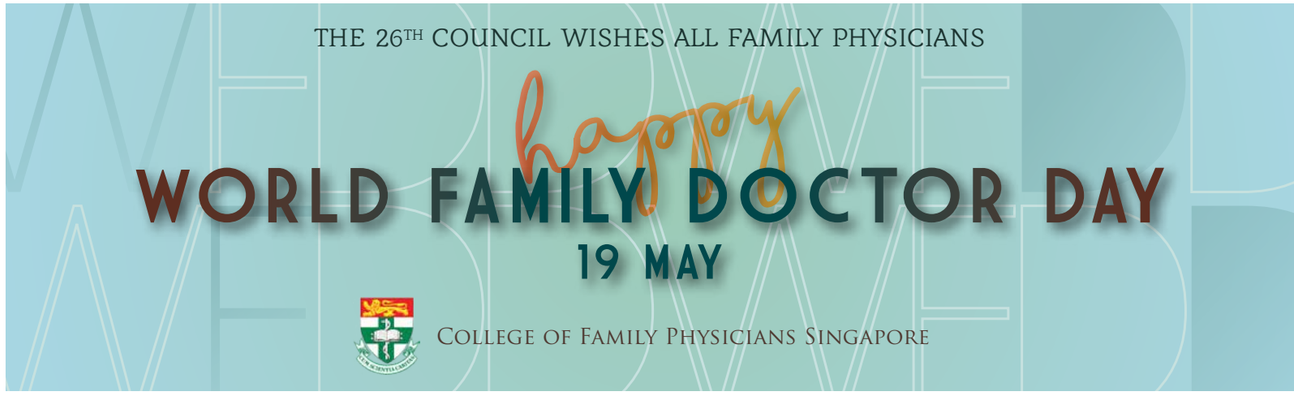
CM

- Erratum -

College Mirror Vol. 44 No. 4 December 2018
"5th Family Medicine Extravaganza 2018"

On Page 11 of the original article, the first paragraph should not be included.

The online version of the article has been corrected to reflect the change.
We apologise for the error.



COPD, It's Out There!

by Adj Asst Prof Tan Tze Lee, President, 26th Council, College of Family Physicians Singapore

"*Lokun* ah, I have been coughing a lot, my sister says you are good with cough."

"How long have you been coughing?"

" It is my asthma *lah*, I ran out of my blue inhaler 3 weeks ago. Give me one."

"When did you start having your asthma?"

"Oh, 10 years ago, when I was 60 years old. I had a bad cough then and the doctor said I had asthma."

Hmm…… "Do you smoke?'

"No! Dirty habit! Anyway who got money to smoke?"

Adj Asst Prof Tan Tze Lee (seated)

Intrigued, I had to delve a bit further into her past history. She had no past medical history of note, and none of her family had ever smoked. She was a housewife, and had 3 children by normal delivery. Apart from her "asthma", she had been very well.

"Where did you live?"

"Oh, I live in Jurong West with my husband and my unmarried daughter."

"What about before you got married?"

"I lived in Toa Payoh."

"In a HDB flat?"

"Yes."

"What about when you were a child? Where did you live then?"

"I lived in a atap house in Hougang. My parents were farmers, we reared pigs."

"How long did you live there?"

"Until I got married *lor*."

"Who cook your food? Did you use gas, oil?"

"My mother! My sister and I helped her of course. My brothers could go out to play. We girls had to stay home and help mother. *Aiya*, who got money for gas? We use wood lor, dried grass, anything that can burn!"

"Oh! How did the smoke go out of the house?"

This time she looked at me with a bemused look. "Out of the window, where else?!"

"Auntie, I think I would like to do a lung blowing test for you…. I think you have a lung problem that was caused by the smoke you breathed in when you were young."

Spirometry was done for my 70-year-old lady who was previously diagnosed with asthma at the age of 60. The spirometry revealed severe irreversible airway obstruction,

(continued on the next page)

(continued from Page 5: COPD, It's Out There!)

and confirmed the diagnosis of COPD (chronic obstructive airways disease). Further workup showed hyperinflated lungs, but nil else. She was treated with long-acting bronchodilators, vaccinations for pneumonia and influenza, and advice on exercise to improve her lung function. Over a period of months, she was improved all round, with improved CAT scores, spirometry, and effort tolerance.

COPD is a diagnosis most of us do not think of. I recall years ago asking a friend who has a clinic in a semi-industrial area to help screen for COPD in his area. "Huh? I have never seen COPD in my practice, don't have *lah*." Indeed. We have studies in the past which estimated that our COPD rates in Singapore are 3.5%.[1]

However, recent local population surveys revealed that 26% of chinese males over the age of 55 have evidence of COPD.[2]

Globally there is much evidence of the effects of indoor air pollution (IAP) leading to COPD.[3,4] Perhaps my "auntie" developed her COPD from her exposure to the smoke in her youth. Studies have shown that sustained exposures to IAP during childhood predisposes the developing juvenile lungs to develpop COPD. It is time we relook at COPD in our community, think about the possibilities, make the diagnosis, and treat.

It's out there, we just need to look out for it!

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COPD and chronic bronchitis risk of indoor air pollution from solid fuel: a systematic review and meta-analysis
Thorax 2010;65:221-228

CM

Interview with *Behrad Gorgani*

Interviewed by Dr Tan Li Wen Terence, Editorial Board Member

College Mirror (CM):
Hi Behrad, thank you for taking the time to speak with us. To start off, can I ask how you got started in Lutherie?

Behrad Gorgani (BG):
Hi Dr Tan, thank you so much for taking your time interviewing me.


Behrad Gorgani

This is an interesting question. I really don't know how it all happened, I was studying to get my bachelor's degree in Graphic Design at OCAD University. While there I was introduced to master luthier Phillip Davis, who was teaching guitar and violin construction in the university's woodshop. At the time I was still learning to play the guitar and the idea of making my own guitar was very exciting. So I started to make my first guitar with Phil's guidance and before I knew it I was working at the woodshop as a student technician as well as helping Phil with his class. Right there and then I knew that building guitars is something I'm really interested in.

CM:
Wonderful! And how has the journey been so far?

BG:
I would say it has been a very steep uphill journey, but certainly a rewarding one. I have had my instruments played on the BBC stage, used to record award-winning movie soundtracks. I've also had the amazing opportunity to teach instrument construction at the Art and Design University here in Toronto.

CM:
Could you tell a little more about the instruments you build and the teaching you do?

BG:
Sure, My background in design has taught me to always ask questions and try to solve problems. Since my early guitars, I've always experimented with more modern construction methods, such as multi-layered sides/ linings, to be able to create a more structurally stable instrument. Later after a couple of years of building and experimenting on my own, I decided to improve my understanding of guitars by studying with master luthiers, Sergei De Jonge, and Trevor Gore.

Sergei De Jonge taught me how to design simple yet musically powerful instruments. Trevor coming from an engineering background showed me tools and methods for accurately calculating the sounds of my instruments so I would be able to reproduce the results from one guitar to another.

These are the same concepts I try to teach to my students. Our program at the University focuses on deconstructing a musical instrument, figuring out how each part is fabricated and trying to build an instrument focusing on one component at a time. This way they are not bombarded with a massive amount of new information at once and the result is a higher success rate.

CM:
I see! What would a typical day in your professional life look like?

BG:
It depends on my work schedule at the university, If I'm working there I would typically do small jobs in the shop or plan and prepare part to be worked on the next day. In general, I would go to the shop, respond to emails, plan the next stages of the builds, work on my own guitars and if there are any repair jobs I would work on those as well, then head over to the university. Most of my classes are in the evening.

CM:
And could you enlighten us on the process involved in making a guitar and how long it takes to craft one

BG:
Sure, for me the process of designing a guitar starts with understanding what is it exactly the client is looking for. Perhaps a certain species of wood, maybe a different neck measurement, from there I would start selecting materials and plan the build before I cut any materials to size and shape. Each guitar takes me about 120-150 hours, not necessarily 150 working hours, some of that is the time it takes for the glue to dry and the varnish to cure.

Usually, I start by building the body, then I move on to the neck and from there I would work on preparing the guitar for finishing, prep work is the most important part in making sure the instrument will look as good as it will sound. After finishing it is down to fine–tuning and setting up to have the strings on for the first time.

CM:
What would you say was the most challenging part of building a guitar?

BG:
For me, the most challenging part of the guitar making isn't just one step or process but rather building a balanced instrument tonally as well as ergonomically.

I find that the weight ratio of the neck material is crucial in designing and building an instrument. Too heavy of a neck and the player would have to fight the gravity

CM:
How about the most enjoyable?

BG:
This is an interesting question, I would assume almost every little would say the most enjoyable part for them would be stringing up one of their guitars for the first time. While that's always, an exciting moment for me, the part I enjoy the most is making the top, installing the rosette and bracing are two steps in guitar making I really enjoy. Top bracing defines the tonal character of an instrument, therefore, I would give it the most attention.

CM:
I see! What would you think are the main differences between a hand-built guitars compared to a high-end factory instrument?

BG:
These days there are really good guitars coming out of factories, in terms of look, feel and playability. Unfortunately, those guitars - because of how fast they are being produced, have not had the level of attention given to them when it comes to shaping parts to optimize the sound.

(continued on Page 10)

Images courtesy of Behrad Gorgani

TIPS FOR SMOOTH ADMINISTRATION OF CHAS

By Agency for Integrated Care

Thank you for your support in administering CHAS! In view of the recent discovery of certain lapses with regard to CHAS claims, we have consolidated common queries from GPs to address any CHAS-related concerns you may have.

COMMON QUERIES FROM GPs

Clinical Evidence

Clinical evidence of diagnosis or management of a disease is necessary for the purposes of making a valid CHAS claim. Assessments and tests required for the establishment of a diagnosis differ from condition to condition.

More details on the essential care components for each chronic condition under CHAS can be found in Chapter 2: The Clinical Guidelines of the CDMP Handbook.

For instance, for Osteoarthritis, the diagnosis can be made clinically based on history and physical examination, with laboratory and radiologic investigations selectively undertaken to exclude inflammatory arthritis, secondary osteoarthritis and non-articular causes of joint pain. The same applies to the management and review of a patient with Osteoarthritis.

For COPD, a pulmonary function test/ spirometry results will establish the diagnosis for the purposes of CDMP/CHAS.

Collection of Medication

For patients who wish to collect repeat chronic medications, the patient must be present at the clinic in order to receive CHAS Chronic subsidies. Further, there should be documented history of chronic disease management for that patient by the GP/ clinic, as good clinical practice requires appropriate review and regular monitoring of patients.

Please note that the above does not apply to acute medications. Patients should consult the doctor if they wish to receive subsidies for these medications.

Appeals For Patients Requiring More Than 4 Visits In A Month

Should you have any patient who will require more than 4 acute visits in a month, such as for the treatment of a wound, please contact your account manager in advance with the following information:

- Patient particulars
- Diagnosis e.g. type and size of wound
- Treatment Plan (including the projected duration and frequency of visits)

TIPS TO AVOID COMMON AUDIT LAPSES

Document required	Lapse	Tip for proper submission
CHAS – Mental Health Conditions	A CHAS claim was submitted for mental health conditions such as Major Depression, even though the clinic is not participating in the shared care programme for CDMP - Mental Illness.	Clinics that wish to submit CHAS claims for mental health conditions should participate in the shared care programme for CDMP-Mental Illness. Please contact your account manager if you would like to do so.
Type of CHAS claim	A CHAS Chronic claim was submitted even though the case notes state that the patient consulted the GP for his/her acute condition on the day of the visit.	CHAS claims should be related to the condition(s) that the patient presented with on the day of the consultation. If a patient only consulted the GP for his/her acute condition, a CHAS Acute claim should be submitted, and vice versa - if a patient only consulted the GP for his/her chronic condition and not an acute condition, a CHAS Chronic claim should be submitted.
	A CHAS Chronic Complex claim was submitted even though the clinic only manages the patient for one chronic condition.	If the GP only manages the patient for 1 chronic condition, a CHAS Chronic Simple claim should be submitted. A CHAS Chronic Complex claim can be submitted only if the GP manages the patient for 1 chronic condition with complications, or 2 or more chronic conditions.
Lab Investigations	A CHAS claim was submitted for lab investigations not related to the chronic condition.	Only investigations related to the chronic condition can be submitted for a CHAS claim.
Doctor's clinical notes for the visit for which a CHAS claim was made.	Patient's name and NRIC were not properly indicated.	Ensure that the patient's name and NRIC are clearly indicated on pages of the case notes for submission.
	Transcribed case notes submitted were not certified as true copy.	GP would need to sign on the transcribed case notes to certify them as true copy.
	Clinical findings were not documented in the case notes.	GPs would need to document any clinical findings in the case notes.
	Amendments on the case notes were made retrospectively.	GPs should keep comprehensive and contemporaneous medical records. Clinical notes added to the original records after an audit finding has been made will not be taken into account for purposes of that audit.
Lab results or other documentation showing supporting evidence for the diagnosis relevant to the CDMP condition(s) for which a CHAS claim was made e.g. HbA1c, Lipid Panel etc.	Evidence was submitted for only one chronic condition even though the CHAS claim made was a complex one for multiple chronic conditions.	Supporting documentation for all chronic conditions submitted e.g. lab results, case notes, chronic indicators etc. should be provided.
	Insufficient evidence to support CHAS claims such as claims for patients on diet control (not on medication) for chronic conditions such as Hyperlipidemia and Hypertension.	Previous documentary evidence, which support or led to the diagnosis of the condition, e.g. lab results, case notes for previous consultations and referral letters, should be submitted.
Itemised bills of the audited CHAS claims, showing a detailed breakdown of the charges.	Insufficient information indicated on the itemised bill e.g. omission of CHAS subsidy.	The itemised bill should consist of the following breakdown, with each medication, investigation or other items individually listed: i. Consultation ii. Medication iii. Investigation iv. Others v. CHAS Subsidy

Please contact the Primary Care Engagement team at gp@aic.sg or 6632 1199 if you have other CHAS-related enquiries, or would like to arrange for on-site CHAS training.

(continued from Page 7: Interview with Behrad Gorgani)

I personally have had a once-in-a-lifetime opportunity to study with master luthier Trevor Gore. Trevor comes from an engineering background, over the years he has managed to find ways to scientifically measure the different elements and how they shape the sound effects of a guitar.

I try to implement his methods in every instrument I make. I try to measure material elasticity in order to figure out the optimum thicknesses to get the best sound of instruments as well as be able to reproduce those results.

CM:
Do you have any favourite woods to work with?

BG:
I do, red cedar over wenge is my favourite combo. The other one would be Swiss Spruce over Katalox.

CM:
And why do you think the woods make such a difference to the sound of a guitar?

BG:
Good question, the more guitars I make the more I realize that it's not necessarily the species of wood that affects the sound but rather the properties and characteristics of the particular pieces I use in each guitar.

During my studies with Trevor I learned that I can measure the material properties and build my guitars to specific target numbers to get the sound I desire out of my instruments. This in theory sounds straightforward but it actually is not. Based on the type of instrument I'm making and the client's requests I would measure a few different sets and try to find the one that fits best for our project. This is a very crucial step for me as I've pretty much determined the tonal characteristics of the guitar.

CM:
So would how much would you say the tone is due to the wood and how much is due to the builder?

BG:
Well that's a difficult question to answer. It's a mixture of both. A good builder should be able to make a great sounding guitar regardless of the materials.

CM:
Thank you for your time Behrad, before we let you go, can I ask if you had any advice for anyone exploring the idea of a handmade guitar?

BG:
Thank you for taking your time interviewing me. I would suggest they do their research and study the different guitar maker's build philosophy. I often get clients asking me to build a guitar similar to someone else's, while I can technically do that, it may not be a very successful project. In my opinion it's best to allow the luthier build with their own philosophy.

CM

Intimacy and Sexuality Workshop 2019

Mind Body Interest Group

by Dr Jean-Jasmin Lee FCFP(S), FECSM
Associate Consultant, Family Medicine Service, KKWCH

2019 kicked off to a roaring start with the College of Family Physicians (CFPS) holding its first ever workshop for the new Mind Body Interest Group (MBIG).

This is the brainchild of former College President A/Prof Cheong Pak Yean who strongly believes that psychosocial dimensions are integral to the holistic management of patients in family medicine (FM). There is now increasingly more family physicians (FPs) that are now formally trained and accredited in various psychosocial settings of FM e.g. continuing care, palliative care and sexual health etc. The MBIG hopes to engender interest in FPs as well as gain recognition from patients, colleagues and others for the expertise.

The speakers were A/Prof Cheong, Dr Ang Seng Bin, Dr Angela Tan and myself. A/Prof Cheong obtained his Masters in professional counselling in 2004 and wrote his first book called 'Counselling within the Consultation' in 2015 together with A/Prof Goh Lee Gan and Dr Ong Chooi Peng. They subsequently published a second book. 'The Extended Consultation, Mind Matters!' in 2017. Dr Ang Seng Bin, Dr Angela Tan and myself trained in sexual medicine with the European School of Sexual Medicine, which runs an annual training course in Budapest. Subsequently we passed our fellowship exam in 2018 in Lisbon, which gave us the qualifications of Fellows of the European Board of Sexual Medicine (FECSM). Dr Ang and myself run menopause and osteoporosis clinics at KKWCH. We also manage women and their partners with sexual problems in the multidisciplinary Sexual Health Clinic. Dr Angela Tan is a private GP who is a trained Life coach. She juggles making house visits for geriatric and palliative care services for the

Home Nursing Foundation and Singapore Cancer society as well as running a Life coaching practice.

During the first half of this workshop A/Prof Cheong spoke on the important topic of how to identify, broach, understand sexual issues and if needed refer patients for appropriate care. He also highlighted the boundaries and intrusions that need to be navigated during consultation.

I then shared during my talk about how couples trying to conceive can face disruption in intimacy and their relationship. This is even more so when these couples struggle with subfertility problems.

Dr Angela Tan then gave an interesting insight into how infidelity can affect intimacy in a couple's relationship. She also explored on how to extend the consultation therapeutically to understand the issues and relate these to the management of the bio-medical and relationship problems.

Dr Ang Seng Bin wrapped up the lecture series with his talk on intimacy in mid-life women and how to approach intimacy and sexuality issues in menopausal women.

After the tea break, participants were divided in two smaller groups and able to experience a more hands-on approach through role play on how to discuss sexual issues in patients in a ten-minute consultation using two different scenarios.

There was a good turnout of 36 doctors for this workshop.

I spoke to a few private GPs who attended. Dr Lim Jia Qing registered for this workshop as he thought the topic looked interesting and was something new that he would like to learn more about. Dr Lim Liang, age 42, a family physician with 13 years of practice said he attended as the topics looked intriguing and certainly were not taught in medical school during his training.

Participants gave feedback at the end of the workshop that they found this workshop interesting and useful as reflection to how they can improve their practice. Some suggested that in the future, CFPS should consider holding a larger and more comprehensive practice skills course on sexuality and sexual health issues as they found these topics interesting and relevant in family medicine and their practice.

CM

The speakers who made the session possible (clockwise from bottom left): Dr Angela Tan, A/Prof Cheong Pak Yean, Dr Ang Seng Bin, Dr Jean-Jasmin Lee

The Development of *Geographically-Based SGH Community Nursing* In SingHealth (Southeast) Regional Health System

by Xu Yi (Ms), Senior Nurse Clinician (Community Nurse), Singapore General Hospital
Lim Su Fee (Dr), Assistant Director of Nursing (Advanced Practice Nurse), Singapore General Hospital

Introduction

Recognising the need for a paradigm shift in care for an ageing population, which brings about an increased prevalence of chronic conditions, it is an opportune for communtiy nurses to support the changing healthcare landscape and enhance upstream care for our residents in the community. The SingHealth South East (SE) Regional Health System (RHS) - led SGH community nursing service which is supported by the Ministry of Health (Singapore) came timely as one of the strategies to anchor population health and facilitate the shift beyond acute care to community care. Community nursing is envisaged as a key anchor for population health management and as such, the team is expected to respond to a portfolio of residents, and provide services including i) early interventions for pre-frail seniors, ii) chronic disease management for patients whose conditions are not well-controlled, iii) care for frails patients in their immediate post-discharge period, and iv) palliative care for end-of-life patients. These services are provided for residents living within the five SingHeath (SE) Communities of Care (CoC) zones, namely Bukit Merah, Chinatown, Katong, Telok Blangah and Tiong Bahru. To empower our population to keep well, get well and age well in their communtiies and homes, the geographically-based community nursing team collaborates with community partners across the health and social care sectors to establish the concept of health promotion and to delay or reduce hospital care. This approach allows deeper understanding of the population needs in respective zones, greater accessibility with good skill-mix for different levels of needs and care and increased efficiency in community resource allocation.

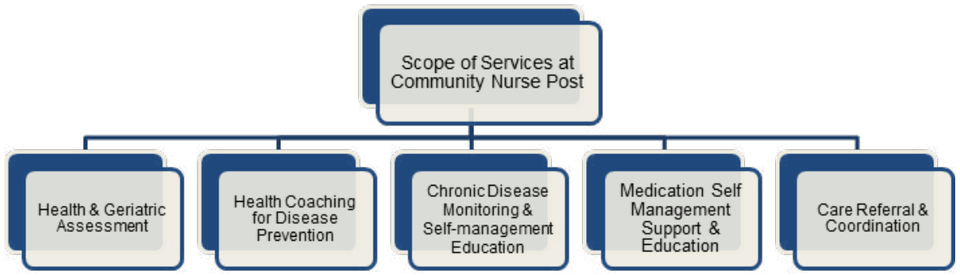

Figure 1: Community nursing scope of services

Community Nurse Post

The RHS-led SGH Community Nursing Programme was officially launched on 28 February 2018 with the establishment of the 1st Community Nurse Post (CNP). In line with SingHealth RHS's ongoing efforts to strengthen community care, these CNPs were progressively set-up within the five CoC to reach out to more residents. The aims of the CNP are to bridge the gap between care in the hospital and community and to complement the services provided by community service providers and primary care sector. Community-based nurses are ensconced in the CNPs at the senior activity and family service centres, religious organization, Residents' Committee, medical clinic in the neighbourhood. Figure 1 illustrates the scope of services provided at the CNPs.

The services at the CNPs target on pre-frail and frail seniors who require assistance to better manage their chronic diseases. The CNPs operate from half a day to daily during weekdays based on residents' needs and availability of facility spaces. In addition to running the CNPs, community nurses also conduct home visits for home-bound residents. Joint visits with community partners often take place for residents with complex issues. As of January 2019, there are twenty-four CNPs and a total of 3298 residents have benefitted from this programme.

Role of Community Nurse in Primary Care

Community Nursing Programmes often place great emphasis on empowering resident's self-management, which underlines its importance in primary care and the complex process of caring for residents with chronic conditions. Nurses are generally well versed in self-care support and play a leading role in conducting education which focuses on preserving or enhancing health and self-management in a holistic perspective. A systematic review of twenty-nine studies by Massimi et al., (2017) highlighted that community-based nurse-led interventions are effective when delivered by trained nurses to patients with diabetes or cardiovascular diseases for their self-management support.

The RHS-led SGH community nursing team is led by an Advanced Practice Nurse. Each team comprises of a Team Leader who is a nurse clinician, and four to six senior nurses. The interventions by community nurses can be delivered through face-to-face/telephone, at either the resident's home, nurse-led posts, local community activity centres or in primary care clinics. At the CNPs, the community nurses use simplified education guide to help senior residents understand their chronic diseases and treatment, including medication. They monitor residents' blood pressure and capillary blood glucose, empowering them on self-management and explaining investigation results. Short-term medication packing is provided for residents who have difficulties in managing their own medication. The follow-up duration at CNPs is based on individual's progress. The senior residents appreciate this combined effort as it builds up their confidence in managing their own chronic conditions and facilitates communication with their primary care team. Vice versa, the primary care teams also feel assured that they can work closely with the community nurses to manage residents' conditions on a long-term basis.

In addition to the services provided at the CNPs, community nurses also conduct outreach programmes on health promotion and disease prevention through individual and group health coaching. The Community Falls Prevention Programme (CFPP) forms part of these service initiatives based on the understanding that significant problems may arise after falls among seniors. The CFPP was implemented in April 2018 targeting at pre-frail seniors through an evidenced-based screening and cost-effective falls prevention interventions. Those identified with high fall risk will receive individualised health coaching and either be referred for community-based structured exercises, rehabilitation program or medical consults.

Challenges for Nurses Transiting to Community Services

The RHS-led SGH community nurses are all transitioned from an acute care sector. They have to leave behind the sense of security of knowing that they are part of a larger team in a highly regulated organisation. Nurses transitioning into the community are required to learn (i) time management including prioritizing goals, (ii) planning, delegation and communication, and (iii) personal professional accountability as they are expected to make independent decisions on a range of issues relating to resident education and support, clinical care and medication management (Ellis & Chater, 2012). The working partnership for community nurses also goes beyond the hospital multidisciplinary team. In the community, the concept of 'team' becomes broadened to include staff working for other social, health care, religious, government agencies and more. The training for community nurses also moves beyond the specialist role to a generalist on areas of health promotion, chronic disease management, geriatric care, mental health, palliative care etc.

Moving Forward

The RHS-led SGH community nursing model will continue to evolve, with refinement of work processes and enhancement and expansion of role, scope and services to support new RHS initiatives. Capability building on generalist community nursing role in palliative care and mental health is also in the training pipeline. To further improve care efficiency, the team is leveraging on technology such as telehealth i.e. Vital Signs Monitoring (VSM) to promote self-management of chronic diseases at CNPs; Video Consultation (VC) that allows provider-to-provider VC for residents with complex care under home care.

The community nursing team continues to collaborate with community partners to synergise services, i.e. working with religious group to outreach to Muslim community; combining community functional screening with CFPP. Strong partnership is also forged with primary care team i.e. SingHealth DOT GP programme, SingHealth Polyclinics on seamless referrals, co-managing of residents with chronic diseases and escalation of care.

Working together as part of the RHS family, the team will collaboratively identify value-added community nursing services and evaluate residents' outcomes, in tandem with the ultimate goals of greater access, quality and cost efficient healthcare.

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CM

President's Column:

"The young doctor should look about early for an avocation, a pastime, that will take him away from patients, pills and potions."

— Sir William Osler

by Adj Asst Prof Tan Tze Lee, President, 26th Council, College of Family Physicians Singapore

Not so long ago, we embarked on our undergraduate lives as medical students. Having gone through gruelling years in high school and taken rigorous examinations, our academic successes had resulted in winning that coveted place to study medicine. We had finally arrived; nothing was impossible. We were ready and able to conquer the world, climb the highest academic mountains, cross the deepest clinical seas. We were fearless, bound together with the hopes and aspirations to help our fellow man, to relieve suffering, to bring comfort, to heal. We helped each other in our studies, bonded in our clinical groups, worked closely with each other to excel in our craft, went on overseas mission trips to help the needy. Those were halcyon days, those undergraduate days, days that hold the sweetest memories, when skies are always blue, every storm merely a passing shower.

However, whilst on the path to qualification and specialisation, many young students of medicine become waylaid by the cares of the world. As the best made career plans are laid waste, anxiety, hopelessness and depression become the order of the day. Negativism becomes consuming as dreams are despoiled by the unfeeling turns of reality. It affects both young and old. The more senior of us may have health issues which makes it challenging to continue providing quality care for our patients. We may be working ourselves too hard, neglecting our own self care. Our working environment could also be unsupportive, contributing to low morale and poor team work; patient care suffers as a consequence. When the tyranny of work takes us away from our families, relationships would also suffer. Where has the joy gone?

We, as the fraternity of family doctors, need to support each other, providin g care and help for our brethren. But how do we do it? What are the signs we should look out for? How do we do better self care? How can we create a work environment that alleviates and avoids the pitfalls of a toxic workplace? Who can we turn to for advice and counsel when the chips are down?

Whilst mulling over this, I came across a wee book by past president of Wonca Prof Michael Kidd, who was our Sreenivasan Orator at the College's Convocation last year. During the event, he launched his new book on doctors'

(continued on the next page)

FAMILY PRACTICE SKILLS COURSE

Intimacy & Sexuality

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the seminar on "Intimacy & Sexuality", held on 19 January 2019.

Expert Panel:
A/Prof Cheong Pak Yean
Dr Jean-Jasmin Lee Mi-Li
Dr Ang Seng Bin
Dr Angela Tan Qiuli

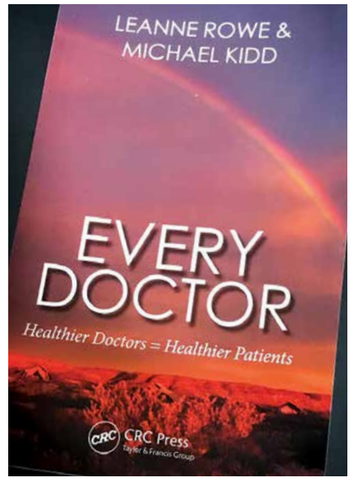
Diabetes Mellitus Update

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #77 on "Diabetes Mellitus Update", held on 26 January 2019.

Expert Panel:
Dr Goh Su-Yen
Dr Khoo Chin Meng
Assoc Prof (Adj) Daniel Chew
Marabelle Heng
Dr David Sim

Chairperson:
Dr Irwin Chung

health, Every Doctor. I got a copy, and once I started reading it I could not put it down. Page after page, it touched me in so many ways, on many of the problems we face as doctors on a daily basis in our professional and personal lives. Coauthored by Prof Kidd and Dr Leanne Rowe, it addressed many of the issues we now face in our practice in the 21st century. We may not like to admit it, but burnout, stress, mental illness, suicide, harassment, bullying, medicolegal challenges; all these are now part and parcel of our lives as medical doctors.



In his book he shared that self care is "essential". I quote "It is simply not possible to offer consistent high-quality patient care unless we prioritize adequate time outside office hours to rejuvenate and replenish ourselves." I could not agree more. Even Sir William Osler alluded to this over a 100 years ago in his quip "The young doctor should look about early for an avocation, a pastime, that will take him away from patients, pills and potions." I suspect such challenges as we face now were also faced, in one form or another, by clinicians in ages past. Perhaps it is just the nature of our vocation. As it is, it is fortunate that we are now able to recognise these issues early, and address them in a timely fashion. This book offers some solutions. There are sections in the book that cover various aspects of self care, and creating healthier working environments and medical leadership. A thoughtful read, a very timely reminder for all of us to reflect, make time for ourselves, for self care.

I am very amazed at the stamina of our family medicine trainees, some of whom have literally climbed mountains and crossed rivers to complete their courses. We interviewed several of our MMed(FM) and fellowship graduands in this issue, and they gave candid accounts of the training that they went through. Some of them had attempted the MMed (FM) several times, finally succeeding in clearing the rigorous examination on the final try. Some have been pregnant and had a baby during the course, some have had to deal with illness and manage hospitalizations. Despite all these challenges, they stayed the course and reached their goal! We are very proud of all of them, and celebrate their perseverance and success.

This issue has several articles of great interest. Dr Jean Jasmin Lee shares with us advice on sexual medicine. Something that we often find hard to discuss with our patients, Jean breaks the ice for us and gives us much needed insight. We have an article on COPD in the community, as well as an article on guitar building by Dr Terence Tan. Dr Luke Low gives us a glimpse of the new Sengkang Community Hospital, which just recently opened. Apparently it "Feels like Home" !

The College is very privileged to have many talented members who contribute to the fraternity. We are grateful for the dedication and commitment, and will continue to support these activities that strengthens our College family. Unity is strength, and by staying united, our family medicine community can only become stronger.

CM

The *GDFM* Programme

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

The Graduate Diploma of Family Medicine programme is currently the most subscribed course run by CFPS. This reflects the changing attitudes towards primary care amongst our doctors -that it is important to receive post graduate training in primary care above and beyond the basic medical degree. It also reflects the changing needs in society, with government policies in recent years gearing towards supporting the development of a strong primary care sector in Singapore, in order to deliver cost effective care in an ageing population.

I was recently appointed as Programme Director of Graduate Diploma of Family Medicine Programme, and together with my fellow programme director Dr Lawrence Ng, did a review and rethink of the GDFM course, in order to give more clarity to what we hope to achieve.

The statement of course intent is very important and is as follows:

The GDFM course aims to provide a comprehensive vocational training in Family Medicine, to produce a competent family physician in Singapore.

Vocational training means that the course has to be very practical in approach, with emphasis on what are the competencies that are expected of doctors practising in primary care. Not only are basic clinical skills important, such as the ability to communicate effectively, make a proper assessment and manage cases in the context of primary care, but also the ability to perform procedures such as giving injections, respond to emergencies, and

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Family Medicine Review Course 2019

Organised by:
Academy of Medicine, Chapter of Family Medicine Physicians &
College of Family Physicians Singapore

The Chapter of Family Medicine Physicians (FMP) of the Academy of Medicine Singapore (AMS), together with the College of Family Physicians Singapore, have co-organized the Family Medicine Review Course since its inception in 2016. The Course has been warmly received by participants, and we are proud to organize our fourth Course in 2019 as part of celebration of World Family Doctors' Day.

Family doctors will play a central role in our "War on Diabetes" as our population ages and becomes more affluent, being exposed to dietary excess. In line with MOH's vision of "One Singaporean, One Family Doctor", it is our desire to continue to support one another with the latest clinical updates and essential skills to cope with the management of Diabetes Mellitus in Primary Care. Experienced Family Physicians and Family Medicine trainees will find the plenary lectures in our fourth course to be highly relevant and useful.

We strongly encourage you to sign up for this fourth Course. Join us on the afternoon to arm yourselves with effective weapons, both new and old, in the War against Diabetes!

A/Prof Lee Kheng Hock
Chairman
Family Medicine Chapter
Academy of Medicine

Adj Asst Prof Tan Tze Lee
President
College of Family
Physicians Singapore

Organising Committee:
Dr Yee Wenjun, Gabriel Gerard
Dr Meyappan Meykkumar
Dr Lin Shijun Cheryl
Dr Chung Wai Hoong Irwin
Dr Tan Hsu-Chen Andrea
Dr Sebastian Amith

Advisors:
Dr Koh Kim Hwee
Dr Luke Low Sher Guan
Dr Wong Wei Mon

We are delighted to invite you to the 4th Family Medicine Review Course, jointly organised by the Chapter of Family Medicine Physicians (Academy of Medicine) and the College of Family Physicians Singapore, to be held on the afternoon of **25 May 2019 (Saturday)** at the **Health Promotion Board**.

This year, we aim to deliver the latest updates of evidence-based practice in not only pharmacological management of Diabetes Mellitus, but also how it can be managed holistically in the Family Physician's office. There will be an emphasis on reading food labels, as well as psychological issues experienced by diabetics – issues not as commonly talked about but nonetheless clinically important if we are to achieve the best outcomes for our patients.

The Family Medicine Review Course is designed to cater to help keep the experienced Family Physician abreast with the latest developments in Family Medicine practice, as well as assist the aspiring Family Medicine trainee or medical student learning and preparing for examinations.

We are honoured to have a line-up of eminent and distinguished faculty who are renowned in the management of Diabetes. The lectures will be carried out in one track of five lectures.

The course coincides with World Family Doctor's Day (WFDD), and we look forward to seeing you at these important events on the Family Medicine calendar.

FM Review Course Organising Committee, FCFP(S) Batch 2017-2019

FAMILY MEDICINE REVIEW COURSE 2019

25 May 2019, Saturday 1.00pm – 5.00 pm
Health Promotion Board (HPB) Auditorium (Level 7)
3 Second Hospital Avenue, Singapore 168937
Theme: **Diabetes Mellitus: Same War New Weapons**

Registration is online only.
For more information, please visit
fmrc2019.cfps.sg

Time	Programme
1300 to 1400	Lunch & Registration. Part 1 :Old dog new tricks?: Revisiting the principles of insulin treatment Part 2 : Wearing the patient's shoes: Insulin technique and self-administration *Dr Ian Phoon (Family Physician, Pasir Ris Polyclinic)*
1400 to 1410	Opening address by President, College of Family Physicians Singapore Welcome Address by Chairman, Chapter of Family Physician, AMS
1410 to 1450	Standing at the edge of a new frontier: New pharmacological management of Type II DM *Dr Cho Li Wei (Endocrinologist, Changi General Hospital)*
1450 to 1530	More than Metformin: The holistic management of type II DM in the community *Dr Kalpana Bhaskaran, Dr Ajith Damodaran, Dr Ng Lee Beng (Nutritionist and Family Physicians)*
1530 to 1600	Tea Break
1600 to 1630	The spirit is willing but the mind is weak: Psychological issues in diabetics *Miss Charlotte Summers (Psychologist and Chief Operating Officer, Diabetes.co.uk)*
1630 to 1700	Man and Machine: Diabetes and how technology can help the patient *Dr Eberta Tan (Endocrinologist, Changi General Hospital)*

(continued from Page 15:The GDFM Programme)

writing proper prescriptions.

In the statement, I think that the key word is "Singapore". The GDFM course is designed to produce a competent family physician for the nation, practising primary care in the local context, as part of our healthcare delivery system.

This means that the course will give emphasis and importance to our national clinical guidelines, our local protocols, and the various laws and acts that govern the practice of primary care in Singapore. For example, the vaccination schedule recommended by our Health Promotion Board, the reportable infectious diseases in Singapore, and the requirements to pass the driving licence medical examination.

Areas of improvement

We have been running the course for many years and the College has benefitted from the help of our tutors, resource persons, and content experts. We have gathered a large amount of material and content over the years. These materials needs to be constantly updated and we have 2 excellent teams to review the modules, and tutorial notes on a regular basis, but they need extra help from our college membership. Our tutors have also worked tirelessly to ensure the group tutorials are run smoothly and on time, and they are passionate about teaching primary care and sharing their knowledge with the trainees. Our tutors need more support and I think they should also have more say in the overall assessment of the GDFM trainee.

Planning for the module sessions continues to be a challenge as the GDFM cohort has become very large in the past few years, which presents a logistic problem to find the right venue in good locations across the island. There are actually not that many suitable venues that fit our requirements, and these have to be booked way in advance. We hope to be able to use technology to track attendances and have a more transparent system of dealing with appeals.

GDFM in the future

We hope to be able to integrate the GDFM course into the overall training programme that CFPS offers. It should be a first step to MMED, MCFP and eventually the FCFP qualifications. In this respect we hope to be able to align the course content to allow it to dovetail with the MMED course for example by having more emphasis on clinical and practical components, and a common training material.

CM

Q&A with *MMed(FM)* Programme Director & Associate Programme Director

Interviewed by Dr Fok Wai Yee Rose, MCFP(S), Editor (Team A)

College Mirror (CM):
What are the new initiatives that you will be starting?

Associate Programme Director (APD), Dr Nelson Wee(NW):
We will be focusing our efforts on three major initiatives: the development and strengthening of our teaching faculties, the consolidation and digitalisation of teaching resources, as well as, the customization of training for our trainees.

Over the past year, we have re-grouped our teaching staff into faculties, or rather what we would like to call as small communities. Each of these communities focus on their area of interests which covers a major aspect of family medicine training. This allows for better faculty retention and development of their own special skill sets.

In terms of teaching resource management, we hope to move ahead with the times and utilise more new technologies to update and consolidate our teaching resources. We are currently digitalizing our teaching resources and exploring the use of mobile-based applications in selected classes. We aim to balance didactic teaching with more interactive and experiential learning through the use of technology and innovative teaching methods.

Last but not least, we recognize that our trainees work in diverse environments and have different skill sets, strengths and weaknesses. . We are currently implementing a system which enables us to monitor the progress of our trainees more closely both individually and as a cohort and allows for adjustments and refinements in the training programme . We also identified the need for our trainees to develop the soft skills that would prepare them to be future leaders and will incorporate these elements into their training.

Programme Director (PD), Dr Surajkumar (SK):
The MMed(FM) College Programme has gone through some refinements this past year and has now been extended to 16 months. This was based on the feedback that the previous courses were crammed and too tight. The extension period will comprise more practice and mock sessions to help the trainees better prepare for the exams. We will be reviewing the effect of these changes and make further adjustments along the way based on the result of the MMed examinations.

CM:
What has been done well and which are the areas for improvement?

NW:
We are very much encouraged by the major improvements in passing rates for both trainees of the College Programme and the candidates re-attempting the examination in both the written and clinical components of the recent MMed (FM) Examination. We are also heartened by the fact that many of our graduates have moved on to leadership roles in the family medicine community and are contributing to the development of the next generation of doctors.

The College Programme already admits doctors from various Family Medicine (FM) settings consisting of private sector practitioners, public institution (polyclinic) doctors, community hospital physicians and many more. One area for improvement would be to attract more doctors from this diversity to take up further higher training in FM to help meet the increasing needs of our society.

SK:
One of the main strengths of our College Programme is the great camaraderie and strong sense of 'family' among our trainers and trainees. This helps the trainees get through the challenges faced during the course.

Doctors that come through the programme not only pass the examinations but also become better trained doctors in the process, rising up to the challenges brought on by the aging population and the increasing complexity of care. One area where we hope to do better is to increase the visibility and awareness of what FM is about among our undergraduates and post-graduates such that more doctors will choose this as their career path.

CM:
Can you share the vision going forward?

NW:
Going forward, we hope to grow the programme into one big community of trainers and trainees that identify with the College and work together regardless of the FM settings they come from to provide a positive learning experience for our trainees and foster strong lasting bonds among our graduates.

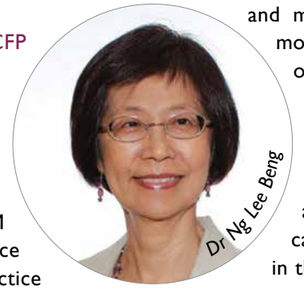
SK:
The course will have to evolve and keep pace as FM itself changes. The College will also have to strategise and prepare for a ramp up in numbers to meet the needs of the community. For that we will not only need more trainers and operational support, but we hope to get more of the fresh graduands to return as trainers to 'give back' to the college programme. These new trainers will be able to use their recent experiences to better help the trainees with new perspectives and ideas on training.

CM

Q&A with *FCFP(S)* Programme Directors

Interviewed by Dr Fok Wai Yee Rose, MCFP(S), Editor (Team A)

College Mirror (CM):
What are the goals and strengths of the FCFP and achievements of the programme?



Programme Director (PD), Dr Ng Lee Beng (NLB):
The main goal of the Family Medicine (FM) Fellowship (Advanced specialty programme) programme is to carry on FM training from MMed(FM) level, to produce family physicians to be experts in FM practice and manage the many patients with multiple co-morbidities and psychosocial factors affecting outcomes of medical conditions in diverse settings.

The arena of FM practice extends beyond the ambulatory care domain as family physicians are called upon to not only be the primary care doctors of patients needing complex care in the polyclinic clusters and general practice, but

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(continued from Page 19: Q&A with FCFP(S) PDs)

are also expected to fulfil the expanded role of leading medical teams in the acute hospitals, community hospitals and nursing homes, multi-clinic business in the community, to deliver ambulatory care, transitional and integrated care within and across different care arenas. With the widely accepted view that the previous hospital-centric care model is unsustainable, the family physicians are taking on significant roles as thought leaders and researchers in effective healthcare delivery models.

The Fellowship programme has turned out many who are currently the leaders in the polyclinic clusters, the family medicine departments in acute and community hospitals as well as in intermediate and long-term facilities.

Aside from training in complex clinical care, the Fellowship trainee is imbued into a culture of research and education. The FM fraternity is revamping undergraduate training extensively to meet the current healthcare needs. It has traditionally, under the College of Family Medicine, provided postgraduate training to its own rank and file and I am happy to see a steady conduit of excellent trainers and examiners come off the Fellowship train.

Under my watch from 2012, when I was called to restructure the programme with A/Prof Goh Lee Gan, I would say the greatest achievement was having the programme earn recognition by the Academy of Medicine Singapore that it provides rigorous post graduate training. The then Master of the Academy, upon scrutinising the programme curriculum and seeing with his eyes, the good work in transitional care by family physicians, pushed for the creation of the Chapter of Family Medicine physicians under the Academy. This has won for FM equality status with the other specialties within the Academy.

One big plus of the programme is it is the only national advanced specialty programme for FM. This creates an opportunity for all FM trainees from various settings to train together on the same platform. I believe this creates camaraderie, builds common understanding and unity which can only be good for a speciality that is practised in diverse settings wherein each little colony can so easily be sequestered in its small world thinking.

CM:
Can you share the vision going forward?

NLB:
It is timely to pass on the baton to a younger team. I hope that the programme:

A. Continue to prepare trainees to practise FM in various settings and maintain the standard of holistic care from family physicians in Singapore.

It is time for a programme evaluation and curriculum review to check that the programme remains relevant, and to maintain a robust yet realistic academic standard.

B. Will help FM to achieve legal specialty status in Singapore

The specialists have recognised FM as a specialty. However this has yet to be endorsed by the Ministry of Health (MOH). I believe that MOH's open endorsement will help itself achieve its Primary Care 2.0 vision as this will help the public to accept that specialist care exists in the community and that there is no necessity to cling on to the organ or disease specific specialists long after their acute medical issues have been stabilised. Shared care between the FM specialists and hospital specialists, with the public's buy in, will free up the hospital specialists to concentrate on administering relevant expert care as needed, as well as ensure that the patients receive holistic care from the well trained family physicians. In all, according FM specialty status shall be a win-win for all stakeholders. Obliquely, but significantly the best medical students will also be more attracted to enter a specialty equal in status and not the Cinderella of the medical profession. This will help ensure that the best brains are distributed across the healthcare scene to deliver optimal care in every arena. Meanwhile, I would like to quote the words of the eminent veteran family doctor, Dr Lee Suan Yew, to encourage all of us: "We continue to train well and do excellent work, and recognition will come."

I do hope, for the sake of our patients and our nation, that this recognition will come sooner than later.

Programme Director (PD), Dr Luke Low (LL):
I concur fully and agree wholeheartedly with what Lee Beng has said. It is our hope that fellows trained in FM be recognised as a specialist with broad-based generalist training. This will really attract the brains that the fraternity needs, in order to better serve the needs of our ageing population. Thanks to Lee Beng for her able leadership of the Fellowship programme thus far, and I hope we can bring it to greater heights!

CM

The Journey Towards the MMed(FM) & Fellowship

The College Mirror had the privilege to speak to recent graduands of MMed(FM) and Fellowship. We hear the ups and downs they had to face while these graduands juggled their time among work, studies and family - and hopefully inspire current trainees through their journeys!

College Mirror (CM):
What have you all learnt or benefited from completing the [MMed(FM)] training?

SingHealth FM Resident, Dr Navpreet Kaur (NK):
Family Medicine Residency in summary was an exhausting yet exhilarating roller coaster. Steep learning curves and changing rotations just as soon as you had gotten used to the environment became a norm for us residents. By going through such a wide variety of rotations that would have taken us years to cover independently, Residency has equipped us with sufficient knowledge and grasp of common problems that we encounter in our daily lives to assist with managing and counselling our patients for the next step of treatment.

NUP FM Resident, Dr Joanne Khor (JK):
The Family Medicine residency provided 3 solid years of at least 17 major rotations. While the adjustment to each new posting was often challenging, the frequent 1- to 3-monthly changes forced us to be adaptable and versatile - a important trait of a good family physician. Having gone through many postings also meant working with and getting to know many people across disciplines. Even after residency is over, I still text the friends I've made (who are now at least registrars in their fields) when I need help. Conversely, they also text me if they need to ask about things in primary care.

MMed(FM) College Programme Graduand, Dr Natasha Leng (NL):
Throughout my learning journey, I've learnt not to give up and to persevere. I'm glad to have stuck through with it as it has improved my knowledge and skills so I am better equipped to treat patients holistically.

MMed(FM) College Programme Graduand, Dr Chua Lee Lea Im (CLLI):
Having left hospital practice since 2009, enrolling in the College Programme availed me the chance to extend my hospital exposure. It also introduced me to the new fields of adolescent and sports medicine, as well as provided a chance to obtain the latest local updates from infectious disease, emergency medicine and various other specialties. Not only did the course widen my horizon when I am faced with a patient with multiple problems, it also taught me communication skills to delve deeper into each of them.

CM:
What were the challenges faced in the examination preparations? How did you overcome them?

NK:
Preparing for examinations involved a lot of determination and resilience as all the residents were working full time. Whilst we tried our best to use whatever sufficient time we had after work hours to revise or go to the hospitals to examine patients, the feeling of not having done enough never seemed to disappear due to the vast breadth of knowledge required in Family Medicine. Having a supportive study group was one of the best parts of the whole process as we were able to push each other along through the different phases.

JK:
Family Medicine is comprehensive, hence the examinable topics are very comprehensive as well. The study masterplan I drew up was 13 daunting pages long! The sheer amount of content to cover was the biggest challenge in itself.

Exam preparation also required good time and energy management. Closer the exams, my batchmates and I spent at least 3 evenings a week sparring with each other and being brutal with our mutual feedback. The rest of the evenings were spent consolidating our knowledge and mugging guidelines. It was both physically and mentally tiring but it helped that we knew we weren't going through it alone.

NL:
Life definitely had some challenges for me. I got pregnant during the College Programme

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(continued from Page 21: The Journey Towards the MMed(FM) & Fellowship)

training, which was a nice surprise. The pregnancy was an extra ball to juggle amidst the coursework, full-time job and family. And it was manageable, even after giving birth to my second child, and I was on course towards the first part of examinations, the MCQ.

Then two weeks before the MCQ, my 3-week-old son was admitted for viral meningitis. It was a terrifying experience, and I was filled with constant fear for my son. So, my first shot at the MCQ did not pan out.

I was determined to give it another go. As my 2nd attempt at MCQ approached, several challenges presented themselves. First and worst was that my father was diagnosed with cancer. I had to make the necessary arrangements for his care and treatment in Malaysia. Secondly, my mother who had been helping me to look after my kids decided to return home, so there was a bit of a scramble to find a helper. During this time we had bought a new home to renovate and move into. My 2nd attempt at the MCQ was not to be.

The second failure made a serious dent in my confidence, far more than the first. Should I really commit to another attempt, potentially waste another year of my life in pursuit of this goal? More time spent away from the children? After much introspection and encouragement from family, friends, colleagues, previous batch mates and support from the institution I decided to go for it.

With the Programme C training, practice sessions in clinic arranged by my boss and additional daily practice with colleagues plus 110% support from my dearest husband and family, I finally made it.

CLLI:
The scope of family medicine is extremely broad, therefore the task of preparing for an examination with such an extensive scope was daunting. I also had difficulties obtaining time off from my small set-up practice due to the relatively small manpower pool and having to attend urgent administrative matters which tends to crop up at the most inconvenient times. Not only was revising on the job tough, I could not attend some of the courses. Thankfully, I managed to get some of my specialist friends' help after work hours.

CM:
What do you think has been done well and which areas of the programme could be enhanced?

NK:
Singhealth Family Medicine Residency organized sessions to help to target areas that graduating residents had given feedback about. Sessions ranging from lectures to a small group examination session to mock VIVA sessions helped us to prepare for the big day. Constructive feedback from seniors pushed us past our boundaries and encouraged us to think differently. Our individual Polyclinics, Marine Parade Polyclinic for myself, gave us endless support during this time. Our colleagues and seniors at work not just supported us by providing extra sessions out of office hours to equip us with the appropriate examination techniques but also managed the load of patients in our absence. We have a lot to thank for the amazing Family and Resident Physicians at Marine Parade Polyclinic. The only way to further enhance the programme would be to organize even more teaching sessions to continuously pull us out of our comfort zones.

CLLI:
The camaraderie between senior tutors and current year entrants, was palpable throughout the course. I am deeply grateful for the dedication they showed to helping us. Hopefully this tradition will stand the test of time.

As for suggested enhancement, an official online depository of course materials, such as video demonstrations will be helpful.

NL:
The support from the previous batch mates, additional training, tutorials and practice sessions definitely helped.

CM:
Could you share some advice for the next batch of trainees?

NK:
Residency and preparation for the examination is a challenging experience that will stress you emotionally and physically. It is important to have a good support group within residency itself as well as outside to help motivate you during this journey. Throughout this period always remember that all these sacrifices are worth it when you are able to apply the knowledge gained to help your patients through their tough times. Cherish every moment- good and bad as it has gotten you to where you are today!

JK:
Use your daily work as practice for the exams. During my RCC sessions in residency and daily polyclinic work after residency, I would choose 1-2 cases a day to simulate an exam case, complete with a stopwatch discreetly hidden behind the computer monitor. I would then review the cases after the day's work and reflect on how I could have done better.

Start early. As mentioned, there is a lot to cover. The more times you practise the approach to a condition, the more second-nature it becomes, and the more confident you will appear to be in your history taking, physical exam and patient education, even under exam stress.

Exams are important, but not everything. As you study how to better care for patients, remember to take care of yourself. Remember your calling, make time for friends and family, and don't lose sight of the bigger picture.

NL:
Practice and perseverance is the key. Putting in the time and effort will be what gets you through. If life knocks you down, pick yourself up and get back into the thick of it. Convert your negativity from past failures into a positive drive to succeed.

CLLI:
The breadth of the examinable material makes it nigh impossible to cover on your own. Thus, it is of paramount importance to form study groups. Preferably, this should be done with people from different institutions. I would also recommend simulating examination conditions in your daily practice. For example, practicing full physical examinations and consultations within the stipulated examination time limit on at least one of your patients each day so as to develop good habits. Habits prevail over stratagems!

Read on
Go to Page 25

Dr Tan Wei Beng : A general practitioner in UK to a family physician in Singapore

Through a series of domestic events, it is interesting to see how I, once a general practitioner (GP) in UK, would become a family physician (FP) in Singapore complete with an MMed in Family Medicine.

Professional development is an ever evolving, a process which is vital to meet the changing patient needs from cradle to grave. In the UK, the qualification of MRCGP (Membership of Royal College of General Practitioner) has transformed quite extensively since I completed it a few years ago. MRCGP was once acquired on an adhoc basis reflecting any individual GP's interest to pursue further in General Practice; it has now become a compulsory qualifying exit examination in order to become a registered GP in UK. In Singapore, though not strictly required for practice in family medicine, it has also evolved to its current state, where MMed in Family medicine or GDFM are required to become a registered FP. Both the Royal College of General Practitioners (RCGP) and College of Family Physicians Singapore (CFPS) require continuous pedagogic summative and formative assessments, whereby the candidates, all adult learners, are supervised with guidance by the programme directors and tutors. On a personal level, from being a GP registrar trainer before, I had become a MMed trainee again! In many ways, the course has enhanced and sharpened my clinical knowledge and skills, very relevant in my day-to-day clinical practice. Especially having worked in UK, the course has provided me an in-depth study, specialised in Family Medicine in Singapore.

Truly, adult learning is a lifelong journey.

"Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world." – Harriet Tubman

"Only those who will risk going too far can possibly find out how far one can go." – T. S. Eliot

MMed in Family Medicine is not an easy course to pursue, especially for those who have many other commitments, however it is achievable if the candidates maintain the commitment and perseverance in learning, as well as building up that fundamental inner passion for Family Medicine.

Be encouraged, you can do it! "

Dr Patricia Chia :

In 2015, I was PGY13 and it was my 6th year working in the polyclinic. My son was just 1-year-old then. I wanted to progress further in my career as a family physician and provide more for my family, so I enrolled in the Family Medicine Masters Programme (College Programme). Little did I know that I would be facing multiple challenges before I was finally able to achieve my goal.

Two months after the course began, my 1st hurdle presented itself. I found myself pregnant, with twins!

Morning sickness, full time work, attending tutorials and clinical teachings in various hospitals, preparing the course work, whilst still having to look after a toddler took its toll on me. It was all too overwhelming. I wanted to stop pursuing this goal but life would just get tougher after delivery, hence I continued.

Things improved by mid-2nd trimester. Second hurdle came after delivery. I had a large bleed which required transfusions. It was very exhausting and painful with the sub-rectus sheath bleeding; it was very depressing and I so wanted to throw in the towel. Thankfully, my husband, parents and in-laws rallied around and helped me through this tough period. After 2 months, the dust settled, my mood improved, and studying resumed during my maternity leave. I managed to clear the MCQ in my first attempt. However, I only managed to clear the clinicals 2 years later.

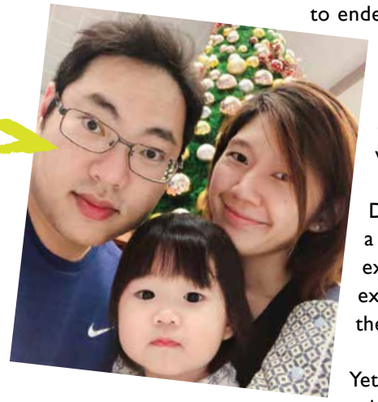
Preparation needed for the clinicals were very different from the MCQ. Lots of practice using sample of clinical cases during the pockets of time that I had every day were very important, with studying done after the children had gone to bed. Being focused and organised with good time management (especially when life was chaotic!), and

(continued on the next page)

(continued from Page 25: The Journey Towards the MMed(FM) & Fellowship)

being able to multitask was the way to success. Constant encouragement and support from peers and family were invaluable when having so many stresses in life, and with having experienced failure twice. The programme by CFPS is a guideline, but for candidates who has multiple stresses in life, help from colleagues with similar experiences would be useful. I have reached my goal and the journey has not only improved my medical knowledge but also taught me crucial coping and management skills in stressful situations.

Dr Xu Bangyu: The Fellowship Journey – Blossoming to become the "Iron Flower"



College Mirror (CM):
Congratulations on your examination success. What have you learnt or benefitted from completing the Fellowship training?

Dr Xu Bangyu (XBY):
The completion of the Fellowship programme has broadened my roles as a Family Physician. The programme is designed to prepare the trainee to embrace the following essential roles of a Family Physician: Family Medicine Expert, Communicator, Collaborator, Manager, Health advocate, Scholar and Professional. Indeed as one progresses through the programme, the dormant seeds of these roles slowly start to germinate and eventually blossom to become the "Iron Flower".

CM:
What were the challenges you faced in the examination preparations? How did you overcome them?

XBY:
Notice that I used the term "Iron Flower" to describe the outcome. The Fellowship programme is definitely not a walk-in-park experience, in contrary to what many would think. This journey has many on-going parallel routes that one has to endeavor. In addition to one's own sphere of clinical experience and practice, there are various platforms of learning one has to undergo as well. These includes didactic lectures, small group discussions, workshops and seminars.

Doing a systematic review and conducting a research project is one of the most alien experience for myself due to my lack of experience in this field and not forgetting the alien language of statistical analysis!

Yet somehow I managed to pull through this arduous journey. I would not have achieved this without the support of many people: my wife and daughter, my fellowship comrades, my workplace bosses especially Dr Luke Low, my various supervisors and many more. Most importantly, the resilience inside me never faltered: once a goal is set, keep moving forward and never stop until you reach the goal, no matter how tough the journey will be.

CM:
Can you share some advice for the new trainees?

XBY:
The need to build resilience for this journey. This journey will be tough with many obstacles to overcome, self-sacrifices and moments where one would feel like throwing in the towel. One who keeps moving forward and never stop until one reaches the goal will be the one to blossom into the "Iron Flower".

CM

Use of codeine-containing cough medications in children

by Adj Asst Prof Tan Tze Lee, President, 26th Council, College of Family Physicians Singapore
A/Prof Ng Kee Chong, College of Paediatrics and Child Health, Singapore

Over the years, we have had instances of young children being prescribed codeine-containing cough mixtures. One case hit the news in 2017, when a 14-month-old child was alleged dispensed Fedac syrup, with instructions to take 10ml of the medicine three times a day.

In general, cough and cold preparations have not been shown to be efficacious for its intended use and side effects have occurred, especially for the very young. In October 2007, the Singapore Health Sciences Authority (HSA) in its letter to healthcare professionals made interim recommendations to restrict the use of these products in those below 2 years of age.

- In those under 6 months of age, promethazine is contraindicated while the other cough and cold products are not recommended.
- In those between 6 months to 2 years of age, promethazine is not recommended while the other products should be used only if benefits outweigh risks.

There has been much concern regarding the use of codeine-containing cough medications, especially amongst children. Codeine has been found to carry a higher risk of respiratory depression in patients with genetic polymorphism, where ultrarapid metabolizers produce an increase in the active metabolite (morphine). Its use as a painkiller and cough suppressant for the young in particular, carries higher risks.

In its letter to healthcare professionals in July 2016, HSA recommended that codeine should ***not*** be used as a cough suppressant for children below 12 years old. Moreover, they would be working with companies to update local package inserts of codeine-containing products.

In December 2016, the HSA issued a further advisory regarding reports on local incidents of respiratory adverse events associated with the use of codeine-containing medications in children and adolescents, and recommended the following restrictions on the use of such products in Singapore:

- Codeine is not recommended for the treatment of post-operative pain following surgical procedures such as tonsillectomy/adenoidectomy in children and adolescents below 18 years old, due to the increased risk of respiratory depression.
- *For treatment of unproductive cough and treatment of acute moderate pain not relieved by analgesics, codeine remains indicated for those 12 years old and above. The lowest effective dose should be used for the shortest possible duration.*
- Caution is advised when codeine is used in children with underlying respiratory conditions, including those with asthma and other chronic breathing problems.
- Parents and caregivers should be advised on the possible signs and symptoms of respiratory depression in their children, such as unusual sleepiness, confusion and difficult or noisy breathing, and to seek immediate medical attention if these are observed.
- Nursing mothers should also be advised to exercise caution when taking codeine as codeine's metabolite (morphine) may subsequently be found in the breast milk. If the infant shows signs of increased sleepiness, difficulty when breastfeeding, breathing difficulties or limpness, immediate medical attention should be sought.

Many other international authorities, such as the FDA, have also issued recommendations to refrain from prescribing codeine-containing over the counter (OTC) cough mixtures to children below 12 years of age. This is especially so in the very young (particularly those in infancy).

In summary, codeine-containing medications should be avoided as a cough suppressant for children below 12 years old. Healthcare professionals should always exercise caution and be cognizant about the additive effects of multiple medications that can cause respiratory depression in young children, and to report any suspected serious adverse events, including those related to codeine, to the Vigilance and Compliance Branch of HSA.

Continued efforts should be made to reinforce these best practices through MOH, HSA and the relevant academic and professional bodies in Singapore working with drug companies.

REFERENCES

- HSA Letter to Healthcare 30/10/2007: HSA's Advisory On The Use Of Cough And Cold Medicines In Children
- HSA Letter to Healthcare 4/7/2016: Recommendations On The Use Of Codeine-Containing Products For Treatment Of Pain And Relief Of Cough And Cold In Children And Adolescents
- https://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/Safety_Information_and_Product_Recalls/Product_Safety_Alerts/2016/restrictions-on-theuseofcodeinecontainingproductsinchildrenandad.html (accessed 08 Feb 2019)
- http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/human/referrals/Codeine-containing_medicines/human_referral_prac_000008.jsp&mid=WC0b01ac05805c516f

CM

CFPS ACADEMIC ROADSHOW 2019

5 APRIL 2019 (FRIDAY)
6.00PM
SGH ACADEMIA L2S3

REGISTRATION CLOSES ON
7 JUNE 2019

VISIT **CFPS.ORG.SG**
FOR MORE DETAILS

GRADUATE DIPLOMA IN FAMILY MEDICINE - *Enhanced!*

GDFM

GDFM is a structured training certification programme jointly organised by College of Family Physicians Singapore (CFPS) and The Division of Graduate Medical Studies (DGMS).

GDFM is a 2 years comprehensive and structured training programme for primary care doctors. It consists of 8 Family Medicine Modular Courses (FMMC), 1 elective and 3 compulsory Family Practice Skills Course (FPSC), 3 Practice Management Courses and Clinical Revision Course (Mock Exam).

The aim is to train primary care doctors to practise family medicine at an enhanced level to meet the needs of the child, adolescent, adults and elderly.

Eligibility

Candidates must possess the following in order to be eligible to register for the GDFM programme:

1. A basic degree of the MBBS or equivalent qualification registered with the Singapore Medical Council (SMC)
2. **Full** or **Conditional** registration with SMC; temporary registered practitioners must support their applications with a letter of recommendation from their HOD. Provisional registration doctors are not eligible to apply.
3. Must have 1 full year of working experience in Singapore at point of course application.
4. Must fulfil CME requirements
5. Must hold a current and valid practicing certificate.
6. Must have 20 active clinical hours per week

*For enquiries or details, please contact College Secretariat at **6223 0606** or email **gdfm@cfps.org.sg***

CERTIFICATE IN COMMUNITY HOSPITAL PRACTICE (CCHP)

CCHP

Certificate in Community Hospital Practice is a new programme organised by College of Family Physicians Singapore (CFPS).

It is a structured training designed to train doctors to be able to provide care to patients in the community hospital at an enhanced level. The training consists of:

1. 80 clinical hours
2. Compulsory FPSC on Complex Care
3. Formative assessments
4. Summative assessments

Eligibility

Candidates must possess the following in order to be eligible to register for the CH programme:

1. Present trainees currently under GDFM programme or GDFM certificate holders or doctors registered on the Family Physicians Register
2. **Full** or **Conditional** registration with the Singapore Medical Council (SMC). Provisional registration doctors are not eligible to apply.
3. Must hold a current and valid practising license issued by Singapore Medical Council (SMC)
4. Must fulfill CME requirements.

*For enquiries or details, please contact College Secretariat at **6223 0606** or email **gdfm_ch@cfps.org.sg***

MASTER OF MEDICINE IN FAMILY MEDICINE

MMed(FM) College Programme

The MMed (FM) College Programme is a 16-month structured training programme tailored for GDFM graduates who wish to proceed to Masters level training. The course will consist of weekly evening sessions that comprise tutorials, workshops, clinical beside teaching and mock sessions with role play. This will involve both centralised large group and decentralised small group teaching. There will also be a preceptorship component and a practice audit. Trainees will find the practice audit useful in helping them formulate quality improvement processes to enhance patient care outcomes.

Clinical attachments for various specialties are designed to provide the breadth of exposure for trainees to acquire the requisite competencies to practise as FPs in the local context. Each trainee is attached to a supervisor assigned by CFPS.

Aims & Objectives

The aim of this course is to provide a comprehensive and structured training programme for doctors with at least 6 years' experience after graduation and have completed the 8 modules of the Family Medicine Modular Course (FMMC) to prepare them to sit for the MMed(FM) Examinations.

MASTER OF MEDICINE IN FAMILY MEDICINE (cont'd)

Eligibility

Registration with SMC	To have full or conditional registration with the Singapore Medical Council (SMC)
Training	Have passed the Graduate Diploma in Family Medicine (GDFM) examination not more than 5 years prior to application OR Have attained MRCGP(UK)
Work Experience	At least six years of experience after graduation of which at least one year must be in a Family Medicine setting. Make up attachments may be required to make up for the shortfall in this experience
Clinical Work during Training	The trainee is required to be in current practice of 24 clinical hours per week, of which 8 must be in an approved Family Medicine setting
Clinical Inspection & Interview	This may be conducted when required to assess the suitability of the practice and candidate for MMed(FM) training

*For enquiries or details, please contact College Secretariat at **6223 0606** or email **mmed@cfps.org.sg***

FAMILY MEDICINE FELLOWSHIP PROGRAMME (ADVANCED SPECIALTY TRAINING IN FAMILY MEDICINE)

Fellowship [FCFP(S)] by Assessment

The Fellowship [FCFP(S)] by Assessment is awarded to candidates who successfully completes the 24-month Advanced Specialty Training (AST) programme in Family Medicine conducted by the College and passes the Fellowship Summative Exit Examination. The programme is offered to doctors who have successfully completed basic structured family medicine training in an approved training programme, namely the Master of Medicine (Family Medicine) [MMed(FM)] at the National University of Singapore or its equivalent.

The structured programme serves to enhance and complement the trainee's own sphere of clinical experience and practice. It consists of didactic lectures, small group discussion and presentations, workshops and seminars, direct supervision and self-directed learning.

Aims

The aims of the programme are to:

- Provide structured advanced directed and self-initiated learning
- Provide supervision and mentorship for the advanced clinical practice of family/community medicine
- Provide a framework for the education and research in the practice of family medicine

On attaining the Fellowship (FCFPS) by Assessment, the candidate will be able to function as a consultant in the following essential roles of a family physician:

1. Family Medicine Expert
2. Communicator
3. Collaborator
4. Manager
5. Health advocate
6. Scholar
7. Professional

Eligibility

1) Professional & Academic Qualifications

The applicant must fulfil the following entry requirements:

- Possess the MMed (Family Medicine), Singapore and is a current Ordinary Member of the College of Family Physicians Singapore. *1, 2*

OR

- Possess the MCFP(S), and is a current Collegiate Member of the College of Family Physicians Singapore

2) Clinical Practice

- Currently in active clinical practice i.e. 24 clinical hours per week, of which 8 hours must be in a family medicine setting as defined by the College Constitution.
  a) Ambulatory care in the community
  b) Intermediate care in the community hospitals and rehabilitation centres
  c) Long term care in the nursing homes, residential care and home based care
  d) Hospice and home based end-stage diseases care
  e) Interface care which is care within acute hospitals in the interface with the other settings

3) Letter of Good standing

- Submit a letter of good standing from a Fellow of the College of Family Physicians Singapore together with the application form.

1 Existing Non-Members can apply to be an Ordinary Member of the College of Family Physicians Singapore at the point of the programme application. Enrolment into the programme is subjected to the approval of the College Membership.

2 Before admission to the Summative Exit Examination, a candidate with MMed (Family Medicine), Singapore will need to be a Collegiate Member of the College of Family Physicians, Singapore [MCFP(S)] by Election.

The trainee must apply and sit for the Summative Exit Examination after completing the advanced specialty training programme and not later than 4 years from the year of enrolment into the programme. If the trainee does not successfully pass the Summative Exit Examination by then, he/she is expected to re-apply and restart the AST programme.

*For enquiries or details, please contact College Secretariat at **6223 0606** or email **programmes@cfps.org.sg***

GDFM Enhancement Programme (FPSC #78)

Chronic Disease Management

Course is compulsory for GDFM 2018-2020 intake.

Sat, 9 March 2019: 2.00pm - 5.30pm
Sun, 10 March 2019: 2.00pm - 5.30pm

Singapore Chinese Cultural Centre, Multi-Purpose Hall,
Level 7, 1 Straits Boulevard, Singapore 018906

TOPICS

Unit 1: Hypertension and Proteinuria: with and without Diabetes Mellitus
Unit 2: The Diabetes patients requiring insulin - key points in Management
Unit 3: Obesity update: Calorie restriction and intermittent fasting
Unit 4: Assessment and management of Gout
Unit 5: Assessment and management of non-alcoholic fatty liver disease
Unit 6: Heart failure with normal and reduced ejection fraction - Assessment and shared care management

WORKSHOPS

Day 1 & 2: Case studies

SPEAKERS

A/Prof Goh Lee Gan
Dr Benjamin Lam
Dr Desmond Wai
Dr Tan Hwee Huan
Dr Anita Lim
Dr Rohit Khurana

■ SEMINARS (2 Core FM CME points)
Seminar 1• Unit 1 - 3: Sat, 9 March (2.00pm - 4.00pm)
Seminar 2• Unit 4 - 6: Sun, 10 March (2.00pm - 4.00pm)

■ WORKSHOPS (1 Core FM CME point)
DAY 1, Sat, 9 March (4.30pm - 5.30pm)
DAY 2, Sun, 10 March (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Seats are limited.
Please register by 6 March 2019 to avoid disappointment.

■ DISTANCE LEARNING MODULE
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This GDFM Enhanced Programme is organised by **College of Family Physicians Singapore.**

All information is correct at time of printing and may be subject to changes.

REGISTRATION

FREE REGISTRATION for College Members!

Chronic Disease Management(GEP)

Please tick (*V*) the appropriate boxes

	College Member	Non-Member
Seminar 1 (Sat)	~~$32.10~~ FREE	$32.10
Seminar 2 (Sun)	~~$32.10~~ FREE	$32.10
Workshop 1 (Sat)	~~$32.10~~ FREE	$32.10
Workshop 2 (Sun)	~~$32.10~~ FREE	$32.10
Distance Learning (MCQ Assessment)	~~$85.60~~ FREE	$85.60

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

☐ I attach a cheque for payment of the above, made payable to: **College of Family Physicians Singapore** *

Cheque number: _____

Signature: _____

**Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund due to cancellation after the registration is closed OR after official receipt is issued (whichever is earlier).*

Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: _____ intake

Mailing Address: (Please indicate: ○ Residential ○ Practice Address)

_____

_____

_____ E-mail: _____

Tel: _____ Fax: _____

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:
College of Family Physicians Singapore
16 College Road #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: 6222 0204

GDFM Enhancement Programme (FPSC #79)

Geriatric Care

Course is compulsory for GDFM 2018-2020 intake.

Sat, 4 May 2019: 2.00pm - 5.30pm
Sun, 5 May 2019: 2.00pm - 5.30pm

Singapore Institute of Management, Blk A, LT 1.17
461 Clementi Rd, Singapore 599491

TOPICS

Unit 1: BPSD in dementia - Assessment and Management
Unit 2: Mental capacity assessment update - LPA certification; and court appointed deputy application for patient
Unit 3: Insomina in the Elderly - Assessment and Management
Unit 4: New Geriatric Giants: Frailty, Sarcopenia, and Falls
Unit 5: End stage Parkinson's disease
Unit 6: Stroke rehabilitation principles

WORKSHOPS

Day 1 & 2: Case studies

SPEAKERS

TBC

■ SEMINARS (2 Core FM CME points)
Seminar 1• Unit 1 - 3: Sat, 4 May (2.00pm - 4.00pm)
Seminar 2• Unit 4 - 6: Sun, 5 May (2.00pm - 4.00pm)

■ WORKSHOPS (1 Core FM CME point)
DAY 1, Sat, 4 May (4.30pm - 5.30pm)
DAY 2, Sun, 5 May (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Seats are limited.
Please register by 29 April 2019 to avoid disappointment.

■ DISTANCE LEARNING MODULE
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This GDFM Enhanced Programme is organised by **College of Family Physicians Singapore.**

All information is correct at time of printing and may be subject to changes.

REGISTRATION

FREE REGISTRATION for College Members!

Geriatric Care (GEP)

Please tick (*V*) the appropriate boxes

	College Member	Non-Member
Seminar 1 (Sat)	~~$32.10~~ FREE	$32.10
Seminar 2 (Sun)	~~$32.10~~ FREE	$32.10
Workshop 1 (Sat)	~~$32.10~~ FREE	$32.10
Workshop 2 (Sun)	~~$32.10~~ FREE	$32.10
Distance Learning (MCQ Assessment)	~~$85.60~~ FREE	$85.60

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

☐ I attach a cheque for payment of the above, made payable to: **College of Family Physicians Singapore** *

Cheque number: _____

Signature: _____

**Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund due to cancellation after the registration is closed OR after official receipt is issued (whichever is earlier).*

Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: _____ intake

Mailing Address: (Please indicate: ○ Residential ○ Practice Address)

_____

_____

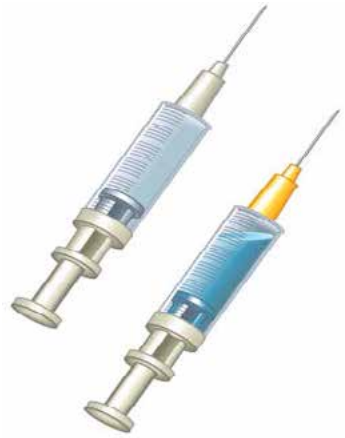
_____ E-mail: _____

Tel: _____ Fax: _____

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:
College of Family Physicians Singapore
16 College Road #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: 6222 0204



Family Practice Skills Course #80 (1 Day)

Life-course Immunization - Vaccinate for Life Series

Sat, 18 May 2019: 2.00pm - 5.30pm

Academia Auditorium, Level 1,
20 College Road, Singapore 169856

TOPICS

Unit 1: Empowering the Role of Family Practice in Vaccine-Preventable Diseases through HALO

Unit 2: Influenza and Patients with Chronic Diseases and Elderly

Unit 3: Pertussis Booster Vaccinations: Guidelines and Schedules

WORKSHOP

Case Studies

SPEAKERS

TBC

■ SEMINAR (2 Core FM CME points)
- Unit 1 - 3: Sat, 18 May (2.00pm - 4.00pm)

■ WORKSHOP (1 Core FM CME point)
Sat, 18 May (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Seats are limited.
Please register by 8 May 2019 to avoid disappointment.

■ DISTANCE LEARNING MODULE
(3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
- Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **GlaxoSmithKline Singapore**, organised by **College of Family Physicians Singapore.**

All information is correct at time of printing and may be subject to changes.

REGISTRATION

Life-course Immunization - Vaccinate for Life Series

Please tick (✓) the appropriate boxes

FREE REGISTRATION for College Members!

	College Member	Non-Member
Seminar 1 (Sat)	☐ ~~$32.10~~ FREE	☐ $32.10
Workshop 1 (Sat)	☐ ~~$32.10~~ FREE	☐ $32.10
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