



## Invitation to MOH-CFPS Webinar for GPs on Covid-19

by Dr Lily Aw, Consultant Family Physician, Lily Aw Pasir Ris Family Clinic & Surgery

**M**OH and CFPS held their inaugural webinar to engage the primary care fraternity soon after the activation of Public Health Preparedness Clinics (PHPC) as the nation forges on to contain the COVID-19 infection.

A/Prof Kenneth Mak, MOH Director of Medical Services, Dr Ruth Lim, MOH Director (Primary & Community Care), Ms Teh Shi-Hua, MOH Director (Subvention), A/Prof Tan Tze Lee, CFPS President, Dr S Suraj Kumar, CFPS Honorary Secretary, were on the panel with CFPS Vice President Dr Wong Tien Hua as the moderator for the session. The webinar was conducted on Zoom with about 80 GPs in attendance. This is the first webinar which was jointly organised by MOH and CFPS to address concerns, clarify matters and gather feedback from the ground.

Below are the summary points compiled by Dr Lily Aw, Consultant Family Physician.

### 1 | Duration of PHPC

- The PHPC scheme is meant to assist with management of outbreak of COVID-19, to ensure that persons who require medical assistance in the community, are able to receive them.
- MOH will ensure adequate resources are available for the duration that PHPCs are activated.
- As the situation is still fluid, it is difficult to predict how long PHPCs will need to be activated at this point.

### 2 | 5-day MC

- 5-day MC is a guideline for patients to rest, isolate themselves, and monitor their symptoms.
- It is a reasonable length of time to allow for differentiation from other viral infections most of which should improve by then.
- Employers have to respect and support this.
- Any patient who fulfils the suspect case definition for COVID-19 should be referred to hospital for investigations.

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Published by the **College of Family Physicians Singapore**  
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Tel: (65) 6223 0606 Fax: (65) 6222 0204  
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MCI (P) 109/09/2019

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- If it is not possible to persuade the patient, please call the MOH duty officer who will be able to advise. MOH can consider if a Legal Order should be issued to compel a patient to be tested, but this should be after exhausting other feasible options.
- For National Service personnel, SAF Medical Officers (MO) follow similar guidelines and protocols as GPs. We can also contact the Unit MO to discuss how to jointly manage.
- There is no need to give any Certificate of Fitness. MOM, MOE & ECDA have been informed.

## 3 | Masks

- To date, one million masks have been distributed to clinics.
- Personal Protective Equipment have also been provided to PHPCs.
- In situations whereby clinic staff requires a model different from what has been provided, we are encouraged to manage by exchanging informally, perhaps within PCNs.
- We can continue to purchase masks through Zuellig.
- There will be enough stock to replenish to protect our healthcare workers but there is a world-wide shortage (including export bans from several countries) and MOH are actively procuring more supplies.
- Patients with fever, URTI should use surgical masks to prevent transmission through droplets.
- Doctors seeing patients in higher-risk settings need to don full PPE (i.e. N95, gown and gloves)
- Proper hand hygiene is encouraged to prevent transmission.
- Hand sanitizers are useful where soap and water are not available but we need to use an adequate amount. Both alcohol and non-alcohol-based sanitizers are effective to break the weak viral envelope of the COVID-19 virus.

## 4 | Flu Subsidy Scheme (FSS)

- The changes to the MOH Healthcare Claims Portal are being expedited and will take another 1.5-2 weeks or so (i.e. by first week of March). Please be patient; the system should be ready soon. (Afternote: MHCP is ready)
- Relevant information to GPs is provided in the FAQs. Many issues may not have been directly addressed in the original circular, so the FAQs were drafted based on feedback from GPs on

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the ground. So do keep the questions and concerns coming in and MOH will try to answer as quickly as possible.

- The deadline for daily data entry for FSS has been pushed back to 12pm instead of 9am the next working day.
- Familiarise yourself with how the subsidy scheme works because the information is widely available to the public and there have been queries from some members of the public as to why they had to pay more than what was communicated in the media.
- Testing for COVID-19 is free because of its current public health importance.
- Point of care testing may become available in future.

## 5 | Need for Continued Vigilance

- The classic case for COVID-19 infection includes: Acute Respiratory Infection, pneumonia. Based on existing cases, typical symptoms for COVID-19 infection are predominantly respiratory infection symptoms, and may be accompanied by clinical signs of pneumonia.
- There can be concurrent medical conditions coexisting. We need to have a high index of suspicion because there are potential pitfalls.

## 6 | Continuing Medical Education (CME)

- No decision yet on whether to waive the need for CME as it is still early in the year.
- SMC is aware of concerns about not having enough educational opportunities for CME points.
- CFPS has been successfully organising remotely delivered lectures for GDFM and is planning more Webinars for Skills Courses.
- Singapore Family Physician journal also has relevant articles and MCQs.

**DMS expressed his thanks to all GPs and will work with us to make sure that care for patients is not compromised.**

■ CM

# Informed Consent

by Adj Asst Prof Tan Tze Lee, President, 27<sup>th</sup> Council, College of Family Physicians Singapore

In January 2019, the case of Dr Lim Lian Arn and his fine of \$100,000.00 by the Singapore Medical Council's (SMC's) Disciplinary Tribunal (DT) made the news, and hit the medical community like a medicolegal tsunami. It caused quite the uproar amongst both the profession and the public, and the fine was thought by many to be inordinately high for what appeared to be a minor transgression. Some doctors, we had heard, were so perturbed by this that they stopped offering the service altogether. Others increased their charges to factor in the medicolegal risks. Together with the Singapore Medical Association, College conducted a survey to study if a "disciplinary decision can affect practice behaviour."<sup>(1)</sup> The survey results revealed that there were fewer private sector doctors were offering H&L injections after the DT decision, and the median price band had gone from less than \$100.00 to \$100.00 to \$200.00, representing a 100% increase in costs. In the appeal to the court of three judges, the decision of the disciplinary tribunal was overturned. In the words of the esteemed court of three judges, this had "been an ill-judged prosecution, an unwise decision to plead guilty and an

unfounded conviction. In short, there has been a miscarriage of justice, with dire consequences for the medical practitioner concerned."<sup>(2)</sup>

The Ministry of Health recognised very early on that there was a urgent need to relook at the process of informed consent and the SMC disciplinary process, and convened a "Workgroup to Review the Taking of Informed Consent and SMC Disciplinary Process" in March 2019.<sup>(3)</sup>