

in the field concerning a matter does not in itself mean that the peer professional opinion being relied on for the purpose of paragraph 1 should be disregarded as evidence of a respectable body of medical opinion.

<sup>1</sup> Or arranged to give.

<sup>2</sup> Or ought to have known.

### Annex B –

#### Draft ECEG on informed consent

(1) Patient autonomy is a fundamental principle in medical ethics and must be respected.<sup>3</sup> You must respect a patient's right to refuse tests, treatments or procedures.<sup>4</sup>

(2) It is a doctor's responsibility to ensure that a patient under his care is adequately informed about his medical condition and options for treatment (including non-treatment) so that the patient is able to participate meaningfully in decisions about his treatment.<sup>5</sup> In taking consent, the information provided to the patient should include the purpose of tests, treatments or procedures to be performed on them, as well as the benefits, limitations, risks and alternatives available to them.<sup>6</sup> Considerations should also be given as to whether the treatment involves minor or major interventions and the levels of risk, the clinical setting and the context of the consultation, and should be relevant and material to a reasonable patient situated in the particular patient's position.

(3) A doctor should either take consent personally or if it is taken for the doctor by a team member, the doctor or the doctor's department should, through education, training and supervision of team members, ensure that the consent taken on the doctor's behalf meets with these guidelines. It is the principal doctor's responsibility to be reasonably satisfied that this has been done.

(4) In any case, you must ensure adequate documentation of the consent taking process where this involves more complex or invasive modalities with higher risks. Other team members may provide information such as education materials to augment the patient's understanding.

(5) In an emergency or therapeutic situation, a doctor may proceed with treatment without consent when the patient is not capable of giving consent and where the doctor deems that the patient may suffer significant harm or be exposed to inordinate risk unless the treatment is done immediately.

<sup>3</sup> Taken from Section C5 of ECEG 2016.

<sup>4</sup> Taken from C6(13) of ECEG 2016.

<sup>5</sup> Taken from Para 4.2.2 of ECEG 2002. Added the reference to "non-treatment".

<sup>6</sup> Taken from C6(3) of ECEG 2016.

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## The Journey Towards MMed(FM)

The College Mirror is delighted to have recent graduands of the MMed(FM) College Programme share their personal journeys and valuable insight into the challenges faced during the course of the 16-month programme. We wish them the best for their endeavours, and hope they continue to inspire!

### Dr Ong King Jane

#### My Exam Journey

I am a Resident Physician in Palliative Care in Changi General Hospital.

I started out petrified as I have been practising palliative care at a restructured hospital for a long time, was the oldest candidate in my batch, and knew no one in the College programme. However my batch was a friendly one and I quickly made friends. The tutors guided us throughout and were passionate about teaching, hence my knowledge increased exponentially. Subsequently I formed a study group with Drs Cynthia Tan and Lim Baoying, and we



Clockwise from top: Dr Cynthia Tan, Dr Ong King Jane and Dr Lim Baoying – the Simei-Changi General Hospital study group at the Family Medicine Convocation Ceremony

grew closer as we met frequently to spar with one another. Despite the intense stress, our study group kept our sense of humour and enjoyed ourselves.

#### What I Have Learnt

1. Resilience and perseverance because this is a gruelling and highly compressed programme that requires one to step up to take the Clinical Exam after 16 months of intensive training.
2. Breadth and some depth of medicine because Family

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Medicine extends from the cradle to the grave of both males and females.

3. Passion for teaching embodied by the College tutors, especially the tutors assigned to my tutorial group, Drs Eng Soo Kiang and Meykkumar s/o Meyappan. Dr Eng generously poured out his wisdom from his many years of experience, and Dr Meykkumar meticulously edited our 40-case write-ups.

4. Age is but a number. Despite being older, I realised that I could still learn new things if I put my heart to it. I learnt to relate to the younger generation as new friendships were forged through the adversity of stress.

**How We Can Do Better**

We need to showcase our ability to manage the wide scope of patients so that we no longer remain as the underdog in the eyes of the public.

**What I Think of Family Medicine**

Family medicine encompasses a wide field of medicine including acute, chronic and preventive medicine. We treat not just the patient but also the family and care-givers.

Practitioners must also communicate well, as we need to build trust with the patients and their family, otherwise

there can be no buy-in from them no matter how good our management.

Family Physicians are in the best position to guide the patient through the confusing array of specialists and online information, and to consolidate management plans because we are trained to treat the patient holistically.

**Why I am Pursuing to Progress in this Career Path**

I wanted to learn more community-based medicine as I may move to the community hospital after a period of time practising palliative care in the acute setting.

**My Future Hopes and Dreams and the Future of Family Medicine**

I am now at the crossroad as I was recently given a choice of pursuing palliative care at an advanced level. In gratitude to all my College tutors who have contributed to my success in this MMed(FM) exams, I also intend to pay it forward by passing on my newly acquired skills to the future generation of trainees.

**Advice for Juniors who may be Contemplating this Path**

1. Be prepared to commit all your time, energy and effort in the year leading to the exams. The stress level is higher than the MBBS, so remember to practise self-care.



# DEFINING TOMORROW'S MEDICINE

**Be a Part of Our Team!**

**Family Physicians & Resident Physicians**

SingHealth Polyclinics aims to provide holistic care to optimise the delivery of healthcare outcomes for patients. We also provide opportunities for those who have keen career interests in the area of research and education. If you aspire to provide quality care to patients and help Define Tomorrow's Medicine, abundant exciting challenges await you right here at SingHealth Polyclinics!

You can be considered for a position in any of our polyclinics to provide primary care, which includes managing acute and chronic medical conditions, and providing preventive care and medical care for women and children.

**Job Requirements**

- Basic medical degree registered with the Singapore Medical Council
- Relevant clinical knowledge and skills in managing patients at the primary care level
- Minimum 3 years of experience as Medical Officer or equivalent



**Locations**

Bedok  
Bukit Merah  
Marine Parade  
Outram  
Pasir Ris  
Punggol  
Sengkang  
Tampines  
Eunos (Coming Soon)

Selected candidates will be offered a position that commensurate with their relevant experiences, credentials and qualifications. Experienced doctors in family medicine can expect a competitive remuneration package with higher responsibilities.

If you are interested, please email your resume to [hr\\_admin@singhealth.com.sg](mailto:hr_admin@singhealth.com.sg)

Visit <https://polyclinic.singhealth.com.sg> for more information

2. Form a study group early and contribute unselfishly to it as each member has his/her strengths and weaknesses. Iron will sharpen iron and blind spots can be unveiled and erased.
3. The College programme is well-planned, and every session is well-organised and brilliantly executed. Maximise your learning by preparing ahead of each session, being humble enough to receive constructive critique dished out lovingly by the tutors, and doing post-session studying to beef up your knowledge and skills.

## *Dr Kenneth Tan*

Embarking on a career in Family Medicine is like setting sail as the captain of your own ship; the whole breadth of medicine becomes available for you to explore. After building my foundation in Family Medicine at the polyclinics and private clinics, it was time for me to get out of my comfort zone and explore distant shores.



*My tutorial group. From left to right: Me, Dr Andrew Chua, Dr Meykkumar Slo Meyappan, Dr Ong King Jane, Dr Lim Baoying*

I took up the MMed(FM) College programme because it was a broad and deep programme taught by local expert clinicians. These tutors are knowledgeable and wise, and the opportunity to interact and work closely with them over the past 18 months taught me a lot. Honest feedback in private practice is hard to come by, and this course helped uncover my deficiencies and provided a roadmap for improvement. As I just started a new practice, I wanted to start on the right foot and provide my patients with the best possible care.

This course was challenging for me as I had to keep up with the rigorous coursework while working as hard as I could to keep my clinic afloat. It wasn't easy balancing the time commitment on both sides, and I spent my days either working or studying. There were many moments where I was filled with self-doubt and fear, but my classmates and tutors encouraged me to press on. My study group worked around my constraints and never gave up on me. Being part of this MMed(FM) team was the only reason I made it across the finish line.

From interacting with the tutors and my classmates, I experienced the breadth of talent we have within Family Medicine, and how every family physician is an expert serving the needs of their community. I want to keep learning from other family physicians, and to share my

experiences with other family physicians. I will continue to develop the skills I've gained from this course in my daily practice.

Family Medicine is growing, with increasing numbers choosing to take up the GDFM and MMed(FM). I hope the country recognizes the critical role we play in the healthcare system. My dream is for Family Medicine to have its own training/research institution to inspire medical students to take up Family Medicine, offer post-graduate accredited courses run by family physicians for family physicians to practice cutting edge primary care, and a headquarters for family physicians to explore the uncharted oceans together.

Consider giving the MMed(FM) a go if you are bored with your current practice, if you want feedback on your current practice, or if you're looking for a challenge. Put in the effort, listen to your tutors, work with your coursemates and you can make it!

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## Dr Ong Aili

I have always find taking exams a similar experience to climbing a mountain and without a doubt, MMed(FM) was one of the toughest one thus far. I remembered how overwhelmed I felt at the beginning of the course, the amount of knowledge we have to acquire in 16 months felt impossible. And indeed, it was tough. Programme B was structured in such a way that every week is a mini exam, testing on a small component each time. And so it began, non-stop studying and practising, while battling the knowledge leak, preparing for audit and writing our case log, all while juggling work, our family and the other aspects of our lives.



*From left: My husband Wei Peng, me, my 2 children - Leila and Lewis*

I was relatively lucky, I worked in NHGP which has good teaching support. I also have great tutors in Programme B, awesome study group mates and a very supportive family. I cracked under the pressure half way into the course, but with the support of my fellow classmates, tutors, colleagues and most importantly my family, I pulled myself together, drafted a new plan and soldiered on. The journey felt like it would never end, but eventually it did. Like all mountains, what's important is not just about reaching the peak, it is all but a check point. By passing through the "fire" of MMed(FM), I have honed my clinical skills, made friends with

like-minded individuals and most importantly, pushed my own limits.

I entered family medicine at a time when it was less recognised but I like it for the breadth that it offers. Now, more than 10 years into family medicine, I've learnt that it is much more, and I can do much more. There is both an internal and external drive to better family medicine and the quality of family physician has improved over time. We are now taking on a bigger

role in the changing landscape of healthcare in Singapore. As an individual, I will continue my own learning quest, to always challenge myself to be a better physician while hopefully passing on the knowledge to future batches. As for family medicine as a whole, I hope that we can continue to strengthen ourselves as the foundation of Singapore's health care system.

For the juniors contemplating on pursuing a career in family medicine, it is not an easy path like some may believe. To be a good family physician, you would need to be equipped with both a great breadth and depth of knowledge, there will be endless learning throughout your life. You need to be a team player, work with the other speciality and allied health and help your patient navigate the complex healthcare system.

## FAMILY PRACTICE SKILLS COURSE

### Geriatric Care Update (Re-run)

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #79 on "Geriatric Care Update (Re-run)", held on 11-12 January 2020.

#### Expert Panel:

Dr Tan Rui Qi  
Ms Lim Hui Min  
Dr Ng Beng Yong  
Dr Ong Eng Hui  
Dr Tan Chi Hsien  
Dr Geoffrey Sithamparapillai

#### Chairperson:

Dr Gabriel Yee

### Advanced Family Medicine (AFM)

#### Practice on:

#### Experiential Learning from Illness Narratives & Balint groups

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course on "Experiential Learning from Illness Narratives & Balint groups", held on 18 January 2020.

#### Expert Panel:

A/Prof Cheong Pak Yean  
Dr Tan Yew Seng  
Dr Wong Tien Hua

#### Chairperson:

A/Prof Cheong Pak Yean

Most importantly, you need to have a big heart. We treat people, not diseases. Only by taking the patient as a whole person, will we be able to formulate a management plan that is truly beneficial to and accepted by the patient.

As long as you come in for the right reason, I can say for sure that you will not regret your choice and you will find Family Medicine a fulfilling career.

## Dr Lim Bao Ying

My exam journey went back to 2016 when I planned for the Master of Family Medicine [MMed(FM)] programme to commence in mid-2018. I went into overdrive, trained really hard in 2016 in order to complete 2 full Ironman distance triathlons in 2017. Next up, I focused on just running in the first half of 2018 so that I could pack up my racing shoes/ bike/ goggles once the programme commenced.



*From left: Dr Tan Lye Yoong, Dr Cynthia Tan, Dr Cheryl Christine Chandran, myself, Dr Ong King Jane and Dr Ong Aili at the dinner after the final clinical exam*

The MMed(FM) course work was tough right from the word “GO!” on 4th July 2018. I had to put in 1-2 evenings per week of work in a family clinic to make course requirement. That was on top of my daytime work in Sports Medicine. And it’s my second chance at it again, having dropped out of MMed(FM) Programme A in 2009 to switch to A&E traineeship. Complicating was the issue of me winning the Standard Chartered Marathon Singapore in December 2018 and got slapped with an anti-doping sanction.

My lovely course-mates, notably my study group mates, Dr Ong King Jane, Dr Cynthia Tan, Dr Tan Lye Yoong, latter being fellow class reps with Dr Ong Aili, dragged me out of the doldrums and dumps to make me fight on in months leading

up to the MMed(FM) exams. They didn’t judge me but see me as a person.

Everything is possible, as a team. The tutors of Programme B were so passionate, having come through the similar pathway as us. It inspired us all to give back in the same manner. And this in turn would keep our

knowledge well-oiled and current.

Ultimately, I’m still a Sports Medicine practitioner in essence. MMed(FM) made me know what I don’t know, even after clearing the exam. I am at the crux of career changes so the path ahead is not that clear to me.

My advice for juniors who may be contemplating this path: please put your life and other pursuits in hold while you partake the MMed(FM). Respect it and it would reward you richly with friends for life and nicely honed mannerism of a doctor whom patients love to see. Break the mammoth task in front into pieces and tackle them bit by bit. Ask for help from tutors, fellow course-mates and you would be able to identify your blind spots. Humility pays in this course.



*A Thank You Dinner for the tutors.*