## President's Column

## December 2020

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

Just last month the NUS Department of Family Medicine (DFM) held its yearly Thanksgiving Dinner celebration. In previous years, we met over dinner, and there was always a lovely programme put together to thank our GP trainers who contribute so much to teach our undergraduate students. This year it was held virtually; dinner was delivered to our homes, and the programme was brought online. We even played the DFM version of "Wheel of Fortune" which was a great success. One of the phrases that came up in the competition was:



"MAKE FAMILY MEDICINE GREAT AGAIN." Indeed we

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It was a battle cry, resonating with all of us who had been engaged in family medicine training and advocacy over the years. Historically, family doctors were the bedrock on which Singapore medicine was built on. That status had slowly eroded with the advent of sub-specialisation and specialist care. The focus on hospital based care has enabled Singapore healthcare to be at the cutting edge and forefront of medical technology and expertise. All these advancements have come at a cost, a cost that would be difficult to sustain in the longterm.

(continued from Page 13: My MMed(FM) Journey

## Dr Cheryl Christine Chandra

y MMED journey initially began with my decision to take on the GDFM course. This was borne out my desire to improve my clinical skills to better manage my patients in the polyclinic. Thankfully, I was able to clear the GDFM exams in 2017 but despite the added knowledge acquired during the course of my studies, I still want to learn more, and this spurred me on to move on to the MMED(FM).

To be honest, the MMED experience as a Programme B candidate was quite challenging. I started the journey shortly after I completed my GDFM and I was startled at how much more knowledge, and commitment in time and effort was expected in the MMED program compared to GDFM. It was admittedly tough juggling a full day of work in polyclinic and then come home for a quick dinner followed by my nighttime revision for MMED. However, in that regard, I was fortunate to be supported by an entire 'kampung' of people — my colleagues who graciously covered some of my duties so I could attend teaching courses, my study buddies who moaned and groaned with me but still kept to the discipline of regular study/practice sessions and a very understanding husband who doubled as a driver/cook/cleaner/reluctant mock patient.

Unfortunately, I was not successful in my first attempt in clearing the MMED but thanks to the encouragement of the people around me, I decided to push on and give it

another go. A fellow study buddy of mine was in the same predicament and I remember the both of us meeting up for dinner with our respective husbands shortly after our MMED results were released to promise each other that we would persevere and reattempt the exam together. We came up with a regular study plan, gathered our notes and continued to push each other on.

However, COVID-19 struck and online meetings, tutorials, and lectures became the norm. Physical examination teaching sessions were cancelled. Deep down, I became more doubtful of my chance of passing MMED the second time round. Thankfully, we were fortunate to have dedicated seniors and friends who made time over countless Zoom sessions to practice OSCE scenarios with us and many a night was spent in front of the computer hurriedly flipping through our notes. Together, my friend and I took on the MMED again in 2020 and to my immense relief, we both finally cleared the exam.

The MMED journey is not an easy one but with the support of great friends, colleagues and loved ones, it is a journey that I do not regret embarking on. The knowledge and experience gained in preparing for the exam has given me a greater sense of confidence in dealing with the patients who walk through my door in the clinic and that sense of assurance is the greatest reward from the MMED journey.

■ CM

Do we have a solution to these challenges? The longterm goal of "One Singaporean, One Family Doctor" may hold the answer, a goal that has become even more urgent in the light of our rapidly ageing population. We are beginning to see the focus back to Family Medicine (FM), with more recognition that good high quality primary care is key to better health outcomes and reduced healthcare costs. In order to meet these needs and achieve our national objectives, family medicine and family physicians will need

much help and recognition. With such a pivotal role in the health of our nation, will family medicine finally be recognised as a specialty in its own right? The College has been very much involved in family medicine training since 1971. Our training programmes have evolved over the years to meet the needs of our community, with our family physicians having to take care of ever increasing numbers of patients with complex chronic conditions. Our Fellowship programme, the College equivalent to advanced specialty training, aims to address such needs as one of its training goals. Timely recognition of FM as a specialty will strengthen the national commitment to establish the foundational role of family medicine in the health of our nation, and attract more of our young doctors to train in FM.

I recently met with a GP friend I hadn't seen for over a year. We were supposed to meet in Australia to celebrate his birthday but Covid I9 put paid to those plans. We had a wonderful time catching up, reminiscing on those carefree days when we would just simply jump on a plane for a short trip overseas. 2020 changed all that. Global air travel has been greatly reduced. Travel restrictions has many implications for healthcare professionals, so much so that in person conferences are at present no longer possible, and many meetings and conferences are now on a virtual platform. For the College, our courses are also now conducted virtually. This move to training in cyberspace,

although presenting many challenges, has been very well received by our trainees and trainers alike.

Covid19 has insinuated itself into every facet of our lives. Whether it be in the home, the workplace, our educational programmes, places of worship, and recreational activities. It brought with it much stress to many on the frontline. To support our doctors during this time, the first series of Resilience webinars was held in April. A/Prof Cheong Pak

Yean and A/Prof Goh Lee Gan report on the second series of Resilience in the Time of Covid webinars held in October.

The Vaccination and Child Development Screening Scheme (VCDSS) was launched on I November 2020. Vaccinations are now subsidized for vaccines covered under the National Adult Immunsation Schedule (NAIS), and the National Child Immunisation Schedule (NCIS). Dr Leong Choon Kit writes on the temporary suspension of a couple of influenza vaccines following reports of adverse reactions from Korea, and useful lessons we can learn from it.

2020 has been most eventful. Covid19 has been the major focus throughout the year, and this has had myriad effects

on all of us. It has affected how we deliver care to our patients. It has affected patient attendances at our clinics and polyclinics. Our economy has been challenged as never before. Circuit Breaker came and went, and now we are waiting expectantly for phase 3 and air travel bubbles. With all these dark grey clouds, there are silver linings as well. Circuit breaker was a timeout for many of us. We had time to ourselves to reflect on our lives and how best to go forward. We had time to reevaluate what is truly important to us, time to better appreciate our loved ones, and the value of true friendship and comradeship. In this period of relative calm, I wish everyone this holiday season goodwill, peace and joy, and that 2021 will bring new hope and fresh beginnings for all.

■ CM





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