

**Sreenivasan Oration by Dr Tan See Leng,  
Minister for Manpower and Second Minister for Trade and  
Industry, at the 50<sup>th</sup> Anniversary of the College of Family  
Physicians Singapore (CFPS) on  
Friday, 3 December 2021, 1900h over Zoom**

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Adjunct Associate Professor Tan Tze Lee, President, College of  
Family Physicians Singapore (CFPS),

Council Members,

Distinguished Guests,

Ladies and Gentlemen,

Good evening

### **Introduction**

Thank you for this privilege to deliver the Sreenivasan  
Oration, in commemoration of the late Dr B R Sreenivasan's  
immense contribution to Family Medicine, medical education,  
and the health of countless Singaporeans.

Modern Day Family Medicine began due to growing concerns over care fragmentation and impersonal care.

This was brought about by the rapid advancement in medicine and in medical specialisation. Drs B. R. Sreenivasan, Wong Heck Sing, Koh Eng Kheng, Lee Suan Yew and Victor L. Fernandez saw the need for the formation of the College as the first step that would lead to the establishment and recognition of general practice as a separate discipline to bring back the essence of medicine and to put the patient at the heart of all we do.

This was achieved through a prescribed curriculum of training, a rigorous assessment process and research.

Indeed, these were men of great foresight and we today are the beneficiaries of their determination and advocacy.

I am truly honored and privileged to be part of this fraternity of Family Physicians. 2021 marks the 50th Anniversary of the College of Family Physicians Singapore.

It is therefore timely that the topic given to me is “Family Medicine for the Next 50 Years”, to discuss the critical challenges that we face for the next 50 years and ask ourselves,

“How should we, as family medicine practitioners and as a College approach these challenges?”

How we as a community of family physicians respond to four key challenges will define us in the next 50 years.

Let me elaborate.

## **Transforming Care to Meet Demands of Rapidly Changing Demographics**

First, our population is ageing rapidly.

By 2030, one in four Singaporeans will be aged 65 years and above.

A rapidly ageing population will lead to an increased demand on our healthcare system and our shrinking local workforce will make it doubly challenging to support these needs.

As much as there are on-going efforts to support our seniors in ageing healthily, gracefully and with dignity, many of our seniors will face a myriad of chronic diseases as well as problems related to frailty and disabilities in their silver years.

This will require multiple complex interventions to support their care needs.

Afflictions can be both mental and physical in an ageing, lonely, difficult world.

**This is why we should shift towards Population Health which takes an inter-disciplinary and multi-stakeholder approach towards improving health outcomes across a population.**

What does this mean for family physicians?

We should then move beyond being gatekeepers to specialist care and become effective team players and leaders within the care ecosystem.

We should move upstream in preventive care, collectively make evidence-based care decisions as part of a clinical team and walk together with the patients, as well as their families in their care journey while ensuring the best health outcomes.

The more we work together as a team, the better we will be able to manage a more diverse and complex array of issues, resulting in better clinical outcomes and service excellence for our patients.

Take for instance, the Primary Care Network (PCN) scheme, where private GP clinics come together and self-organise into networks to provide team-based care for more effective chronic disease management.

They share resources with fellow clinics in the same network, which provides their patients with easier access to ancillary services such as diabetic foot screening (DFS), diabetic retinal photography (DRP) and nurse counselling.

As of October 2021, there are 10 primary care networks (PCNs), comprising over 600 GP clinics island-wide where many of you are part of.

This model of GP-led networks has been powerful in providing peer leadership on clinical care, and the Ministry of Health will do more to leverage them when developing regional and local programmes to improve the health of our communities.

At the Ministry of Manpower, we are also transforming how primary care should be delivered for our migrant workers.

Instead of fragmented and episodic care, we have taken bold steps to adopt a population health approach where migrant workers would be enrolled into dedicated medical providers who will provide accessible, affordable and culturally attuned medical services.

This would build stronger doctor-patient relationships and bring about better continuity of care.

Ultimately, this will improve health outcomes of our migrant workers.

This new integrated primary healthcare system will operate like a “Hub-and-Spoke” model of care, where each sector will be anchored by a “Hub” Medical Centre for Migrant Workers, providing a suite of primary care services near migrant workers’ place of residence, coupled with smaller “Spoke” Onsite Medical Centres at selected large dormitories, alongside Mobile Clinical Teams for rapid health response towards emerging clusters, and 24/7 telemedicine services. This is complemented by designated GP clinics in the community who have stepped up to provide care for migrant workers.

The clinics are also equipped with multilingual translation capabilities in English, Mandarin, Tamil and Bengali.

Clinical teams may also be augmented by healthcare workers who can speak the native language of migrant workers to provide culturally attuned care while maintaining public health surveillance to mitigate the risks of future outbreaks.



## **Embracing Technology to Augment Care**

Second, technology has been said to disrupt the patient-doctor relationship. Increasing amount of paperwork bogs down the daily work of a GP and reduces time to engage with the patient meaningfully.

The COVID-19 pandemic has brought about transformational changes in the way we adopt technology to deliver care.

In particular, the use of telemedicine has been brought to the forefront and its adoption was accelerated by the COVID-19 pandemic.

This has enabled physicians to continue to deliver healthcare remotely and in fact make care even more accessible.

Family physicians have stepped up to provide telemedicine consultations for their patients who have been placed on home recovery.

Family physicians who have built strong relationships with their patients can help allay their fears, offer more targeted medical advice based on the understanding of the patient's medical history and ensure right siting of care.

**We are at an inflection point in healthcare's digital transformation.**

**As purveyors of change, family physicians must take the lead in defining how technology can provide patient-centred care and better health outcomes.**

Besides these, there is an immense potential in harnessing technology to also improve work processes as well as care experience for our patients.

An example is Project THRUST (Tackling Hypertension Right, Unifying Strengthening Trust) developed by GPs in partnership with a local start-up to deliver a more comprehensive care model for hypertensive patients.

The project employs a range of technology tools, including remote vital sign monitoring devices (such as blood pressure machines and lifestyle trackers) and both patient-facing and clinician-facing apps for care delivery and communication.

This project is funded under the programme, GP Innovation Initiative (GPII) by the MOH Office for Healthcare Transformation (MOHT).

GPII is a programme that provides funding support to GPs with innovative solutions that helps in achieving good disease control and are financially sustainable and scalable.

Led by Dr Lee Yik Voon (Lee & Tan Family Clinic and Surgery), the Project involves 10 GP clinics and their Technology and Care Services Partner, Witz-U.

Since the launch of the programme in December 2020, the programme has recruited close to 200 fee-paying patients. Each patient is monitored and coached on various aspects of his/her behaviour and lifestyle, such as medication, blood pressure monitoring, diet, exercise and mindfulness by a multi-disciplinary team comprising the GP, a health coach/nutritionist, a care coordinator and a mindfulness coach.

The programme has shown encouraging improvements in patients' blood pressure, as well as the care experience for both GPs and patients.

True to the innovative spirit of the College, GPs like Dr Lee Yik Voon are much needed to embrace innovative solutions with a critical eye.

This is done through testing and validation of technologies and marrying them with patient-centric care as well as sustainable models at the clinics.

### **Preparing Ahead in Meeting the Threat of Future Pandemics**

Third, the next pandemic is not a question of if but when. In the past two decades alone, the world had experienced several notable outbreaks, including the 2003 Severe Acute Respiratory Syndrome (SARS) epidemic, the 2009 H1N1 pandemic, the 2012 Middle East respiratory syndrome (MERS) epidemic, the 2014 Ebola epidemic and the current coronavirus disease 2019 (COVID-19) pandemic.

Even as we celebrate this 50<sup>th</sup> anniversary, governments, and health care systems all over the world are now grappling with the Omicron variant.

These challenges remind us that Singapore must continue to strengthen our healthcare system capabilities and capacities, as well as remain vigilant against these threats.

Primary care remains the cornerstone of pandemic response and has shown itself to be highly adaptable in meeting the unique demands of the pandemic.

On this note, I would like to thank all of you in leading the frontline efforts in our fight against COVID-19 in the past two years.

GP clinics have been the first port of call for patients suffering from symptomatic COVID-19.

In doing so you have taken on new IT systems, adapt to dynamic testing strategies and pivot along with the country from elimination, stabilisation to endemic strategies.

However, beyond the public health response, you have kept your patients close to your heart. You have built trust over time and this has provided much comfort and reassurance by addressing any misinformation or fake news that have been widely circulated.

Through physical or virtual means, you have also cheered your patients on through their recovery.

To this end, **rapid and potentially irreversible climate change would only further breed fertile conditions suitable for disease transmission, and family physicians being the first line of defence, will have to be prepared for the next pandemic.**

As the first line of defence, family physicians will need to remain vigilant in performing both public health functions such as early detection and testing, and primary care functions such as triaging and managing suspected cases of infectious diseases.

A good example would be the astute family physicians of Sims Drive Medical Clinic, who alerted the Ministry of Health to a sudden spike in cases of fever, rashes and joint pain at their clinic, which led to the discovery of the first Zika cluster in Singapore in 2016.

## **The Evolving Family Medicine Identity – Redesigning Education and Training**

With the three critical shifts, the demand on the family physician will only be greater.

This brings me to the last challenge.



New competencies will need to be developed to meet the evolving and expanded role of Family Physicians.

Family physicians of the future will need a good mix of communication skills to connect with both patients and colleagues from a myriad of disciplines and be familiar with the local health and social care services landscape to help patients navigate and transit across the various care systems. They will need to develop leadership and influencing capabilities to be effective team leaders and team players in multi-disciplinary healthcare teams.

They will also need to leverage on behavioural science strategies and deeper communication strategies to better build trust and nudge their patients to take ownership of their own health.

Just like Dr B R Sreenivasan and the pioneers, the College will need to ride the winds of uncertainty and disruption and continue supporting our Family Physicians in meeting these new demands through its strengths in providing professional education and training.

This will involve a shift in the emphasis of the undergraduate and postgraduate education and training from hospital to community Medicine, and from a traditional biomedical curriculum to one that incorporates social and behavioural sciences.

Some may argue that family physicians are redundant in this increasingly specialised world.

But it is exactly because of the increasingly volatile, uncertain, complex and ambiguous (VUCA) world we live in that family physicians are even more valuable.

For this, I am reminded of the aphorism “to cure sometimes, to relieve often, to comfort always” which originated in the 1800s with Dr. Edward Trudeau, founder of a tuberculosis sanatorium.

Today, more and more diseases can be treated successfully, with, even more diseases being relegated into chronic illnesses.

Our mindset shifts have to be targeted toward upstream preservation of health and prevention of infirmity.

As a community, we must lead alongside with academia, international organizations and associations and contribute as opinion leaders on the world stage.

Locally, as we shift towards Population Health and take up a multi-stakeholder approach, family physicians can continue to look at each patient as a whole and provide comfort always, through meaningful conversations with our patients.

Success in my humble opinion may mean; a family physician who is able to constantly keep abreast of the latest developments and advances in care, be an active advocate and clinician to his patients and their families, connected to the academia both locally and internationally actively participating in Research and Development, contributing in evolving models of holistic care and being a leader in his or her respective communities.

## **Conclusion**

Even as the practice of Family Medicine changes over the next 50 years, primary care will be evergreen and continue to be the foundation of any healthcare system.

There can be no better moment than this for the community of Family Medicine practitioners, to reflect and re-double our efforts to transform family medicine to meet the challenges in the next 50 years.

I am confident that Family Physicians will see challenges as opportunities and seize them to further strengthen this bedrock of the healthcare system.

Best wishes to all family physicians as you continue to transform the Singapore's healthcare landscape for better health and better care for all Singaporeans.

Thank you.

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