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limited edition of the first day cover of the stamp which was released to our College members. It will certainly add value to its collectability and become an envy to many collectors in the world.

This anniversary is a vital milestone for the College to reflect on past achievements, current progress and future plans to pivot family medicine to the next level. We believe that the trained family physician, backed by effective career development and professional support systems, will become an invaluable component of our healthcare system.

While we remember the proud moments of 50 years of Family Medicine, we acknowledge the dedication of our senior family doctors who have selflessly volunteered their time to “pay back” and mentor our juniors. As the veteran family physicians pass on the baton to the new generation, it is our hope that the Family Medicine fraternity humbly unite as one people and press on to pursue excellence in medical care, education and research to advance the course of Family Medicine.

■ CM

The College: Present Decade and Future

In conjunction with the 50th anniversary of College, we invited the past presidents to share their well-wishes, experiences and the future they have for the College of Family Physicians Singapore.

DR LEE SUAN YEW

*President (1985-1989),
College of Family Physicians Singapore*

May I congratulate our College of Family Physicians' President, Adj. Associate Prof Tan Tze Lee and his 28th Council Members for keeping up and even improving the high standard of our College's teaching and professional achievements and reputation.

We started humbly in 1971, 50 years ago, as a College of General Practitioners and we changed our College's name to College of Family Physicians to stress the medical care of Family ethos focused by our College members.

In the early years, the College used to arrange lectures in the evening. Who would believe that over the years the College arranges the lectures, training and examinations for post-graduate doctors who are planning to take different examinations for example:

GDFM, MMed(FM) and FCFP(S)

I must congratulate all the doctors who are helping the College in the planning, teaching and examining all our post-graduate candidates for the different examinations. Their dedication is outstanding.

We also have to thank the Academy of Medicine leaders for inviting the Fellows of our College to form a Chapter of Family Physicians in the Academy. Our current Academy leaders, led by Dr Teo Eng Kiong, are even supporting the Fellows of FP to be classified as specialists. Discussions are on going and it is our hope that the Ministry of Health and the Specialist Accreditation Board will accept the Fellows of Family Physicians as specialists. Apparently, the Hong Kong and Malaysian Ministries of Health have already done so. It is not the prestige that matters but it is the recognition that is important. This will attract more young doctors to undergo the FP post-graduate training and examinations and exit examinations. As our population gets older, we need more Family Physicians with specialist training to manage this important aspect.

The MOH need not fear about the Family Physicians raising their fees. ALL doctors must remember Sir William Osler's wise words:

“The practice of medicine is an art, not a trade, a calling, not a business, a calling in which your heart will be exercised equally with your head.”

DR ALFRED LOH WEE TIONG

*President (1993-1999),
College of Family Physicians Singapore*

Fifty years ago, a group of farsighted family doctors got together to form the College of General Practitioners, Singapore (CGPS) with the assistance of more mature colleges overseas in the UK and Australia. Our pioneers had to contend with rather negative sentiments from their colleagues in the public service and even the university in those early years. Despite these naysayers, the early Singapore College Councils pursued the policy of continuing medical education and practice upgrading for its members.

All these early efforts began to pay off in these last two decades. With increasing awareness and acceptance of the important role the family doctor plays in the holistic care of the individual and the community as well as in adopting increasingly higher standards of postgraduate courses and examinations, the discipline of Family Medicine is now widely accepted here. The recognition by the Singapore Medical Council of the Graduate Diploma in Family Medicine (GDFM) and the Master of Medicine in Family Medicine [MMed(FM)] bears testimony to this. The College of Family Physicians Singapore has achieved much especially these last 2 decades.

DR LIM LEAN HUAT

*President (1999-2001),
College of Family Physicians Singapore*

I was elected President of the 17th Council (1999 to 2001) of the College of Family Physicians Singapore. The outgoing President before me was Dr Alfred Loh. During my term of office, my Vice President was Dr Arthur Tan Chin Lock, and Dr (now A/Prof) Lee Kheng Hock was the Honorary Secretary.

There were several College activities in my term of office that have continued to be important to this day. These were the launch of the College Website, the graduation of the First Cohort of the College Fellowship Programme, and the launch of the Graduate Diploma in Family Medicine programme.

These words were edged on a stand at the entrance of our College. It was my Council and I who felt that those words are important throughout our career. We must practise medicine with compassion, integrity, humility, professionalism and life long learning for the good of our patients.

In his recent 50th Anniversary Message, the College President Adj Assoc Prof Tan Tze Lee mentioned the hosting of two WONCA World Conferences by the Singapore College in 1983 and 2007. These reflect the standing the College of Family Physicians Singapore enjoyed in the global family medicine fraternity during those earlier years. Maybe it is now timely for the College to extend its vision further afield by working in collaboration with the sister Colleges of Family Medicine especially in the ASEAN Region. Working with the Office of the Asia-Pacific Regional President of WONCA (World Organisation of Family Doctors) may be a suitable approach. The collaboration may take the form of joint research in family medicine, exchange of training materials, conduct of conjoint examinations, exchange of teaching fraternity and even joint colleges conferences in family medicine.

In doing so, the College of Family Physicians Singapore will contribute to the universality and acceptance of the discipline of Family Medicine in ASEAN and the Asia-Pacific Region. This is something I would urge the College to seriously consider as one of its future endeavours.

Launch of the College Website [1]

The College Website was first set up in 1994 and was relaunched on 22 May 1999 and the Website is now active and well today. It has presently information on College programmes, CME programmes, Events, Publications, Membership and Links.

Graduation of the First Cohort of College Fellowship Programme [2]

The First Cohort of 8 Fellows of the College successfully passed their Exit Interview on 16 September 2000. They

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received their conferment during the College's 30th Anniversary Celebrations Scientific Meeting in 2001. Today as of 2021, we have 155 Fellows.

Launch of the Graduate Diploma in Family Medicine Programme in 2000 [3]

The objective of the course is "to train FPs/GPs to practise Family Medicine at an enhanced level which is able to meet the needs of the young child, the adult, and the elderly, with emphasis on diagnostic and management skills in the various clinical disciplines." As of 31 Mar 2021, we have 1463 doctors with the GDFM qualification.

College activities in the South East Asia Region during the early 2000s [4]

The Singapore College was active in its work in "helping neighbouring countries such as Myanmar and Indonesia develop the discipline of Family Medicine in their respective countries".

We won the bid to host WONCA World Conference 2007 [5]

2001 was also a lucky year for us. We bid for the WONCA World Conference of 2007 in Orlando and we won the bid by just one vote beating Australia to it. Dr Tan See Leng led the bid. The rest is history.

The future

The is one more milestone to be reached: FM is recognised as a specialty. It will come.

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4. College of Family Physicians, Singapore. 29th Annual Report 2000 – 2001. CFPS: Singapore, 2001. College activities in the South East Asia Region. Page 7.
5. College Mirror, Singapore. Welcome to Wonca World Conference 2007. CFPS: Singapore, 2007. Pg 1.

A/PROF CHEONG PAK YEAN

President (2001-2007),

College of Family Physicians Singapore

Innovations in FM Training

The College championed Family Medicine (FM) training in Singapore as its *raison d'être* and thus accepted the challenges of having to develop generalist physicians grounded both in the science and the art of medicine and skilled in handling a plethora of illnesses that span various medical disciplines in breadth as well. Two aspects of the training are highlighted namely, in the teaching of medical communication and humanities (MCH), using a transdisciplinary approach and providing clinical case-based training across the breadth of disciplines.

Medical Communication & Humanities (MCH) for the Generalist Physician

This challenge of medical education and understanding of

man himself was highlighted by Dr Wong Heck Sing (WHS) in 1978 in the College inaugural Sreenivasan lecture titled 'The Future of Singapore General Practitioner'. Dr Wong quoted Dr Sreenivasan, the founder president to reiterate 'that the most difficult part in the study of medicine was the study of man himself' and bemoaned the eclipse of the generalist physician (GP) and the fragmentation of care by body systems from specialisation and sub-specialisation.

Dr Wong, who succeeded Dr Sreenivasan as President of the College, noted that 'education today is essentially a study of the human body per se... (The GP) needs a broad education and should not concentrate mainly on the physical and biological sciences to the exclusion of the humanities and the arts... His understanding of people may

be drawn from the reading of novels, biographies, poetry and plays and from the visual arts and this understanding will heighten his sensitivity to the feelings of his fellow men in later life'. Dr Wong observed that 'Those that do go into general practice have to learn by trial and error'.¹

These words are prescient. When I started community practice in 1980 after completing my clinical training in Internal Medicine,

I was recruited by my good friend A/Prof Goh Lee Gan, into the nascent FM teaching fraternity though I had no formal FM training. I realised the gaps in my clinical skills – that I have to be equally adept at engaging the mind, which every patient has (sic) and caring in the context of his/her family in the community. I taught FM as best I could from what learnt from patients and caught from observing my FM colleagues.

I felt inadequate. So, in 2005, I decided to learn from the psychotherapy fraternity in Singapore about mind matters, did a Masters then practiced and taught psychotherapy. My mission is to develop methods to train the family physicians into the generalists envisaged by our forefathers.

Together with A/Prof Goh and Prof Kua Ee Heok a doyen of the psychiatric community, we developed a counselling method for doctors we termed 'Brief Integrative Psychological Therapy' (BIPT)² as documented in a book in 2015. Though BIPT provided basic elements of counselling, we found that most doctors steeped in the biomedical paradigm of evidenced based medicine (EBM) of the body are not able to parallel process EBM and NBM (Narrative Based Medicine) and therefore still choose to refer patients with psychosocial problems to professional counsellor because they feel that they do not have enough counselling skills and training. Moreover, the limited consultation time do not allow the incorporation of BIPT routinely.

A/Prof Goh and I had the opportunity to teach the BIPT system we developed to medical students in their FM posting in concert with a team of counsellors in the Counselling and Care Centre since the 2011s, for about a decade now. We shifted the consultation paradigm of actuating both the rational and intuitive mind together to extend only parts of the usual consultation methods when needed and if needed while keeping the usual flow as default. Together with Dr Ong Chooi Peng, we wrote a second book, 'The extended



3 books on Medical Communication & Humanities

consultation: talk matters!³ We found this approach valuable for both students and doctors. We exposed FM residents and doctors in work-shops, in the Family Practice Skills Course (FPSC). We had the opportunity to present our experience and lessons learned in the Asian Pacific WONCA Conference in Kyoto May 2019.

Dr Ong and I then wrote a third book⁴ going beyond NBM to encompass Illness Experience as pictures drawn by medical students with reflections and commentaries by experienced doctors. These Illness narratives expressed in prose is used in the practice of Illness Based Medicine' (IBM). Other channels of human communication to express the illness experience are poetry, pictures and even performance. We have recently integrated the tools of the extended consultation with the Kolb's experiential learning cycle for reflective observation (extended history, examination and investigation), abstract conceptualisation (Formulation) and experimentation (Psycho-social interventions).

We believe we now have the tools to actuate Dr Wong Heck Sing clarion call made in 1978 to have a system to teach the family physicians to go beyond the body to care for the whole person and 'not have to learn by trial and error'.

Clinical FM Teaching

The other challenge in FM training is teaching using a good case-mix and real patients. GP postings for medical students started soon after the College was formed and the training was structured in 1987 when the FM was taught in NUS. Post-graduate chair-side teaching started with the MMed (FM) traineeship programme in the early 1990s. The postings included a three-week full-time attachment to private general practices. These attachments provided a vista of how community practices function and

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more important learning and catching FM precepts from experienced physicians. These clinical attachments were soon discontinued because of administrative and financial reasons after a few years.

The need to provide clinical case-based experience for private practitioners in a 2-year part-time programme that started in 1995 led Dr Julian Lim, Dr Chan Nan Fong and I to develop the ambulatory care round tutorials based on the trainees' own portfolio of patients. Use of the portfolio-based learning provided valuable clinical experience and contextual learning.

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The advent of the FM residency programme in 2011 was another fillip. Clinical postings were arranged to both private and public FM clinics and hospital departments. Experienced FM physicians were attached chair-side as perceptors. Convivial interactions of young residents and matured FM physicians were documented and published.⁵

The College was founded in 1971. 50 years thence, the College has geared FM training to produce doctors who practice with both Art and Science and to span the breadth of clinical specialties as well.

A/PROF GOH LEE GAN

President (2007-2011),
College of Family Physicians Singapore

Congratulations to you, Tze Lee and your Council for being at the helm as we celebrate the Fiftieth Anniversary of the formation of the College of Family Physicians, Singapore. On an occasion like this, it is nice to reflect on the events of the day that were and may be still significant. I will like to share the experience of hosting the two WONCA World Conferences that Singapore was privileged to be given the honour to host.

WONCA World Conference Singapore 2007

I was President for the period of 2007 to 2011. The year 2007 was the year that the Singapore College hosted a WONCA World Conference for the second time. Dr Tan See Leng was the Host Organising Chairman and he was interviewed in College Mirror of the day by Dr Shiao Ee Leng. See Fig 1. It was a journey of ten years, recounted

Dr Tan. Nevertheless, it was a successful Conference and thanks are due to him and his Team. We initially bided in 1997 to host a World Conference but lost to the Americans who went on to host the 2004 World Conference in Orlando. We bided again in 2001 in Durban and this round we beat Australia to host the 2007 World Conference by just one vote. In the 2007 World Conference, we also had a Trade Exhibition organised and our late Dr Paul Chan Swee Mong was the Chairman of Exhibition Committee, the second time.

WONCA World Conference Singapore 1983

The 1983 World Conference was Singapore's first foray into hosting a World Conference in General Practice/Family Medicine and I look back at the event with a fair bit of nostalgia. I was relatively young then, in my late 30s, and

people at the helm were Drs Alfred Loh, who was Chair of the Host Organising Committee and Lim Kim Leong, Moti Vaswani, Paul Chan (deceased), Victor Fernandez (deceased), and Fred Samuel (deceased) who filled the various posts. I was given two tasks as a newly enlisted member of the Host Organising Committee – one was to help Dr Paul Chan in setting up the Trade Exhibition in Hotel Mandarin Car Park which turned out to be a huge success; we occupied all the 4 floors. The second task was to run the Publications Committee. We made a special impression of being the first WONCA Conference to have the Proceedings ready at the start of the Conference. The Proceedings were edited by Drs Patrick Kee, Lim Kim Leong, and me with help from other members of the Host Organising Committee.

The 1983 Conference was important to Singapore in introducing ourselves to the world of Family Medicine and that marked the beginning of the journey culminating in the Family Medicine postgraduate training programmes we know today. At the 1983 Conference, Dr Lee Suan Yew was our Singapore speaker in one of the Plenary sessions and he spoke on "Challenge of Family Medicine in South East Asia", a pertinent topic of the day. The rest is history: we met the challenge in Singapore and so have the countries in South East Asia.

A/PROF LEE KHENG HOCK

President (2011-2017),
College of Family Physicians Singapore

50 Years of Nurturing Talents for Family Medicine

Why do you choose Family Medicine?

I remember the bad old days when we always had more vacancies than applicants in Family Medicine. Sitting in the "selection" panel was often a humbling experience. I remember interviewing one particular candidate more than a decade ago.



FIGURE 1. College Mirror Welcoming Participants to the Singapore Wonca Conference in 2007. (Source: CFPS, 2007)

MMED (FM) 1993, Fellowship 2000, GDFM 2002

With the WONCA Conference of 1983, General Practice/Family Medicine as a discipline began to attract attention and in 1987, the discipline became a subject in the Undergraduate MBBS Programme. The Master of Medicine in Family Medicine was set up in 1993, Fellowship in 2000, and GDFM in 2002. The details and progression have been covered in Dr Lee Suan Yew's write-up.

Into the Future

The recognition of Family Medicine as a specialty will be the next milestone.

You know we always ask the standard obligatory question during selection interviews.

"Why do you choose Family Medicine?" Then we wait for the recorder to click and the standard well-rehearsed answers to play.

"I want to take up a traineeship. Oh...I like the office hours with no night calls. I want to go home in the evening to cook for my family."

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No other reasons were given when we probed. She didn't know Family Medicine from the Family Guy.

I kid you not. She didn't mince her words with euphemisms like "a better opportunity for work-life balance" or a more "humanistic career".

The moment she left the room we looked at each other in amusement tinged with sadness. She was the last few to be interviewed and we are still about 30% short of our quota. Everyone in the panel was shocked when I differed and voted to accept her into the traineeship. I told them that I respected her honesty and also pointed to the obvious fact that we need to train more family physicians and that at this rate we will never reach critical mass. Any willing candidate is precious to me at that time.

The rest of the selection panel were flabbergasted and protested, citing the usual things like the need to maintain high standards and more basic virtues like self-respect for our discipline. I dug in my heels and refused to budge. It was late in the afternoon and they were too tired to prolong the argument with me. They relented and she got in. I followed her career. She was not brilliant but she was diligent. There were a few close calls but she persevered. Today she is an outstanding clinician leader in a public institution and is a good teacher. I am glad I decided to be disagreeable at that moment so many years ago.

The tide has turned

These days the tide has turned and we have overwhelmingly more candidates than training positions. Notwithstanding that the need for well-trained family physicians had gone up, I hear that we are still leaving vacancies unfilled. Now it was my turn to be flabbergasted. I hear the same old argument about having to maintain standards and our self-respect as a discipline. I personally know some of these candidates who were rejected. They may not be blessed with Winstonian oratorical skills or impressive grades. But I know that they are good doctors and if given even half a chance, will turn out to be excellent family physicians. Almost all of them were as good, if not better than the candidate that I insisted on accepting more than a decade ago.

Human capitalization rate

Recently I come to learn about the concept of human capitalization rate and suddenly I understood what was bugging me all these years. According to my favourite thinker and author, Malcolm Gladwell, human capitalization rate is the "the percentage of people in any given situation who have the ability to make the most of their potential." If you look at it this way, you can see that the human capitalization rate for family medicine is dismal. Year after year we see large numbers of doctors with good potential to become excellent family physicians drift into the practice of Family Medicine or other undifferentiated fields without reaching their full potential. Malcolm went on to explain that there are 3 reasons that may explain poor human capitalization rate.

Firstly, we wrongly assume that talent is scarce. Essentially, we search with a deficit lens on and cannot see the talent that is right under our nose. We need to adopt a more optimistic, strength-based approach and look for half full glasses rather than half empty ones. Secondly, finding talent alone is not enough. You need to put in the proverbial "10,000 hours" to become excellent. Finally, people may not have the talents that you are looking for but they have their strengths. This is the human potential that needs to be optimally capitalized. More often than not, the strengths can overcome their weaknesses with the right amount of support and training. Innate talent is overrated.

This is not a criticism of the system of training but a commentary on our natural tendency to overlook talent. We also fail to understand that talent is not everything when it comes to human capitalization. It is about maximizing potential as they are found. My take on what the College had been doing for the past 50 years is about helping Family Physicians train to the highest level that they wish to and practise at the top of their licence. This in turn had made tremendous contributions to our health care system and our nation. I shudder to think what could have happened in an alternate universe 50 years ago when the men and women of vision had not gone against the tide and created our College. Family Medicine will probably still be a non-entity and we are stuck in the 1970s mode of hardworking but untrained GPs trying their best and totally neglected.

We have Family Medicine departments in all our medical schools where we find increasing numbers of academic Family Physicians who are making cutting edge contributions in research and education. We have gained the respect and recognition of our specialist colleagues in the Academy of Medicine Singapore.

Today, we have a better system in place thanks to the visionary leaders and passionate members of our College. The Government Outpatient Service has evolved into Polyclinics that provide state of the art care in chronic disease management. GP clinics are better organized in networks and are making critical contributions to the public sector through many government subsidy schemes that are inclusive of FPs in private practice. Community hospitals had sprung up that are staffed by Family Physicians providing inpatient care to patients with complex health and social care needs. Even acute hospitals have Family Medicine units that work on transitional care and population health initiatives. We have Family Medicine departments in all our medical schools where we find increasing numbers of academic Family Physicians who are making cutting edge

contributions in research and education. We have gained the respect and recognition of our specialist colleagues in the Academy of Medicine Singapore.

Family Medicine as a Specialty in Singapore

In 2017 the College of Family Physicians Singapore was invited to assist in the formation of a Chapter of Family Medicine Physicians. We are now at the threshold of being officially recognised as a specialty. A joint workgroup of the CFPS and AMS will be presenting a formal proposal to the Specialist Accreditation Board to recognize Family Medicine as a Specialty in Singapore. This may yet be the most fitting accolade to the 50 years of contribution made by the College of Family Physicians Singapore.

■ CM

New Member of the 28th Council Interview with Dr Hu Pei Lin

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

CFPS welcomes our new Council member, Dr Hu Pei Lin.

College Mirror (CM): Thank you Pei Lin for agreeing to serve in the 28th CFPS Council. What are your thoughts when you were first invited to join the Council?

Dr Hu Pei Lin (HPL): I was really honoured when invited to join the Council. Many of the Council members are role models and old friends. I was excited at the thought of being able to 'see' them virtually and work with them again. I have benefited from the College's training programmes in the past, all the way from GDFM modules to the FCFP(S), so I am also happy for the opportunity to give back.

CM: What do you envisage in your role & task in the Council?

HPL: My role is to give input on matters affecting the broad primary care community, as well as issues pertaining to the running of the College; and serve in subcommittees that may be drawn up as and when required. I work in SingHealth Polyclinics, so I hope to be able to share my perspectives based on my experiences working in the public sector.



CM: Are there any areas that you would like to advocate for?

HPL: I would like to advocate for two areas at the opposite spectrum of care. The first area is maintaining a lifestyle free from disability for the elderly and those who will be elderly soon. The other is care of the newborn and their parents, and especially follow-up of the mental and physical health of the parents. This is a topic very close to my heart.

CM: As a working Mum and clinic director of Marine Parade Polyclinic, do you have any concerns in terms of time and commitments?

HPL: I have a 4-year-old and a 1-year-old, and meetings that occur in the evenings also coincide with the busiest time in the household (dinner, bath, extreme negotiations, some warfare, and finally bedtime). Thus, I'm really grateful for the ability to "meet" virtually.

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