

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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CM: Can you share your goals and plans for the future?

HPL: I work as the clinic director of a polyclinic, so my immediate goal is to really get my clinic colleagues to bond and move forward as one; and strengthen our work with other partners in the community. When things are less

hectic at home, I want to take up more of the graduate diplomas in important areas like mental health and palliative care. Unrelated to work, I want to learn watercolour painting and roller-blading.

Change of Censor-in-Chief

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

College Mirror (CM): Dear Dr Paul, a big thank you for being Censor-in-Chief of the College of Family Physicians since 2015, where you played a key role overseeing and setting the standards in all the training programmes conducted in the College of Family Physicians, Singapore. These include the Graduate Diploma in Family Medicine, Master of Medicine (Family Medicine), Collegiate as well as the Fellowship of the College of Family Physicians Programmes.



Dr Paul Goh

As you pass on the baton to the incoming Censor-in-Chief, Dr Darren Seah, we wish you all the best as you continue to contribute as Council member, CFPS and advisor to our training programmes.

Dear Dr Darren, we welcome you as our new Censor-in-Chief (CIC) of the College of Family Physicians. May we know your thoughts when you were invited as CIC?

Dr Darren Seah (DS): I was deeply humbled, honoured and occasionally intimidated by having to wear these shoes which have been filled by many well respected and illustrious family physicians before me. Frankly there are probably others more qualified than me for this as they have had more experience with the Censors board previously. But I'm happy to support the College in anyway.

CM: We understand that you are the Director, Family Medicine Development at National Healthcare Group Polyclinics. Does this experience place in a favourable position to further develop Family Medicine training as CIC?

DS: I understand that the position of CIC is fundamental in College's mission of providing postgraduate education to family physicians and I hope to serve Council and members



Dr Darren Seah

well in this role. Hopefully my own work experiences helping medical education in NHGP will come in useful over the next couple of years.

CM: What do you foresee as the immediate task and challenges of your new role?

DS: The immediate foreseeable task is to continue the good work that my predecessor Dr Paul Goh has built. There is some urgency to ensure the smooth execution of the FCFP(S) exams in the coming few months. Once again, there is obviously the challenges of COVID safe management measures but I think we've developed a good system and know-how to run the exit interview securely over the video conferencing platform.

CM: What are your goals and plans for the future for family medicine training?

DS: I would like to think of the future goals and plans in 2 broad aspects. Firstly, faculty development especially looking at enhancing examiner training and standardisation at fellowship exam level and also developing more senior family physicians who can take on this role. This is important given our increasing number of family medicine residents and trainees in the pipeline. One can expect more of them to progress on to fellowship training in future years and we must develop our examination capacity beyond what we have currently. Secondly, I hope to work closely with our course directors of various programs to strengthen and enhance the mechanisms of the evaluation and educational quality improvement such that training in family medicine is brought to a higher standard. Given the emphasis on generalist training, it is imperative to ensure we continue to train family physicians who are mission ready and fit for purpose in all settings that we practice in.

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