

# A SHORT HISTORY OF CFPS

by CFPS Immediate Past President, A/Prof Lee Kheng Hock

Dear Mr Lee Hsien Loong, Prime Minister and Guest-of-Honour, Dr Tan See Leng, Minister for Manpower and Second Minister for Trade and Industry, Professor Tan Tze Lee, President of the College, Council Members, Distinguished Guests, Ladies and Gentlemen,



A/Prof Lee Kheng Hock

## Where do we begin?

It is often said that history repeats itself and that one must learn from history. However, it is unclear how we should do that. The most practical advice that I have come across was from our founding Prime Minister, Mr Lee Kuan Yew. He said the following: "History does not repeat itself in the same way each time, but certain trends and consequences are constants. If you do not know history, you think short-term. If you know history, you think medium- and long-term." We should therefore look for recurring trends in history and their consequences. This will help us to not be reactionary but instead think of building a better future.

The history of the College is the history of family medicine in Singapore. This history took place against the backdrop of a larger world movement that was trying to restore balance in medicine and overcome the fragmentation brought on by the excessive specialisation of medicine. Let us explore the trends and consequences of medicine and let them help to guide our thinking.

## The Changing World of Medical Training

The rise of organ and disease specific specialisation began in the years after World War II. This was driven by the rapid advancement of science and technology in medicine. While this enabled rapid advancements in medicine, it soon became apparent that it was attained at a price. Doctors who continued to provide generalist care became neglected both in resourcing and training. Consequently, the rapid improvement of skills and knowledge was accompanied by the adverse effects of depersonalisation of care, rising costs, and the inefficiency of managing problems in their respective parts.

In 1964, the World Health Organisation was sufficiently concerned to convene an Expert Committee to make recommendations on the role of general practitioners in relation to the community and the healthcare system. The committee applauded the establishment of Colleges and Academies to support professionalism and to raise

the standard of practice among general practitioners. It also called for the integration of general practice with hospitals to conduct comparative studies of outcome, when hospitalised patients are managed by either specialists or general practitioners.

In 1966, the American Medical Association (AMA) was so concerned about the negative impact on the training of physicians that it formed the Citizens' Commission on Graduate Medical Education – also known as the Millis Commission – to study the issue and make recommendations to ensure that the training of doctors would continue to be relevant to the needs of the community. It raised the alarm that we were training too many specialists and neglecting the training of those who chose to work in general practice, which the community has greater need of.

Independently and in the same year, the Folsom Report developed by the US National Commission on Community Health Services was published. The report advocated that "the planning, organisation, and delivery of community health services by both official and voluntary agencies must be based on the concept of a 'community of solution'." It called for the provision of high-quality comprehensive personal health services to all people. Most poignantly, the report asserted that every individual should have a personal physician who would be the central point for integration and continuity of all medical and related services. That was in 1966; those words still resonate to this very day.

In 1969, the AMA's Council on Medical Education and the American Board of Medical Specialties granted approval to form a certifying board in family medicine. Family Practice came to be recognised as a specialty and the first batch of family medicine specialists graduated in 1971.

In the United Kingdom, specialists are recognised through the system of Royal Colleges of each specialty. Whilst the Royal College of General Practitioners (RCGP) was formed as early as 1952, it was only in 1965 that a call for special training in General Practice was made. A document on postgraduate training entitled "Special Vocational Training for General Practice" was published calling for equal recognition and reward for general practitioners who had completed postgraduate training in general practice. In 1968, it was supported by the Royal Commission on Medical Education (The Todd Report), which recommended postgraduate vocational training and admission to the RCGP

upon successful completion of such training. Specialised training in general practice thus gained recognition and admission to the RCGP.

### The Tide of Change Reaches Singapore

The 1960s also saw the global movement advocating for specialised training in general practice as a counterbalance to disease or organ-specific specialisation reaching the shores of Singapore.

The Academy of Medicine Singapore (AMS) was formed in 1957 as the body representing all specialists in Singapore. The vision of the organisation was to advocate for postgraduate training of all specialists. It was modelled after the Royal Colleges; however, instead of having multiple institutions, all the recognised specialties come under one national body.

In 1966, the AMS began to form Chapters of Specialists to support and recognise the specialised training of doctors following their graduation from medical school. The earliest were the Chapter of Physicians (1966), the Chapter of Surgeons (1966), and the Chapter of Obstetricians and Gynaecologists (1968).

As early as 1962, a Society of General Practice (subsequently renamed the Society of Private Practitioners) was formed under the Singapore Medical Association. However, this was not an academic body but functioned as an association of private practitioners who were mainly general practitioners at that time. (In those days, many specialists became general practitioners when they left government service.)

In 1969, the Singapore Medical Association formed a committee to look into the feasibility of creating an academic body for general practitioners and how it might be structured. The committee was chaired by Dr Koh Eng Kheng (Past President, CFPS) with Dr Lee Suan Yew (Past President, CFPS) as one of the committee members. The momentum gained ground when Dr John Hunt, President of the RCGP, visited Singapore and joined the call for the formation of an academic body representing general practice. There were extensive discussions with the leaders of the professional bodies.

The committee eventually came up with three options. The first was to form a Chapter of General Practitioners under the AMS. The second was to form a faculty under either the RCGP or the Royal Australian College of General Practitioners (RACGP). The third was to form an independent College of General Practitioners. The second option was rejected as it was considered unacceptable for an independent country, and the first option was preferred.

However, the Master of the Academy at that time rejected the idea of a Chapter of General Practitioners within the Academy. The only option then was to go it alone. In February 1970, a pro tem Committee chaired by Dr Wong Heck Sing (Past President, CFPS) with the inclusion of Dr Koh Eng Kheng was created to work on the formation of the College of General Practitioners Singapore.

Dr Wong Heck Sing made a private visit to the RACGP to seek technical advice on the establishment of a College and to learn about their system of training and assessment for general practitioners. Upon his return, he conferred with the leaders of the professional bodies. The consensus was that a Singapore College of General Practice was of critical importance and that such a College should focus on raising standards of practice and the academic development of general practice. Matters such as GP welfare should be delegated to the Society of Private Practitioners and the SMA. Membership should be open to all GPs but only those who had passed examinations could be recognised as Collegiate members.



On 29 March 1971, the inaugural meeting of the College was held. The first Council of the College was appointed, with Dr B R Sreenivasan as President, Dr Wong Heck Sing as Vice-President, and Dr Koh Eng Kheng as one of the five Council Members. The constitution was approved by the Registrar of Societies and the College was

officially registered on 30 June 1971.

The first Censor-in-Chief Dr Wong Kum Hoong and his team immediately started work on the MCGP examinations, which were benchmarked to the examinations of the Royal Colleges of United Kingdom and Australia. The first MCGP examinations were held on 5 November 1972. Dr Richard Geeves and Dr Wes Fab, censors from the RACGP examinations, were invited as external examiners to ensure that the candidates met the highest standards of general practice at that time. The MCGP was recognised by the SMC as a registrable postgraduate qualification in 1974.

Concurrently, work was done to publish an academic journal for the College titled *The GP*, which was later renamed as the *Singapore Family Physician* in 1975. The first issue was launched on 1 March, 1973.

Guided by the clear vision laid down by our founding members, successive councils rallied our members who donated resources and volunteered their time to fulfil our mission. Over the next 50 years, our College succeeded in placing the Singapore brand of family medicine on the

(continued on the Page 11)



(continued from Page 9: A Short History of CFPS by CFPS Past President A/Prof Lee Kheng Hock)

world map and elevated the standard to training of family medicine to parity with other specialties in Singapore. Let us take a quick look at what happened on these two fronts.

### **Putting Singapore Family Medicine on the World Map**

The effort to place Singapore Family Medicine on the world map started in the 70s. In 1972, Academies and Colleges of Family Medicine around the world came together to form The World Organisation of Family Doctors (WONCA) and our College was actively involved in promoting family medicine on the world stage from its inception.

On 20 May 1983, the College hosted the 10<sup>th</sup> WONCA conference. At that time, it was the largest international medical conference ever held in Singapore. Delegates from around the world came to Singapore and were impressed by the quality of a world conference delivered by a small, young College. Financially it generated a good surplus that was able to fund College activities for the next decade.

15 August 1987, the College premises were moved to the College of Medicine Building. It was officially opened by the former Minister of Health, Mr Howe Yoon Chong. The facilities included a mock consultation room for training, a computer lab, and a library of family medicine books and journals. This allowed our College to host the Office of the Secretariat of WONCA in 2001.

On 24 July 2007, the College hosted the 18<sup>th</sup> WONCA World Conference. Colleges around the world vied to host the world conference, which only takes place once every three years. The team led by Dr Tan See Leng pressed on against great odds and setbacks over the 10 years to secure the bid. It was the first time that an Asian College had been given the privilege of hosting the World Conference twice within such a short period of time. The conference, attended by more than 2,000 delegates from 50 countries, was a resounding success. Financially it was also one of the most successful WONCA conferences. It contributed \$1.59 million dollars to our College Funds and enabled the College to continue to expand our training programmes.

In 2010, 2012, and 2017, the College hosted the 2<sup>nd</sup>, 4<sup>th</sup>, and 6<sup>th</sup> Asia Pacific Primary Care Research Conference (APPCRC) respectively. This was part of the concerted effort of the College to promote research in family medicine. A good number of family physicians who participated in these conferences are now accomplished and respected researchers in family medicine.

### **Advancing Standards in Training and Practice of Family Medicine**

Advancing standards and advocacy for recognised training in Family Medicine was an even harder journey. In those days, it was still a widely held belief that there was no need

for special training for a doctor to go into general practice. Medical school training alone was deemed to be more than adequate.

On 11 December 1986, the College and the Department of Social Medicine and Public Health submitted a "Joint Memorandum on the Academic Recognition of the Discipline of Family Medicine in the Faculty of Medicine, National University of Singapore". This was well received. On 13 February 1987, Family Medicine was recognised as a distinct academic discipline in medicine after much persistence and hard work by College members. The Department of Community, Occupational and Family Medicine was formed in the National University of Singapore.

In 1988, the Steering Committee on Family Medicine Training was formed. This was a tripartite body comprising the College, the Ministry of Health, and the university. The need for specialised training in family medicine was recognised and came into effect after almost 20 years of perseverance by the College. In February 1991, a Memorandum proposing the institution of a Master's degree in family medicine was submitted to the School of Postgraduate Medical Studies and accepted.

In 1992, the 15<sup>th</sup> and final MCGP examination and conferment were held. This programme became the Master of Medicine (Family Medicine) programme. A traineeship programme similar to the basic specialist training programme of the other specialties was initiated. On 12 July 1993, the first Master of Medicine (Family Medicine) examination was held.

Following that, on 26 November 1992, a memorandum proposing an advanced training programme for family medicine was presented to the Singapore Medical Council and the School of Postgraduate Medical Studies. It called for the recognition of specialist status for candidates who successfully completed such an advanced specialist training (AST) programme that would follow on from the MMed(FM). Unfortunately, this did not receive support and the effort to establish the AST was unsuccessful despite the advocacy efforts in the years that followed.

In 1995, the College started the Private Practitioners Stream, also known affectionately as "Programme B" of the Master of Medicine (Family Medicine) programme. This programme enabled family physicians who were already in private practice to re-enter the training system. The initiative grew out of the concern that the training capacity of the public health institutions were very limited and the numbers required by our healthcare system would not reach critical mass. There were also large numbers of highly effective GPs already in private practice who aspired to improve their competency and practice standards through structured training and formal assessment. It is worth

(continued on the next page)

(continued from Page 11: A Short History of CFPS by CFPS Past President A/Prof Lee Kheng Hock)

noting that our current Minister of Manpower, Dr Tan See Leng is a distinguished alumnus of this programme.

In 1998, the College started a 2-year Fellowship by Assessment programme, which became the de facto equivalent of advanced specialist training. The first cohort of successful candidates graduated in 2000. Many of this first and subsequent cohorts went on to serve in leadership roles in the College, academia, and public health institutions. Graduates of the programme were recognised as consultant clinicians.

On 1 July 2000, the College launched the first course in the Graduate Diploma in Family Medicine. This was to fulfil the vision of the College that all medical practitioners who work in the settings of family medicine should receive formal training and assessment. In addition, it marked the completion of the College's work of creating a training path for a young medical graduate to progress on to the MMed(FM) Programme and finally to the Fellowship by Assessment Programme.

In 2006, with the advice and support of the College, the Singapore General Hospital established the first hospital-based clinical department of family medicine in our region. The Department of Family Medicine and Continuing Care was given the mission to provide inpatient, outpatient, and transitional home care to patients with a view to providing care continuity, integrated care, and supporting patients in the community. Since then, large numbers of family physicians have taken on leadership and consultant physician roles in community hospitals and long-term care facilities in addition to the traditional primary care clinics. Well-trained family physicians are now able to practise at the top of their licence and bring the benefits of family medicine training to patients across the entire spectrum of our healthcare system.

In 2011, the family physician register was established after extensive rounds of public consultation, giving recognition to doctors who had received training in family medicine. The idea had first been proposed by the College in 2005.

On 14 June 2014, the AMS formed a Chapter of Family Medicine Physicians in response to the need to recognise highly skilled family physicians. It was also to recognise the rigours of the five years of training in family medicine culminating in the FCFP as equivalent to all other specialist training.

On 30 October 2015, a dinner was held to show appreciation to the pioneer GPs in conjunction with the celebration of the 50<sup>th</sup> Anniversary of our Nation. At that event, former Minister of Health Mr Gan Kim Yong urged GPs to become highly competent, preferably with home

care and transitional care training and experience, as well as equipping themselves with the skills to work with other healthcare professionals across an integrated healthcare system. This was a necessary response to the changing needs of our population.

In 2016, the College commissioned a visioning project entitled "FAMily Medicine for Our Singapore" (FAMOUS) to understand and respond to future trends for Family Medicine in Singapore. It was a comprehensive study involving a survey of 985 members. A Delphi study of 22 key opinion leaders in Singapore's healthcare system and multiple focus groups involving 63 family physicians, residents, and medical students. It revealed interesting trends for the future that are still relevant today.

For family physicians working in the polyclinics, concerns included:

- the challenges of brief contact time, complex patients, and high volume.
- issues in care transitions between polyclinics and hospitals.
- the need to improve continuity of care through teams and ownership of patients.

For family physicians working in private practice, concerns included:

- the value of teaching and training not being given recognition for FPs' private practice.
- the need to challenge the current mindset of peers and policymakers towards FPs in private practice. FPPPs must be seen as an integral part of primary care and the health systems.
- Better recognition for FPPP with postgrad training and participation in research and teaching.

For family physicians working in community hospitals and long-term care settings, concerns for the future included:

- deficiencies in the continuity of care within hospitals and between hospitals and community.
- care fragmentation, which continues to be a serious problem for the healthcare system and a new challenge for family medicine.
- the need for one responsible generalist to follow up care of patients.

For residents and medical students, concerns for the future included:

- the need for more well-trained FPs to manage complex patients, training for which should start in medical school.
- a perceived lack of clarity, resources, or completeness in FM training.
- the need to promote FM as a specialty to raise prestige and attract students and young doctors into the field.



With regards to the future, one particularly worrying concern stood out. Residents and medical students sensed that there was a lack of recognition for specialised training for family medicine. Family medicine training appeared incomplete and hence less attractive as a career.

At the 2016 Sreenivasan Oration, A/Prof Kenneth Mak urged the family medicine community to accept the wider role that family physicians have in our healthcare system and move beyond our comfort zones of what is considered traditional primary care.

True to its nature, history sometimes returns to its starting point, but never in the same way it initially begun.

This year (2021), the College and the AMS (Chapter of Family Medicine Physicians) presented a joint proposal to the Family Physician Accreditation Board calling for the acceptance of the College's FCFP programme as the equivalent of AST (Senior Residency) and the recognition of Family Medicine as a specialty under the Specialist Accreditation Board (SAB). This received in-principle approval of the FPAB on 23 November 2021 and the proposal will be formally submitted to the SAB in January 2022.

### Learning from the Past and Shaping the Future

Family medicine began with doctors who saw the trend of over-specialisation and its negative consequences on the practice of medicine. They believed that the heart of medicine should be based on the principles of care being

personal, primary, preventive, comprehensive, continuing, and community-based.

As members of this College that is now half a century old, we should learn from the trends of our history and the consequences, both good and bad, that come with such trends. This will help us to move away from short-term thinking both as individuals of this specialty and as a community of leaders trying to improve the standard and practice of family medicine, for the sake of our people and our nation.

Our founding leaders and members did not ask "What is in it for me?" when they set up our College 50 years ago, struggling against the odds. For them, it was never about the present or short-term self-interest. It was not about profits for those who are in the private sector or promotions for those who are in the public sector. The focus was always on creating a better future, a legacy that they would leave behind for future generations of family physicians and Singaporeans. As we reap the benefits of their hard work now, surely we should pay it forward. Members of the College, I urge you to continue focussing on their vision – our vision – as we stand on the threshold of perhaps the greatest milestone in the history of our College. This is a good time for us to learn from our past and continue on our journey to create a better history for family medicine. Ladies and gentlemen, thank you for the privilege and opportunity for me to share my understanding of the history of the College of Family Physicians Singapore.

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## SREENIVASAN ORATION: FAMILY MEDICINE FOR THE NEXT 50 YEARS *by Minister for Manpower and Second Minister for Trade and Industry, Dr Tan See Leng*



Dr Tan See Leng  
Photo credit: Ministry of Manpower

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.

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