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Will family medicine trainees and residents benefit from training in oncology? Are there plans to offer as an elective program?

Yes, training in oncology can benefit family medicine trainees and residents as they learn about the late and long-term toxicities of treatment, build confidence in caring for cancer survivors, and also acquire knowledge on the adverse effects of new cancer treatment and how it affects primary care conditions and management.

We are looking to engage the Family Medicine Education faculty to offer oncology as an elective programme in Residency training. For example, currently the main exposure to oncology for year 3 medical undergraduates from NUS YLL-SoM is a 2-week posting, where students are rotated to surgical/ medical/ radiation oncology, haematology and palliative medicine. This posting comprises ward/outpatient attachments, lectures and tutorials to learn the basic principles of oncology. For students with special interest to delve deeper, elective postings are also available.

How do you plan to push the frontiers in this area of work?

On the education front, we are co-developing an online primary care cancer educational series under *SPriNT to help build FP's foundation in cancer care. For FPs who desire a deeper understanding, onsite clinical attachments at NCCS are available which can help equip them with specific skillsets to gain confidence and competency to better care for cancer survivors.

In clinical practice, we will be expanding cancer survivorship services in the new NCCS building. We envisage this enhanced service to provide holistic biopsychosocial management for survivors who have completed active cancer treatment. A multi-disciplinary team will provide cancer surveillance and co-management of multi-morbidities and long term adverse effects of cancer treatment. This service will also serve as an educational and training resource for healthcare professionals to network and learn best practices in survivorship and research.

* Singapore Primary Care Cancer Network: a collaboration with the division of family medicine, NUHS, the cancer centres, polyclinics, private care network and Singapore cancer society.

CM

World Family Doctor Day 2022

Panel Discussion

by Dr Chiang Shu Hui Grace Honorary Editor, Singapore Family Physician College of Family Physicians Singapore

n the 12 years since the first World Family Doctor Day (WFFD) was celebrated on 19 May 2010, there has been increased recognition of the value of Family Medicine and greater appreciation for the role of family doctors in the healthcare ecosystem.

Family Medicine (primary care) is the foundation of Singapore's healthcare system. Family doctors and their practice teams deliver holistic and personalised healthcare to patients in a "cradle-to-grave" model, providing a comprehensive service spanning pregnancy care to end-of-life care. They also aid patients in navigating the healthcare system by providing appropriate referrals and coordinating patient care with other providers.

This year's theme, "Family Doctors – Always There to Care", celebrates the central role of family doctors in the delivery of healthcare. The fundamental feature of a family doctor's work is continuity of care. Family doctors share a unique connection with their patients and do their best to ensure that they are always there to care by providing accessible

care in all stages of their patients' lives, through moments both big and small.

Singapore's primary care ecosystem will be undergoing a major reform in the near future with the aim of being an important pillar of Singapore's healthcare system. This transformed primary care ecosystem seeks to address the challenges of Singapore's ageing population and improve population health outcomes. As Singapore adopts the Healthier SG strategy, this theme of "Family Doctors -Always There to Care" is especially apt. One initiative involves the reorganisation of care delivery and integration of general practitioners (GPs) into the public healthcare ecosystem. From next year, Singapore residents will be invited to enrol with a GP or polyclinic doctor of their choice as their first line of care. These family doctors will support the healthcare needs of these residents throughout their life ("One Family Physician and One Health Plan for Everyone").2,3

The College of Family Physicians Singapore (CFPS) had the opportunity to commemorate World Family Doctor Day 2022 on 14 May with Professor Tan Chorh Chuan, Chief Health Scientist [Ministry of Health (MOH)] and Executive Director of MOH Office for Healthcare Transformation (MOHT) as the Guest-of-Honour. The College was also privileged to have the WFDD 2022 Gala Dinner conclude with a panel discussion on Healthier SG comprising following panellists: Professor Tan, Dr Ruth Lim (Director,

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A panel discussion on Healthier SG was held during the World Family Doctor Day 2022 Gala Dinner. (From left) Dr Wong Tien Hua, Dr Ruth Lim, Adj A/Prof Tan Tze Lee, Prof Tan Chorh Chuan, A/Prof Chong Phui-Nah, Adj A/Prof Lew Yii Jen and Dr David Ng.

Primary and Community Care Division, MOH), Dr David Ng (CEO, SingHealth Polyclinics), Associate Professor Chong Phui-Nah (CEO, NHG Polyclinics), Associate Professor Lew Yii Jen (CEO, National University Polyclinics), and Associate Professor Tan Tze Lee (President, CFPS), with Dr Wong Tien Hua (Vice President, CFPS) as the moderator.

The panel brought up several pertinent issues regarding Healthier SG such as:

I. Inclusivity and Engagement

As Healthier SG involves developing an "Ecosystem of Support for Better Health", MOH recognises that the input and views of all relevant stakeholders are essential in the implementation of this major national strategy. Stakeholders who are being engaged include residents from all walks of life, family doctors, healthcare workers, insurers, and community partners to understand their concerns and co-create a primary care package that is formulated to optimise participation and adherence. More than 100 in-depth one-on-one interviews have been conducted with residents to understand how different circumstances and experiences may influence their views on Healthier SG.4 A primary care implementation workgroup has been set up by MOH, which includes representation from CFPS, Singapore Medical Association, leads from all PCNs, and polyclinic clusters.3

2. Implementation of Healthier SG

Healthier SG involves implementing multiple initiatives (activating the family physician network, care plans, community partnerships, support structures [healthcare financing, manpower, and data flows], National Healthier SG enrolment programme, and digitalisation), which will be spread out in phases over the next 2-3 years. For instance, care protocols detailing not just the medical management of certain chronic diseases but how community resources can be activated to better manage an individual's health status may be the first to be rolled out. This might subsequently be followed by the introduction of telehealth for common chronic conditions. Ultimately, Healthier SG aims to work towards developing an integrated health ecosystem that is

able to support the needs of residents by addressing the influence of social and environmental determinants of their health.³

3. Public-Private Family Physician Partnership

In Singapore, primary care is provided through an islandwide network of outpatient polyclinics and clinics run by private GPs. There are currently 23 polyclinics and about 1,800 GP clinics.⁵ GPs are encouraged to become members of Primary Care Networks (PCNs) to form strong connections with a cluster and enhance peer professional support. GPs will also receive greater support in terms of funding and payment of common drugs to facilitate continuity of care between GPs and their patients. To better enable data sharing for coordination of patient care, there are plans to integrate data and enhance IT connectivity between GPs, clusters, MOH, and other key agencies. MOH is looking into how GPs can be given access to patients' medical records and tools such as clinical dashboards to better track their patients' conditions and health trends over time. Links will also be developed between polyclinics, GPs, and community services to facilitate social prescribing.3

The panel discussion concluded by encouraging family doctors to actively participate in the co-creation of Healthier SG. Family doctors from both the public and private sector are able to leverage on each other's strengths and work together in building the capacity and strengthening the capability to provide comprehensive primary care. Each family doctor can play an integral role in helping to provide continuing care in the community for Singapore's rapidly ageing population.

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