College of Family Physicians Singapore

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IN THIS ISSUE

President's *Forum*

by Adj A/Prof Tan Tze Lee, President, 28th Council, College of Family Physicians Singapore

If it doesn't work for you, it doesn't work for us

I had just attended the Healthier SG GP Townhall, which was held on 18 February in the afternoon at the Grand Copthorne Waterfront Hotel.

The attendance was fantastic; arriving at the grand ballroom I was met by many old friends who had also signed up for the townhall. It was lovely to see so many of our colleagues and friends all gathered without the need to wear face masks. Earlier in the week the DORSCON had been downgraded to green, and the very relaxed feel to the event was palpable. In fact, the atmosphere was almost festive, as it was the first time many of us had met each other over the past three years. We were all glad to be there and took the opportunity to renew old ties. That of course did not detract us from what we were waiting for expectantly, and that was the announcements and discussions during the Healthier SG Townhall.

There has been much discussion and concerns about the subsidised drug whitelist, and many of our GPs were affected enough to attend the townhall. In the back for our minds, were there any new developments, proposals and reassurances that would convince them to sign up to HSG?

The afternoon's events were kicked off by Minister for Health, Mr Ong Ye Kung.

In his speech, he acknowledged that primary care played a critical role during the COVID-19 pandemic. The fact that the entire primary care community was able to join together and work towards fighting the COVID-19 scourge speaks volumes of the strength of our primary care community. Out of this crisis we now have a workforce that is more united than ever, and able to tackle health challenges on a national level.

The Ministry of Health facilitated this by providing one-off funding support to improve their IT capabilities, adequate funding, and leveraging on the GP networks.

Now that the COVID-19 pandemic is easing, what we have in place is a very strong network of primary care doctors and workforce that is well suited to addressing the healthcare challenges that we face, namely that of ageing and increasing chronic illness. These systems and processes were strengthened by the COVID-19 crisis, and Healthier SG seeks to tap on them to address the slow, silent, and deadly pandemic of ageing and chronic disease.

The need for a refocus on disease prevention and health promotion is more urgent than ever before as our population is rapidly ageing. Today, 1 in 6 Singapore residents are over 65 years of age; by 2030 that ratio will increase to 1 in 4. Such numbers are mind-boggling as this rate of increase is amongst the highest in the world. Healthier SG seeks to address this by putting in place systems and relationships that support residents in changing their health-seeking behaviours.

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FAMILY PRACTICE SKILLS COURSE

Chronic Disease Management 2023

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #105 on "Chronic Disease Management 2023", held on 14-15 January 2023.

Expert Panel:
A/Prof Goh Lee Gan
Dr Tan Seng Kiong
Dr Benjamin Lam
Dr Richard Lee
Dr Desmond Wai
Dr Rohit Khurana

Chairpersons:
Dr Donna Tan

Family Medicine in 2023 and Beyond

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #106 on "Family Medicine in 2023 and Beyond", held on 28 January 2023.

Expert Panel:
Dr Lionel Lum Hon Wei
Dr Wong Sin Yew
Dr James Cheong Siew Meng

Chairperson:
Dr Jonathan Pang

Editor's Words

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

Just as the 2023 Budget provided an assurance package to help Singaporeans cope with the rising cost of living, many GPs were heartened to receive reassurance from Minister Ong Ye Kung with regards to his sincerity to make Healthier SG (HSG) work for our primary care partners. At the heart of HSG are the "patients" who have been taken care of by their family GPs for many years and have established a long-term relationship. Many GPs have expressed interest in participating in HSG to continue to look after their own long-term patients. However, the business model and financing scheme needs further review to make business sense to the private GPs. The IT infrastructure needs the heartland GP to employ more digitally literate staff to assist them in meeting HSG requirements in the Clinic Management System (CMS).

An objective comparison of the various CMS is presented by Dr Grace Chiang after interviewing the various providers. The systems will be further reviewed by a panel for user acceptability.

While all of us agree that preventive health is the solution to sustainable healthcare, this requires change, which is often painful. Not only do patients need to change health behaviour, but their GPs also need to change how healthcare is delivered and policy makers need to design innovative implementation models. However, if we do not adopt HSG, do we otherwise have a better solution to meet the increasing complexity of healthcare needs of Singapore, being one of the fastest ageing populations in the world?

Just as COVID-19 has led to GPs working hand-in-hand with the public sector to overcome a national crisis, it remains to be seen if HSG will indeed narrow the private-public divide to provide holistic care for our ageing population. If we believe that optimal patient care is at the heart of all we do, then this calls for a whole-of-nation approach to tackling the implementation pathways to ensure that interests of all stakeholders are heard, and concerns addressed and provided for in a model that is fair and equitable to all parties.

Dr Lee Suan Yew was honoured for his achievements and commitments to the family medicine community and instrumental in the initiation of formal postgraduate training in family medicine. He shared how he found his true calling in family medicine after completing his training in Internal Medicine. Dr Lee is a family physician who believes that one should not make one's practice into a trade. A family physician must have passion in medicine and practise good medicine for the benefit of one's patients. A family physician must use both one's heart and one's brain. He abides by this tenet from Sir William Osler, "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."

Our veteran GP Dr Lawrence Ng, with special interest in Ethical issues, shares on Adolescents & Confidentiality in Singapore, a timely article in view of the emerging voice of the Mature Minor. He provides the definition of a mature minor and guidance on clinical reasoning in our daily encounters.

On a lighter note, our newly minted house officer Dr Joy Ang shares of her travel to Iceland, a well-deserved trip after the rigour of the MBBS examinations. The photos of the stunning landscape will likely entice many of us to start planning a similar trip in the near future, with COVID-19 restrictions coming to an end!

CM

(continued from Cover Page: President's Forum)

Healthier SG's initiative for a Singapore resident to enrol to one family doctor is to encourage the development of a long-term therapeutic relationship that can influence residents' behaviour and lifestyle. Such dividends will only be seen in years to come.

Minister Ong further said that Primary Care must be uplifted, as the linchpin of Healthier SG is our GPs. He reassured us that Healthier SG must work for GPs.

We were all very glad to hear that and look forward to better news in the coming weeks to support the launch of Healthier SG!

Our first Singapore Primary Care Conference (SPCC) is being held on 3-4 March. This will be the first time the College and the three polyclinic clusters have come together to organise a National Primary Care conference. This was originally planned to be held in 2020; however, the COVID-19 pandemic resulted in the conference having to be postponed. Thankfully, as the pandemic situation has improved and social distancing measures withdrawn, we are now able to have a face-to-face physical conference. We were fortunate to be able to secure Raffles City Convention Centre for the event, and we look forward to a great opportunity for academic exchange and networking.

CM

What is Healthier SG (HSG) about?

by Dr Ruth Lim, Director, Primary & Community Care Division, MOH

What is Healthier SG (HSG) about?

1. It is about a stronger primary care and anchoring your regular patients with you.
2. It is empowering individuals to lead healthier lives, supported by GPs and the community.
3. It is about shifting towards preventive care and reducing complications in your chronic patients.

The Quadruple Aim of Healthier SG include:

1. Better health outcomes for all our patients.
2. Improved patient experience and empowerment.
3. Quality of care is maintained while we continue to provide value for the healthcare system
4. Improved provider experience, with better support to deliver quality care.

Transformational change needed to achieve these aims:

1. Introduction of national Healthier SG enrolment programme & stronger primary care focusing on holistic, preventive care and building a stronger doctor-patient relationship based on familiarity and trust.
2. Changes in financing to provide fair remuneration for GPs and affordable care for patients.
3. IT enablement & Digitalisation for sharing of patients' information across various care settings to facilitate care-continuity and improve clinics' efficiency.

Benefits to enrolled patients:

1. To take better ownership of their health through a personalised health plan accessible on HealthHub, which will contain health goals and provide guidance on important health actions, such as lifestyle adjustments, health screenings, and vaccinations.
2. Adoption of this healthier lifestyle will be supported by healthcare clusters, family doctors, and community partners with an expanded range of healthy lifestyle activities and services.

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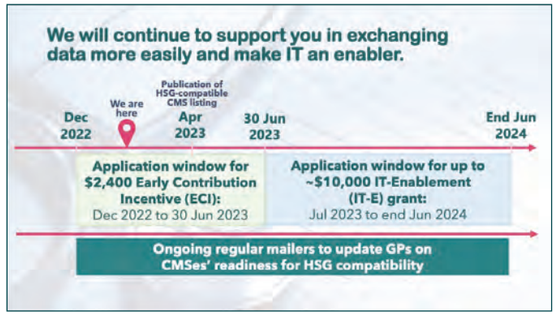

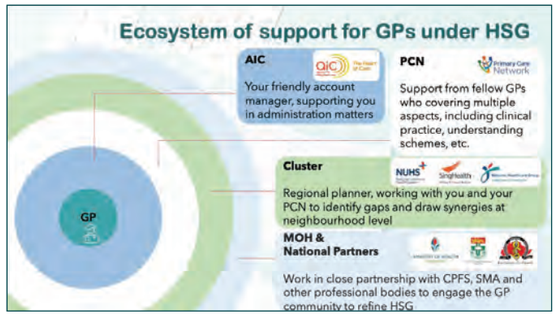

Benefits as a Healthier SG clinic:

1. Remuneration for co-developing a health plan for enrolled patients & Healthier SG annual service fee.
2. IT enablement grant to help offset the costs of adopting a HSG-compatible Clinic Management System (CMS), to facilitate sharing of clinical notes, monitoring of patient outcomes, collation, and sharing of data.
3. Special procurement arrangements for whitelisted drugs.
4. Ecosystem of support for GPs.

Prerequisites for enrolment:

1. Participate in Core GP Schemes (CDMP, CHAS, SFL, national vaccination programmes, and be a PHPC).
2. Be in a Primary Care Network (PCN).
3. Partner a Healthcare Cluster in your region.
4. Be digitally enabled.
   - Adopt a HSG-compatible CMS within a year of launch of Healthier SG launch
   - Contribute to National electronic health record (NEHR)*
   - Apply and obtain NEHR view-access for practicing doctors
5. Have at least one family doctor registered as a Family Physician within seven years of launch of Healthier SG enrolment.

*within a year from Healthier SG launch or after adopting a Healthier-SG compatible CMS, whichever is earlier.

3. Benefits for engaging in preventive care at the enrolled clinic, including a one-time free first consultation with their enrolled family doctor to develop their health plan, HPB Healthpoints upon completion of the first consultation, free nationally recommended health screenings and vaccinations for Singapore Citizens, and use of Medisave without cash co-payment for treatment of chronic conditions.
4. For patients with high drug needs and costs, a new Healthier SG Chronic tier will provide common chronic drugs at prices comparable to polyclinics.

Choice will be respected

- Respecting doctor's professional judgement.
- Patients have a choice of whether to enrol in Healthier SG and which GP to enrol to.
- Patients can choose whether to stay on current CHAS subsidy scheme or choose Healthier SG chronic tier if they have high drug needs and costs.

Engagement with GPs will continue.

CM

Town Hall Meeting
with Minister

by Adj A/Prof Leong Choon Kit, FCFP(S), PCN Council Chair

Good afternoon everyone. My name is Choon Kit. It is a big privilege for me to share about the coming Healthier SG from a PCN point of view.

First, I would like to make a disclaimer. Whatever I say is purely my personal point of view, and not that of the Ministry of Health's.

Second, I would like us to look at Family Medicine from the past to the future. I have the privilege of experiencing the early days of Family Medicine as I am old enough to see its development into what it is today. As for the future, much of it will depend on the younger GP colleagues in our midst.

I would also like to share a bit of what the other Family Medicine practitioners are doing in the world. I have the privilege of having my children living, studying, and working in Australia, where I visit them often. I see how the Family Physician practice there is. Obviously, they are very different from us and we have much to learn from them.

The Australians started their primary care transformation over twenty years ago and they are still transforming.

We do have friends practising in New Zealand. Similarly, they have an impressive primary care system, which we can learn plenty from.

Finally, I would like to urge all of us to ride the wave and transform primary care by joining the Healthier SG programme.

I remembered that Family Medicine traineeship started around 1991 when I first graduated leading to the Master of Medicine in Family Medicine. Under the College of Family Physicians Singapore, the programme for Graduate Diploma for Family Medicine was started around the time when I returned from China, where I built a hospital in 2000.

Prof Goh Lee Gan, the undoubted father of Family Medicine in Singapore, has taught all of us the 3 Cs and the 3 Ps in family medicine. We must constantly take stock of these Family Medicine ideals in our practice.

Unfortunately, I must confess that in my own practice, this is not always possible. Of these values, coordinating of care, continuing of care, and preventive care are the hardest to adhere to.

Co-ordinating of care we do fairly often. No matter how hard we try, the reality is that it is hard for us to do continuing of care. Often for a few cents' difference, lower consults, or for subsidised care, patients will disappear and stop seeing us or not see us often enough. In some cases, the patients may even be so poor that we do not have the heart to charge them. Instead, we refer them to the polyclinics.

I do that often with my colleagues at the Hougang Polyclinic, and I made it a point to know every new head of the Hougang Polyclinic so I can assign some of my patients there.

The last point is preventive care. We did not do much until COVID-19 started. That was when we actively started swabbing patients and administering the COVID vaccine. Now, with the help of HPB, we are doing more influenza and pneumococcal vaccinations.

As a private GP, I don't have the privilege of visiting overseas primary care systems, unlike my public sector colleagues who go for their HMDP programme. However, I do get free passes and sponsorship to attend talks given by foreign experts when they speak at our local conferences, such as the annual SHBC conference that NHG organises. I always thank Phui Nah, my good friend and classmate for that, as well as Prof Philip.

It is about time we gather ourselves together to reshape the primary care landscape, taking a leaf from the transformation lessons from these experts from Europe, Australia, and New Zealand. There is never a best time or a worst time. Whenever there is an opportunity, we must learn to ride the wave.

In Europe, some of the GPs even run the urgent care centres (UCC), whereas in Singapore it is run by specialists. I visited

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(continued from Page 7:Town Hall Meeting with Minister)

my classmate in Australia, and he as a GP runs the rehab services, old folks' home, and even the dementia care as well.

One of the largest obesity programmes I know in the world in Canada is actually run by a GP, coordinating care with many specialists and allied health professionals.

In UK, the primary care has the GPwSI (GP with Special Interests) system. The GPs with special interests straddle between the GPs and the specialists, offering care to the public at the primary care system. Overall, these systems help their governments save lots of money. While many people were skeptical about the NHS, there are still many things we can learn from NHS.

Now, let me get more personal. About 20 years ago, when I first returned from China after building the hospital, our good friend Dr Ho Han Kwee, the then director of PCC, brought some of us into MOH to help him develop some primary care stuff.

Among us were Dr Tham Tat Yean, currently part-time in the MOH Office for Healthcare Transformation and leading Frontier, and Dr Lee Yik Voon, who was the immediate past president of Singapore Medical Association (SMA) and now the chairman of GP+ Co-operative.

Over the past 20 years, the emphasis has always been on transforming Family Medicine. Over this period, we have served in different capacities under the leadership of three Health Ministers, namely Minister Khaw Boon Wan, Minister Gan Kim Yong, and Minister Ong Ye Kung.

Without any bias and prejudice, I believe that, out of all these tenures, we are now having the most supportive MOH team to date. Today's turnout is a testimonial to how well this current team is working. This is definitely the largest turnout for any GP gathering; we even filled up all the hotel car parks in the vicinity. We have never worked with a better team. So let us not waste this excellent opportunity. I am confident that this will work out well for us.

The Primary Care Network commenced discussion in 2016 and subsequently launched in 2018. I do not see HSG as a duplication of PCN; rather, I prefer to see it as an evolution of PCN. So, there is absolutely no conflict there.

In fact, the financing model Shi-Hua presented earlier is actually modified from the funding model of PCN. There are new things and changes to make things in Healthier SG work better. We are quietly confident as we all have benefitted from PCN over the last 4 to 5 years. For those of us who are new to PCN, I would suggest you talk to us who have tried out the PCN system. Let us share our knowledge and experience with you and help you adjust.

My final slide is really a challenge for all of us. I do not surf but I like watching people surf. If you watch these surfers, they are very clever. They time their surf very well. They watch the tide and sense the opportunity. And at the right time, they would hop onto the board and ride the wave. Neither a second too early nor too late.

If they are too early, they won't be able to maximise the wave. If they are too late, they fall off the board and end up falling into the water. What am I trying to illustrate?

To my GP friends in the audience today, we must ride the wave at the right spot. Not too late, especially the older ones among us. If we are planning to retire, planning to bring value to our clinics, the time is now and not later. If you join even a few months later, you might fall off the board.

The last point I would like to share is that everyone is a leader. I come from a mission agency where all of us are leaders. Why do we believe in that? Because we believe that all of us can and must play a part in change. I wish for my GP colleagues here that no matter how little you think you could do, be a leader among yourself, among the areas around your clinic, and among your patients. Let them take your lead and adopt a healthier lifestyle.

In the next 10 to 20 years, I am confident of a very vibrant primary care. We will benefit from it as we become patients ourselves. Thank you so much!

This transcript has been edited for clarity.

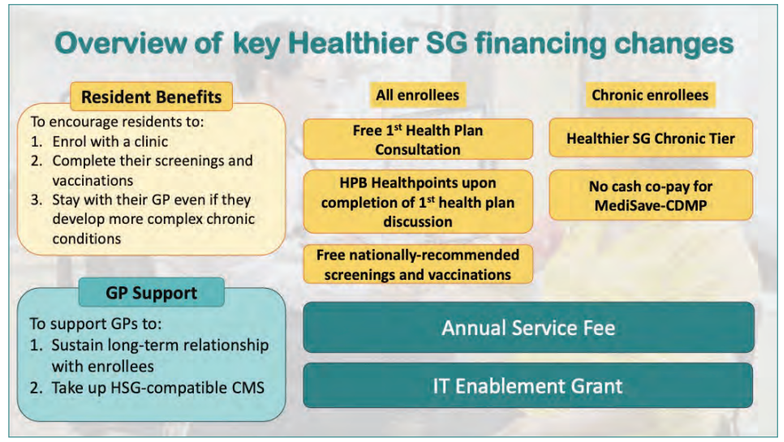
CM

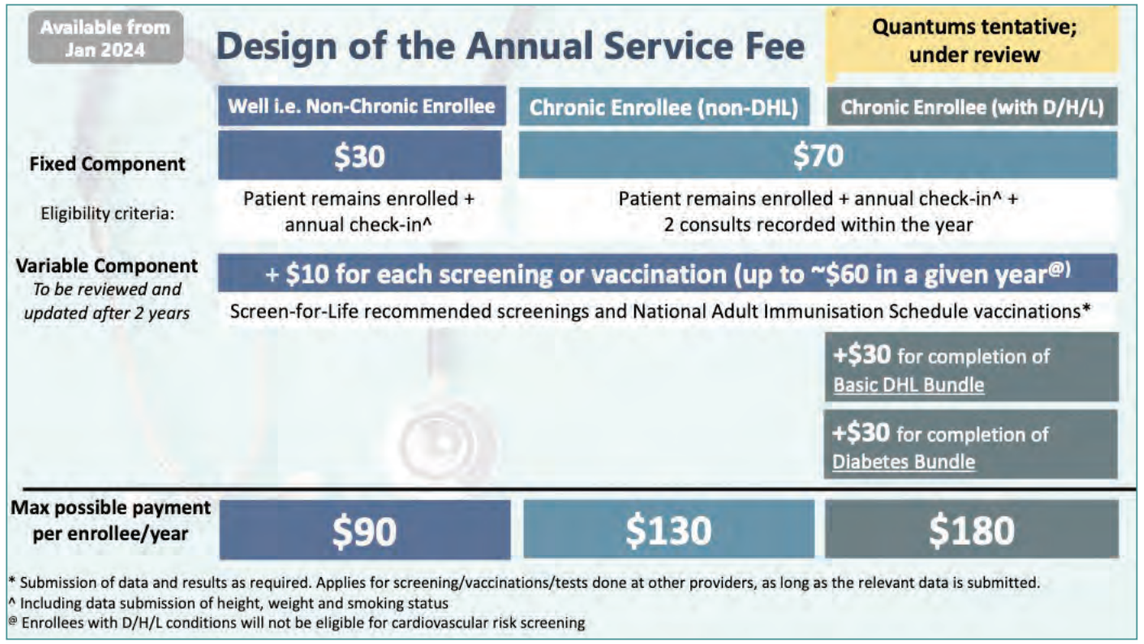
Healthier SG (HSG) *Financing*

by Ms Teh Shi-Hua
Director, Subsidy and Subvention, Healthcare Finance, MOH

Healthier SG enrolment benefits will encourage residents to enrol with a clinic, kickstart their relationship with their family doctor through the free first health plan consultation, complete their screenings and vaccinations, and stay with their GP even if they develop more complex chronic conditions.

New financing schemes, including the Healthier SG annual service fee and IT enablement grant, will also be introduced to support GPs in caring for their Healthier SG enrollees and adopt a Healthier SG-compatible Clinic Management System. The annual service fee will apply for all HSG enrollees and is on top of existing fee-for-service payments.





There will be a fixed and variable component, where the variable component will be paid out for completed care components.

Additionally, GPs can expect to see increased revenues from the increased utilisation of recommended services by well and chronic patients and more revenue from new patients who are currently going to polyclinics.

Chronic patients will have a choice to switch to the HSG Chronic Tier. Where chronic patients choose to use this tier, GPs may see some reduction in drug revenue. However, this will be limited to patients with higher drug needs who exceed their CHAS Chronic subsidy limits today. This can be made up for from the annual service fee and other payment schemes for chronic enrolees. MOH will be developing a heuristic guide to help GPs and patients better decide whether to use whitelisted drugs procured through MOH special arrangements for management of Chronic Disease Management Programme (CDMP) conditions and associated complications.

The entire suite of Healthier SG benefits is meant to work in concert to support HSG clinics in building a stronger relationship with their patients and to be able to anchor both existing and new patients with them. If things progress well, we expect that HSG clinics will benefit from a bigger and more stable pool of well and chronic enrollees who see you regularly for their care needs. The key principle is that the overall package must be beneficial to patients, make business sense for GPs, and drive the desired HSG outcomes. MOH is gathering more data from PCNs and GPs to adjust the scheme parameters.

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(continued from Page 9: Healthier SG – Financing)

List of Care Indicators for Variable Components

GP Service Fee; Available from Jan 2024

Preventive (for all eligible patients): $10 per eligible screening / vaccination

- Nationally recommended screenings (as indicated under Screen-for-Life)
- Nationally recommended vaccinations (as indicated under the National Adult Immunisation Schedule) – e.g. Influenza, Pneumococcal, Tdap, HPV, Hep B, MMR, Varicella vaccinations

Chronic Patients with any combination of DHL:

	Diabetes	Hypertension	Hyperlipidemia	Pre-Diabetes
$30 Basic DHL Bundle All care components relevant to patient must be completed to clock the bundle.	1. 1 serum cholesterol level (LDL-C) test 2. 2 blood pressure measurements (SBP/DBP) 3. 1 nephropathy (kidney) screening 4. 2 haemoglobin A1c (HbA1c) tests	1. 2 blood pressure measurements (SBP/DBP) 2. 1 nephropathy (kidney) screening	1. 1 serum cholesterol level (LDL-C) test	1. 1 serum cholesterol level (LDL-C) test 2. 1 blood pressure measurement (SBP/DBP) 3. 1 HbA1c test or 1 fasting glucose test or 1 oral glucose tolerance test
$30 Diabetes Bundle Both DFS and DRP must be completed (where relevant to patient) to clock the bundle.	1. 1 foot assessment (DFS) 2. 1 eye assessment (DRP)			

CM

Healthier SG (HSG)
Enrolment

Enrolment for Healthier SG will be rolled out in phases to help GPs manage their capacity.

Timeline	Enrolment Phase
From May 2023	Pre-enrolment Exercise: 1. GP signs LOA 2. GP pre-enrols his/her existing chronic patients using Primary Care Digital Services from May 2023. Patients will receive an SMS acknowledgment upon pre-enrolment. 3. Resident enrolment benefits begin from 5 July 2023.
From Jul 2023	National Enrolment Programme: Enrolment at all Healthier SG clinics including the polyclinics will be open to residents aged 60 years and above, and progressively to residents aged 40-59 years, starting with those with chronic illnesses.

For more information on Healthier SG, please visit www.healthiersg.gov.sg

Celebration of an Icon in Family Medicine
Dr Lee Suan Yew

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

The College of Family Physicians Singapore (CFPS) and the Chapter of Family Medicine, Academy of Medicine Singapore (AMS) were honoured to co-host a very special celebration for the retirement of Dr Lee Suan Yew at the age of 89 and after 60 years as a practising family physician in January 2023. The event was an opportunity to celebrate Dr Lee's achievements and commitment to the family medicine community.

A/Prof Tan Boon Yeow (Chairman of Chapter of Family Medicine, AMS) and A/Prof Tan Tze Lee (President, CPFS) presenting Dr Lee Suan Yew with a commemorative plaque.

Dr Lee studied medicine at the University of Cambridge, graduating in 1961. He returned to Singapore to complete his housemanship before returning to the UK in 1963 to complete his post-graduate education and training at the prestigious Hammersmiths Hospital and Queen's Square London. 1966 was a particularly notable year for Dr Lee as he achieved several milestones such as successfully attaining the membership of the Royal College of Physicians Glasgow, getting married, and returning to Singapore to undergo specialist training in internal medicine with a special interest in neurology at Singapore General Hospital.

In 1968, he found his true calling in family medicine after being invited by Dr Phay Seng Whatt, then Chairman of the Public Service Commission, to join his practice. Dr Lee took over Dr Phay's practice after joining his practice with his partner, Dr Chua Sui Leng, before setting up his own practice at Balestier Plaza in 1984, where he has practised until his retirement on 1 January 2023.

Dr Lee is a family physician who believes that one should not make one's practice into a trade. A family physician must have passion in medicine and practise good medicine for the benefit of one's patients. A family physician must use both one's heart and one's brain. He abides by this tenet from Sir William Osler, "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 Lee fondly recalls one memorable anecdote where his practice as a family physician intersected with his other role as a Justice of Peace. A patient whom he had cared for since she was a child presented to him with fever and thrombocytopenia two weeks before he was due to solemnise her wedding. He transferred her to the hospital for treatment of dengue where she recovered, and a week later he successfully officiated her wedding. She has since given birth to her first child. Dr Lee has just solemnised his latest wedding in February 2023 and will continue to be a Solemniser until his appointment by the Registry of Marriages concludes in June 2023.

Dr Lee is a passionate advocate for the profession of family medicine and has made significant contributions to the advancement of family medicine during his progressive leadership as the president of CPFS from 1985 to 1988. During his leadership, he oversaw the recognition of family medicine as a distinct academic discipline in medicine; the setting up of the Department of Community, Occupational and Family Medicine; the move of the College to its present premises at the College of Medicine Building; and the institution of the Post-graduate Medical Library, which was jointly set-up with AMS (this was subsequently closed to make room for the Ministry of Health). Dr Lee also spearheaded the start of the College's art collection with the vision of promoting the culture of art and science within the College, especially as a showcase for foreign dignitaries whom the College hosted. He gathered $1,000 each from the then Council's ten members and with this amount curated a varied collection ranging from paintings by Chen Wen Hsi to ancient pottery from the Tang dynasty.

Dr Lee was also instrumental in the initiation of formal postgraduate training in family medicine when the steering committee on family medicine training was formed by the MOH in 1988, which led to the subsequent development of advanced training programmes. Dr Lee also played an integral part of the setup of the Chapter of Family Medicine, AMS when he and A/Profs Goh Lee Gan and Cheong Pak Yean met with the then Master of AMS to discuss the start of the Chapter. His dreams for the future of family medicine are for family medicine to be accredited as a specialty.

A/Prof Tan Boon Yeow (Chairman of Chapter of Family Medicine, AMS), A/Prof Tan Tze Lee (President, CPFS), Dr Lee Suan Yew, and A/Prof Lee Kheng Hock, A/Prof Goh Lee Gan, A/Prof Cheong Pak Yean, and Dr Alfred Loh (past presidents of CPFS).

CFPS council members, Chapter members, Dr Lee Suan Yew, and past presidents of CPFS.

> *"Dr Lee is a passionate advocate for the profession of family medicine and has made significant contributions to the advancement of family medicine during his progressive leadership as the president of CPFS from 1985 to 1988."*

Dr Lee is looking forward to his retirement and he sees it as an opening of a whole new chapter. His immediate plans include tidying up his clinic while his future plans include catching up on his reading (he is an avid reader who especially enjoys biographies), gardening, wine appreciation, and golfing. He is a spritely golfer who plays nine-hole golf once a week.

CPFS and the Chapter of FM, AMS wishes Dr Lee Suan Yew all the very best in his new phase of life and well-earned retirement.

CM

Caring For Others Without Losing Yourself

Benefits of mindfulness and self-compassion for family physicians

by Dr Tanya Tierney
Assistant Dean, Clinical Communication (Lee Kong Chian School of Medicine)
Trained Teacher, Mindful Self-Compassion Programme and Self-Compassion Training for Healthcare Communities

Burnout

A career in medicine, by definition, requires doctors to care for others. This "calling" is what inspired many to become doctors in the first place. However, this tendency to prioritise the needs of patients over one's own needs, coupled with the ever-increasing demands of the profession, can take its toll. Pre-pandemic, many studies globally found the incidence of burnout in doctors across multiple specialties and at all levels (including as early as medical student days) to be around 40%. That number is already shocking, but a study by NUHS found it to almost double during the COVID-19 pandemic.[1]

"Burnout" is made up of three components:

- Physical and emotional exhaustion – this may be the one people are most aware of as we tend to notice when our energy levels are lower.
- Depersonalisation – in a healthcare context, this makes it harder to "be with" the experience of the patient. Empathy and compassion for the patients declines and there is a tendency to become task-oriented rather than patient-centred.
- Reduced personal accomplishment – feeling less competent and successful and becoming disengaged from personal motivation to practice medicine.

If any of the above descriptions resonate, you may wish to try the "Maslach Burnout Inventory", a validated tool that measures these three components of burnout.[2] Because of the tendency to "keep going", it is possible to be unaware of burnout creeping up. Rachel Naomi Remen says in her book, *Kitchen Table Wisdom*, "Very few of the professionals I have treated for burnout actually came in saying they were burned out. I don't think most of them knew. The most common thing I have been told is 'there is something wrong with me. I don't care anymore. Terrible things happen in front of me and I feel nothing'".[3] Notice the reference to "depersonalisation" in this statement.

Given that we can be in a state of stress or burnout without realising it, one tool that can help is intentional awareness of our experience – or mindfulness.

Mindfulness

Mindfulness has been defined by Jon Kabat-Zinn as "paying attention, on purpose in the present moment and non-judgementally". It is simply knowing what is happening, whilst it is happening. Mindfulness practices can be described as "formal" or "informal".

Formal mindfulness practice, such as sitting meditation, awareness of breath, body scan, mindful walking, etc, involve intentionally paying attention to the focus of the practice. Formal practices train the mind to pay attention to our experience and to notice more quickly when the mind wanders – thus increasing our ability to be in the present moment.

Informal practice is simply paying attention to whatever we are doing. We could wash the dishes mindfully, listen to our children read mindfully, eat our dinner mindfully. It becomes easier to apply mindfulness to our daily life if we have a regular practice of formal mindfulness (and this is the reason mindfulness programmes such as the "Mindfulness Based Stress Reduction" (MBSR) course have become so popular).

With practice, we become aware of our experiences and reactions and can become more intentional in our responses. For example, if someone says something that makes us annoyed, it is quite possible that an automatic reaction is to reply without thinking. How many times have we said things we regret in this situation? Mindfulness allows us to notice our reactions, take a breath, and be more intentional in our response.

> *"Mindfulness allows us to notice our reactions, take a breath, and be more intentional in our response."*

Applying mindfulness to clinical practice has multiple benefits for both doctor and patient. Mindful awareness of the patient enhances the skills of active listening – tuning into the patients' words, tone, facial expression, silences, etc. Mindful listening is a gift to the patient captured beautifully in the words of Thich Nhat Hanh: "You listen with one purpose, to help him empty his heart". Mindful awareness of self during clinical practice also provides insight. You may become more aware of your own thoughts and feelings throughout the consultation. This can result in more authentic expression of empathy and compassion, which enhances the doctor-patient relationship.

These practices of mindful communication and self-awareness are woven into the delivery of communication skills teaching at LKC Medicine. Guiding students through a 2-minute formal practice before their simulated consultations and inviting them to reflect on their own thoughts and feelings has had a profound impact on their engagement and performance in teaching sessions and which is noticeable to clinical facilitators and the simulated patients involved.

Awareness of self has the additional benefit of reconnecting us with our own needs. Earlier, I referred to the tendency to put patients' needs before one's own and how disconnected physicians may be from their own needs. Mindfulness opens up awareness of "I'm noticing I need the bathroom", "I'm feeling tired and overwhelmed right now", "I'm still ruminating on my last patient's situation". These kinds of insights invite the question of "what do I need right now", which can encourage self-care.

Self-Compassion

Whilst empathy allows us to notice and acknowledge the suffering of another person, compassion is the desire to alleviate that suffering. We naturally offer compassion to others when we see their suffering. However, when we are the one who is struggling, we tend to be more critical of ourselves. Picking up on one of the examples above – if a colleague says "I'm feeling tired and overwhelmed right now" we tend to respond with kindness and compassion. We may say "How can I help? Can you find time to rest? I'm sorry you are feeling like this". In contrast, when it is ourselves feeling this way, we may find a more critical inner voice saying "Pull yourself together and get back to work". Why are we any less deserving kindness and compassion than our colleague? What if we could offer that to ourselves?

We often hear advice on self-care that includes taking breaks, sleeping well, exercising, etc. But many of the suggestions relate to activities outside of working hours. We cannot say "I'm overwhelmed right now" and walk out of a clinic to go for a massage! We need "tools" that can be applied in the moment to support ourselves in moments of struggle. We can be guided by the question "What do I need right now?" It might be a 30-second break to take some deep breaths. Or a hot cup of tea. Or to offer ourselves the words that we imagine a good friend would say to us in that moment. Something as simple as placing your hand over your heart as a gesture of self-compassion can have physiological effects (release of oxytocin and reduces stress-induced cortisol release).

Self-compassion is as simple as treating ourselves with the same kindness as we would a dear friend in times of struggle. It sounds straightforward, but it does not come naturally to many of us after years of treating ourselves harshly. One way of exploring these practices is to attend a course like the "Self-Compassion Training for Healthcare Communities" (SCHC). Or for a deeper dive, there is the full 8-week Mindful Self-Compassion (MSC) Programme, which incorporates a more formal practice of mindfulness and self-compassion.

> *"Self-compassion is as simple as treating ourselves with the same kindness as we would a dear friend in times of struggle."*

As a final thought, whilst the focus of this article is the potential for mindfulness and mindful self-compassion to support physician wellbeing, there are also many other people these tools can benefit. So, in addition to considering how to incorporate these techniques into clinical practice as part of self-care, you may also meet patients for whom you could recommend exploring mindfulness or self-compassion practice. Many people attending the MBSR or MSC 8-week programs do so at the recommendation of their doctor.

If you would like to know more about mindfulness, mindful self-compassion, or any of the courses mentions, please do email me tanyatierney@ntu.edu.sg.

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CM

Healthier SG:
Pioneering GP clinics



Interviewed by Adj Asst Prof Tan Eng Chun, MCFP(S), Editorial Team Member (Team A)

On 18th February this month, over 600 General Practitioners (GPs) attended a Ministerial Townhall GP meeting on Healthier SG.

The GP will play a pivotal and central role in this transformation care plan, in close partnership with the Primary Care Network and regional clusters.

College Mirror *caught up with GPs who attended the meeting, and had expressed interest in participating in Healthier SG.*

Hi Doctor,

Thank you for accepting this interview. You have expressed interest in being one of the pioneering private GP clinics in the Healthier SG programme.

We understand for many private GP clinics, participating in Healthier SG is a major leap of faith forward that may involve some discomfort and painful challenges (e.g., IT issues, drug inventory, staff training). What are your priorities in getting your clinic ready for Healthier SG before the official launch date?

Dr Wong Tien Hua: There is no question that Healthier SG will alter the primary care landscape in the coming years. As GPs and family physicians practising in the community, it is imperative that we participate in this scheme if we want to meaningfully engage with our patients and their families in the future.

One of the key priorities of getting clinics ready is to do a thorough assessment of the current workload and analysis of the pool of patients that we are serving. An urgent but difficult issue when getting involved in the programme is therefore capacity planning, and trying to forecast the potential new patients that may be enrolled. To do this, each clinic needs to have a fairly good idea of the mix of patients that they see, be it acute or chronic cases, and to try to project how many new patients they can then take on as part of the Healthier SG initiative. Many of the existing patients, especially those over 60, may be converted to the Healthier SG scheme in the first phase. The projections will then affect staff and manpower planning, as well as the pharmacy stocks that need to be procured.

Dr Lee Yik Voon: In getting my clinic ready, we need to have the right expectations of the various measures to come and change management in the workflow of the clinic, and more training in and reliance on IT to enable the clinic to do more and upscale our capabilities.

Dr Tan Teck Jack: We have been receiving a lot of useful advice from the PCN management and support staff to help us with the right steps to take. There are many priorities but having a functional IT system and trained staff will help us through the early days of enrolment. Next, I feel, is a system of regular dissemination of knowledge and training of doctors in the practice of preventive health. Change management for both doctors and staff will be challenging.

To incentivise and support GPs in transitioning to the Healthier SG programme, a one-time IT enablement grant and a new Healthier SG annual service fee have been announced. How does your clinic benefit from this, and is there any other suggested support you would like to see?

Dr Wong Tien Hua: We are already using one of the CMSes that has committed to being HSG-compatible, hence it is less of a worry. However, most of our IT hardware is at least 4-5 years old, and it would good to upgrade the hardware. New stations can also be set up in anticipation for more data entry by staff. The IT enablement grant is a very welcome and much appreciated incentive.

Dr Lee Yik Voon: I foresee that the IT grant will be largely used to pay the 2-year subscription fees of the CMS, the price of which has been adjusted upwards due to additional IT functionalities and capabilities for Healthier SG and various other IT support. With the additional admin requirements, I anticipate the need to hire more staff.

With Healthier SG, there will also be various benefits for our patients, including free health screening/vaccinations, zero co-payment for Medisave, subsidised chronic medications, etc. How do you think these would benefit and improve the health of your patients?

Dr Wong Tien Hua: These are perks for patients to enrol with our clinic. There are real and tangible benefits to be had, especially for our existing patients. For example, whereas there were always some form of co-payment with the annual influenza vaccinations, these will be free once enrolment starts (subject to qualifying conditions). These are helpful to improve the "stickiness" of patients to one family doctor who can monitor their health over a long period of time and provide better preventive care interventions when appropriate.

Dr Lee Yik Voon: You have mentioned various benefits for my patients in Healthier SG; however, I feel one of the biggest factors is health literacy, without which our patients will not appreciate any of the benefits and will not be motivated enough to do more for themselves no matter how much incentives we dangle. Without this basic understanding, whatever we achieve may only be temporary and short-lived.

In Healthier SG, GPs are also called to be involved in preventive care, such as exercise and diet prescription. How would you like to be supported in these tasks in your busy clinic?

Dr Lee Yik Voon: In wanting to do more for our patients such as in the diet and exercise and social prescribing, I was involved in pilot MOHT projects to do holistic management of chronic patients, and employing IT and multidisciplinary teams. With the optimal scheduling of appointments, we can achieve this goal.

Do you have any other input or proposals to ensure Healthier SG works for your clinic?

Dr Lee Yik Voon: One key consideration is we must have the right "heart ware" for HSG to work. At the bottom of our heart we are doctors because we want to provide medical care to help our people and with this is in place, we hope all other stakeholders would have similar heart ware and together achieve win-win-win for everyone.

Dr Tan Teck Jack: About empanelment: There are concerns on the ground whether it will be a fair process rather than a situation akin to a "land grab" by bigger medical groups or, worse, TPAs. Many GPs also feel torn about onboarding a scheme that has been put together in a fairly short time versus missing out on something that benefits their patients greatly. MOH will need to assure that all clinics are treated fairly from day one, whether or not they are on the Healthier SG scheme. By playing the "long game", more will join as the sceptics will see the benefits eventually.

About audits: There is a general phobia for audits, from Clinic compliance to Eldershield to CHAS to the much-dreaded Medisave audits. One would naturally approach this mega scheme with great trepidation since 99.8 percent of GPs are die-hard law-abiding and tax-paying citizens who fear genuine mistakes with consequences from another audit. MOH has tried to address this issue but plenty more transparency and good faith will be needed in the next few years.

CM

Healthier SG
Prevention is better than cure

by Dr Theresa Yap, Yang & Yap Clinic & Surgery

Prevention is better than cure. This is a belief I have carried with me since young. In terms of a healthier Singapore, I support the initiative of Healthier SG to prevent illnesses and, if already ill, to prevent organ damage. It makes sense to stem the flow from its source rather than mopping up from downstream.

Therefore, I am keen to enrol in the Healthier SG programme and do my part, as GPs are the backbone that will help establish Healthier SG as a success. Indeed, this is a massive exercise, albeit done in stages, and there will certainly be teething problems and other issues. However, I believe we have to get started and iron out the creases as we go along. One main issue was that of remuneration for GPs. After hearing Minister Ong, I know he is genuine and sincere in making this a success and I know he will not let the GPs be shortchanged.

So, what are my priorities in getting my clinic ready for Healthier SG and how can I help Healthier SG work for my clinic?

First, I feel that the clinic staff are most important. They will be the ones dealing with patients who come into the clinic, especially when the clinic is busy. They will need to know what to do, how to register the patient, how to use the EMR, how to do billing, etc. They will have to know how to answer patients' queries, help patients with enrolling using their smartphones, and more. A well-trained clinic assistant will help bring calm to the busy "market place" of the clinic and give the patient a positive experience. Therefore, training for staff is essential and crucial.

My clinic has been part of Frontier PCN since 2015. We are already using GPConnect and contributing to NEHR since 2012. IT-wise, I feel there will not be much adjustment needed other than to go through the technical part of using the new page for Healthier SG submissions both for staff and doctors. We certainly appreciate IT grants to improve our systems, new desktops and printers, getting good reliable anti-viral software, and help with CMS fees, which are rising.

I believe Minister Ong will be working on the annual service fee and proper remuneration for GPs who are taking this step of faith to help put our nation on the path to good health. In my clinic, we have added another doctor and one more clinic assistant to help cope with the expected increase in patient numbers. Hence, our expenditure has increased. A further subsidy in addition to the $10,000 IT grant and annual service fee, along with another $10,000 yearly for the first three years of Healthier SG – as long as the clinic is still providing care for Healthier SG – would go a long way towards helping us defray the additional costs of employing

(continued on Page 18)

(continued from Page 17: Healthier SG – Prevention Is Better Than Cure)

extra staff and help us to incentivise our staff for the added work (which may also include longer clinic hours). All these will help until Healthier SG gets running smoothly, especially in the first three years.

Drug inventory is certainly another issue. Using the EMR has helped tremendously in keeping tabs on drug inventory. However, I will use the Healthier SG whitelisted drugs only for those patients with chronic diseases who are on numerous medications. The lowered cost for those with several medications will be a boon for GPs, as many retired and old folks have been lost to the polyclinics due to them being unable to afford medications. Many times, we have to subsidise them ourselves by not charging for consultations to help them tide through till the next year, when renewed CHAS and Medisave become available.

To avoid problems with keeping two sets of drug inventory, I will order these medications for the patient similar to what we have been doing such as the CRISP/DOT/GPCC programmes. I prefer the medications be sent to my clinic rather than the home as I can ensure that the correct medication is prescribed and dispensed.

I have an appointment system in my clinic, and this is an important aspect of my practice. We put appointments as far as possible during the non-peak hours and spread out the patient load, and certainly we will continue this especially with increased patient numbers as Healthier SG rolls out.

The benefits to the patients' health are beyond measure. How can one measure good health? The joy of living till old age with good health, or with minimal illness, enjoying retirement, going places with ability to see and walk, and yes, even talk! Being able to take care of oneself as far as possible, being independent in old age, all these are truly immeasurable. Hence detecting diseases early through screening, preventing illnesses through vaccinations, embarking on a healthy lifestyle through exercise, diets, being cigarette- and smoke-free are invaluable choices.

> *"Hence detecting diseases early through screening, preventing illnesses through vaccinations, embarking on a healthy lifestyle through exercise, diets, being cigarette- and smoke-free are invaluable choices."*

However, what motivates the patient to employ healthy behaviour, besides education, is the immediate gratification of zero cash payment from their use of Medisave, the lower drug costs if using the whitelisted drugs, the free screenings, and free vaccinations. This will enable the patient to stay with his/her doctor and continue in their relationship for many years ahead. Using the Healthy365 app has helped my patients log in exercise times to be rewarded with vouchers, which they have redeemed for vouchers at NTUC. I think this is a great incentive for them to have the immediate monetary reward. There also other apps like the THRUST programme, where patients pay a small fee to be guided by trainers, nutritionists, and doctors for their hypertension and diabetes. This can help a busy doctor. It will be good if HPB can help GPs here with a similar one-stop scheme. Of course, IQUIT is a great help, where stop-smoking is needed. Again, the monetary incentive is welcome.

To my fellow GPs who are still considering whether to join Healthier SG: Come, join me in taking the step of faith. You will see rewards both in the immediate and in the long haul. Healthier SG will be here to stay. Patients will know of this scheme as it will be much publicised. They will want to join. At the very least give them the option to choose your clinic. Let them know you're here for them.

On the broader scheme of things, let us all be in the team to help shape Singapore's health. Good health is immeasurable and yet obtainable. Every GP's participation is precious. Together, we can help forge a healthy nation, starting with ourselves providing good primary care, reserving tertiary care for those who need it.

Dr Theresa Yap is a GP and family physician who has been practising for 40 years in Bedok North, running her busy practice together with her husband. She is a mother of three doctors, and a doting grandmother to three grandsons. She believes in continuing education whatever the age and her hobbies include taking vocal training, singing in the choir, and growing orchids.

CM

CMS Review (as of 18th February 2023) The information gathered below has been obtain through an interview with the various CMS providers.

This is the first of a series of reviews. We welcome interested readers to email us their feedbacks on the various CMSes as well as join our review panel at cms_sutra@cfps.org.sg.

	Assurance Technology (Clinic Assist)	Galen Health Pte Ltd (Galen Health)	IHiS (GPConnect)	SGiMED (HummingBird E-Clinic)	Plato Medical (Plato)
BACKGROUND INFORMATION					
Background of the company	Founded in 1995 Company size: 46	Founded: 2017 Company size: 25	Founded in 2008 Company size: ~3800+ staff	Founded in 2014 Company size: 9 (customer success support team), 18 (product development)	Founded: 2015 Company size: 10
Based in Singapore	Yes	Yes	Yes	Yes	Yes
Address and contact details of company	Address: Blk 134 Jurong Gateway Road #04-309R Singapore 600134 Tel: 6563 2435 Email: enquiry@eclinic.com.sg	Address: 6 Shenton Way, #10-09, Oue Downtown, Singapore (068809) Tel : 63234415 Email: inquiry@galenhealth.io	Address: 6 Serangoon North Ave 5, #01-01/02, Singapore 554910 Tel: 65941800 Email: GPIT@ihis.com.sg	Address: 200 Jalan Sultan #01-12, Singapore (199018) Tel: 90281830/ 98551463 Email: enquiries@sgimed.com	Address: 68 Circular Road, #02-01, Singapore 049422 Tel: 3129 4333 Whatsapp: 8328 0301 Email: support@platomedical.com
Estimate number of users and demographic of users in Singapore	1300 clinics GP: 46% SP: 36% DT: 16% Others: 2%	150 installations GP: 50% SP and DT: 50%	190 clinics	~360 clinics GP: 75% SP and others: 25%	~500 clinics
Approximate price range and available packages available	Basic $150 - $250: SmartCMS, User Mobile Apps, Patient Mobile, Telemed, Singpass Verify, Queue Calling HSG Package $300 - $400: SmartCMS, HSG, PCN, User Mobile Apps, Patient Mobile, Telemed, Singpass Verify, Queue Calling	$200/location per month (Per Annum of $2,400) HSG subscription promotion: the 4th and 5th year are free with a 3-year agreement	New PCN subscriber, sign-up: a. Before 1 July 2023 - $250/mth for 2 years with the first year's subscription fees paid up front. b. From 1 July 2023 - $350/mth for 2 years subject to further review. New non-PCN subscriber sign-up: a. Before 1 July 2023 - $250/mth for 2 years with the first year's subscription fees paid up front b. From 1 July 2023 - $250/mth for 2 years subject to further review.	$200/month on an annual basis subscription (Per Annum of $2,400) $500 for optional on-site training	$200/month (billed per annum + GST)
SUPPORT AND TECHNICAL QUESTIONS					
Type and scope of assistance available for trouble-shooting / down-time	Types of support: Ticketing, email or phone All incoming queries will be logged into CRM with tracking, classification, follow up and analysis. Support hours: Mon - Fri: 8.30am -7.30pm; Sat: 8.30am - 1pm	Types of support: Email, phone or WhatsApp Support hours: Daily, 24 hours	Types of support: Email, phone Support hours: 8am - 10pm (daily except public holidays) *Besides application support, End User Computing support for computers, printers, label printers, update of drivers & etc is provided.	Types of support: -In-app Chat via Intercom (a real-time support chat which can be accessed from the HB Software directly) - WhatsApp, Email or Phone, TeamViewer Regular Support Hours: Mon - Fri: 9am - 6pm Weekend/AOH – Emergency Support for critical issues or System Down	Types of support: Email, Call or WhatsApp Support hours: Mon - Fri: 8.30am to 6pm
Type and scope of assistance available for incoming / onboarding clinics	Onsite training 2 x 2 hours Online training Classroom training	Onboarding support Training for staff and doctors Data migration from existing system Help to setup IT equipment Go live onsite support	Dedicated GPConnect Specialist providing structured onboarding process which includes: On-boarding briefing & training sessions Run through with clinic readiness assessment such as onsite assessment of hardware, of specific computing equipment, down to the required power sockets etc Brief on Singapore Drug Dictionary (SDD) and how to populate data to map the inventory template. This supports the GPs in ensuring data quality in submission to MOH for drug data contribution Analyse data to be migrated into GPConnect and provide profiling report to support the clinic in cleaning up dirty data. This enables identifying potential data quality errors as early as possible and maintain data integrity and accuracy when migrated between systems; Understand clinic workflows and profile and recommends corresponding GPC processes & controls accordingly; Provide 1-3 days on-site go live support.	Data migration trial run with clinic's data Online training Onsite training First day of go live on-site support. FAQs Monthly enhancement training (SGIMED office)	Training sessions both prior to adoption and post adoption Trial data migration and training sessions

	Assurance Technology (Clinic Assist)	Galen Health Pte Ltd (Galen Health)	IHiS (GPConnect)	SGiMED (HummingBird E-Clinic)	Plato Medical (Plato)
SUPPORT AND TECHNICAL QUESTIONS (continued from previous page)					
Hardware and software requirements for CMS users	PC 10th generation i5 with 8gb ram Win 10/11 or iMac 20" Monitor Internet speed 100mbbs Thermal transfer label printer with 45mm x 80mm label size Laser printer for MC, invoice and reports.	Windows Based Computers RECOMMENDED / MINIMUM Operation System: Windows 11 / Windows 7 Processor: 1.3Ghz or higher / 1Ghz Memory: 8 Gb or more / 4 Gb Monitor Size: 24 inch / 13 inch Screen Resolution: 1920 x 1080 resolution or higher / 1024 x 768 resolution Internet Speed: 10mbps (or higher) / 1mbps Browser: Google Chrome / Google Chrome / Microsoft Edge Macintosh Based Computers RECOMMENDED / MINIMUM Operation System: Mac OS 12.2 (Monterey) or newer / macOS 10.15.x (Catalilna) Processor: Intel i5 or M1 / Intel i3 Memory: 8 Gb or more / 4 Gb Monitor Size: 13 inch and above / 12 inch Screen Resolution: 1920 x 1080 resolution or higher / 1024 x 768 resolution Internet Speed: 10mbps (or higher) / 1mbps Browser: Google Chrome / Safari / Google Chrome	Processor: Intel i5 equivalent or higher. Memory: 8GB RAM or higher (16 GB recommended for Queue Display controller) Storage: SSD with at least 100GB of free storage space (client size is approximately 1.5GB) Internet Ready with Fibre connection Microsoft Windows 10 or later (with Local Administrator User rights) Internet Browsers: Chrome or Microsoft Edge Valid and active Anti-Virus Mobile Phone for all GPC login accounts.	PC / Laptop: Both windows and mac compatible Monitor Resolution: 1920 x 1080 (or above) CPU: 4 x vCPU (3.0 GHz or faster) RAM: 8GB (16 GB is recommended.) HD: 500GB (SSD is recommended) Network: 100M/30M (download/upload bandwidth or above) Browser: Windows / Mac OS: Chrome; iOS (iPhone/iPad): Safari	PC, Mac, tablets, phones Browser: Chrome thermal label printer/standard printer
Level of cybersecurity	2FA using CAS mobile app Minimum 12-character password with upper, lower alpha, number and special character No reuse of last 3 historic passwords User account lock after 3 tries Yearly VAPT Database is Microsoft SQL with build in encryption. SSL is by Entrust	2FA for all logins Password complexity validation End-to-end data encryption Account lock when password is incorrect SSL is by Entrust	Compliant to the national HealthTech Instruction Manual. For specific examples of IT security, please refer to the list of requirements that MOH provided to commercial vendors, which includes the requirements of 2FA as an example.	Device lock 2FA Single sign-on	AES-256 encryption and SSL certificates 2FA IP restriction option Azure active directory linkage
DATA SUBMISSION AND CLAIMS					
Are data submission for HSG clinical indicators automated	Yes Clinical indicators are auto-retrieved and populated into the relevant fields and submitted at the end of the day CMS will prompt the user if any clinical indicators are not performed.	Yes	Yes Automatically extracts the required HSG clinical data across visits for the entire reporting year. Clinic users may choose to review the data before submission.	Yes Data capture is automated and the data is also sent over for HSAR once the doctor clicks "Submit"	Yes HSG clinical indicators are submitted automatically
Are claims for HSG fees automated Information as given by respective CMS, real-time application/features of automated claims may differ from the information provided by the CMS when HSG commences.	Yes CMS automatically checks if the visit is under HSG or CHAS and will compute the relevant drug pricing, SFL pricing and vaccination price. The user can toggle between HSG and CHAS to check the patient's out of pocket amount before deciding on the visit type.	Yes	Yes The data related to GP Service Fee is automatically extracted for claims submission. Clinic users can choose to review them before submission.	Yes Fully integrated once the clinic tags for HSG and for submission The CMS will auto generate the calculation for the doctor to review and upon submission the claim will be auto submitted	Yes Auto-populates the claim amounts for the clinic staff Staff have the option of reviewing the claim amounts and clicking "Submit"
Are claims for fees from National Child Immunization Schedule (NCIS) / National Adult Immunization Schedule (NAIS) automated	Yes Verifies patient eligibility, vaccination eligibility. Auto computes for any co-payment.	Yes	Yes. The user may choose the type of vaccination and the CMS will automatically check for the claims eligibility. If the patient is eligible, the CMS will calculate the patient payable/ claim amount and automatically creates a record for claims submission.	Yes The information is submitted directly to MHCP, NIR	Yes

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DATA SUBMISSION AND CLAIMS (continued from previous page)					
Are claims for Screen for Life automated	Yes Verifies patient eligibility, vaccination eligibility. Auto computes for any co-payment. Printing of invoice as per AIC format to show the amount patient has paid. User only needs to press one time for submission for all patients on the same day at the end of the day.	Yes	Yes During the consultation, the doctor can choose the type of screening and the CMS automatically checks for the screening eligibility. If the patient is eligible, the CMS will calculate the patient payable/claim amount and automatically creates a record for claims submission	Yes	Yes
Are disease notifications automated	Yes User may select from drop down list.	Yes	Yes Doctor just needs to indicate the diagnosis and the CMS will check for the reportable disease automatically and launch the MD131 form for review before submission.	Yes	Yes Via IRIS/CDLENS integration
Are vaccination notifications automated	Yes User will be guided to enter the batch number and dose during dispensing. Will automatically add recall for next dose. User only needs to press one time for submission for all patients on the same day at the end of the day.	Yes	Yes Sends all vaccination records to NEHR automatically. NEHR will forward only NCIS and NAIS to NIR.	Yes The doctor may also enquire re: latest info from the system in real-time	Yes NIR integration
Are there any other automated submission and claims	Yes MWHealth APP Data Submission (for Migrant work submission) Generation of PCN CDR. CIDC submission CDMP Chronic / CDMP Vaccination / Flexi-Medisave Claims Submission CMIS / NEHR-CMIS Submission	Yes CDLENS PHPC haze PHPC SASH Medisave NEHR All other SmartCMS Services	Yes For CIDC, the CMS will extract the relevant indicators when the doctor signs-off the consultation. The doctor will have the option to submit at this point or defer to the later time. For PCN CDR, GPC automatically extracts the required PCN data across visits for the entire reporting year. Clinic users/PCN care coordinators will just need to download and review the spreadsheet.	Yes MWHealth APP Data Submission (for Migrant work submission) DigiMC (+ MC.GOV.SG) SingPass Integration	Yes Claim submissions and data contributions are fully automated
INTEGRATION					
Laboratory Providers	Innoquest, Reste, Parkway, Eurofins, Pathlab: Both data and PDF. Allows trending and populates into chronic template case notes, PCN, CIDC and HSG.	Innoquest: lab ordering, PDF, data graphing Parkway: PDF, raw data graphing	Innoquest, Reste, Eurofins: data are flowed into the system automatically. These results can be viewed easily within the same EMR screen. Trending of results is supported using graph or table. *Parkway, Pathlab: WIP	Innoquest, Parkway, Reste, Eurofin: PDF, HL7 IGene: PDF *Pathlab: WIP	Innoquest, Parkway Labs, Reste, Eurofins, iGene: Both data and PDF
Radiology Providers	Parkway Radiology: PDF report	No	No	IParkway Radiology (Report) LifeScan (Report/Image) Medisol (Reports/HL7)	Parkway Radiology, Radlink, Lifescan, OHM: PDF reports, DICOM images
Third Party Administrator Portals	WIP	No	No	Working with Alliance TPA re: direct claim integrations Other TPAs: WIP	Yes Fullerton's FNHE system
CUSTOMIZATION AND ADDITIONAL / UNIQUE SERVICES					
Is there any customization allowed	Yes Any suggestions that will benefit the majority of GPs will be implemented. For bigger medical groups, customization will be based on their corporate, financial and governance requirements. Customisation charges: $1,000/man day.	Yes Depends on type of requirements for customization	Yes. For example: EMR – Templates/Order Sets – customize canned text for quick data entry EMR – 5 variations for Patient Note layout EMR – customize own preferred names for visit tags, flowsheet profile/panel and diagnosis or medication EMR – Clinician Decision Support alerts – enable/disable alerts at clinic or patient level CMS – Customize Queue Log layout CMS – Create additional fields in Patient Profile	API integration	Yes Clinics may configure the system in accordance with their preferences

	Assurance Technology (Clinic Assist)	Galen Health Pte Ltd (Galen Health)	IHiS (GPConnect)	SGiMED (HummingBird E-Clinic)	Plato Medical (Plato)
CUSTOMIZATION AND ADDITIONAL / UNIQUE SERVICES (continued from previous page)					
Does the system allow for appointment booking and sending of reminders	Yes Patients can use the clinic portal or the patient mobile app to book appointments. The clinic can also send SMSes and messages through the mobile app to remind patient about their upcoming appointment. The appointment status will be reflected in the CMS appointment module	Yes	Yes Clinic can create or tag appointment types and search for appointments. Appointment reminders are sent via SMS.	Yes Appointment booking function Clinics are allowed to send emails and SMSes if they subscribe to one of the SMS vendors that SGiMED integrates with.	Yes Patient online appointment booking and prepayment for services If a clinic is operating in an HDB, patients can pre-queue using Singpass
Does the system allow for teleconsultation	Yes Teleconsultation will be through the patient's mobile app. The doctor will conduct the teleconsultation via the CMS.	Yes	WIP	Yes API provides links with telemedicine vendors. Integration with ZOOM and several other telemedicine vendors in the market.	Yes In-built telemedicine system: PlatoConnect
Are there any additional / unique services	Yes Clinical: MIMS for drug allergy, drug-drug interaction and duplicate therapy checking ACT assessment CAT assessment PHQ-9 score Sheehan Disability Scale score Admin: Integration with patient mobile apps eHealthAssist Singpass: Verify during new patient registration Singpass Myinfo for advance registration NETS machine integration without need to enter amount into terminal and auto reflect into CMS PayNow cashless payment with amount appearing in patient payment app Input of vital signs via blue-tooth through mobile app and uploading into CMS	Yes Clinical: Data analytics engine Paediatric growth charts Automated vaccination reminders	Yes Clinical: MIMS Drug, Allergy and Duplicate Therapy Interaction ACT Score Calculator CHA2DS2-VASc Score Calculator Admin: FMC Drug Subsidy Framework capabilities -Tagging of subsidized drugs -Drug subsidy is computed automatically based on patients' criteria and drugs (SDL1 or SDL2) -Schemes to supports Pricing Rule and Additional Subsidies for PG/MG patients Multi-Station capabilities -Ability to create and customize station names, itinerary and sort the stations' sequences Support for Group Clinics -Ability for clinic headquarters to push inventory master, schemes etc to all their clinics	Yes Clinical: Stripe Health Screening Cardiovascular Risk Calculator (including in the Health Screening module) Decision support	Yes Admin: Automate registration Appointment booking Simplify payment
OTHER INFORMATION					
Other useful information	Auto reflects vital signs and medications in case notes Direct input of vital signs into case notes Direct input of HSG goals in case notes Direct order of HSG services in case notes Mobile App for seniors: Allows for bigger font, multi-language features, pill reminder service with drug pictures, refill reminders, queue number request etc.		Besides onboarding training, refresher trainings and trainings for major releases are provided on need basis.	Only CMS providing interactive chat support	

GP: General practitioners
SP: Specialists
DT: Dental

Iceland *on Film*

by Dr Joy Ang Jing Zhi, House Officer, KKH O&G

Like many around the world, I have not had the opportunity to travel since the COVID pandemic. As travel restrictions eased up in late 2021, the thought of travelling probably never crossed any of our minds, given that we were all working hard towards one common goal at that point in time – completion of MBBS. Most of us wouldn't risk any chance of catching COVID prior to MBBS, nor would we have been able to enjoy ourselves had we taken the two weeks prior to MBBS to travel.

However, the rigour of preparing for MBBS and the social media posts of other friends outside of medicine slowly but surely got to us. In between the short breaks I took between studying, I started looking up travel restrictions and testing requirements to explore my options for travel post-MBBS. This then slowly led to me bouncing off ideas with one of my batchmates, Dionne, with whom I have taken a few dive trips during the earlier years of medical school. We had a good three weeks that we could use to travel after our Student Assistantship Programme (SAP) and prior to the commencement of Housemanship, and we decided on our destination – Iceland.

After a full day of travelling and countless rounds of Monopoly Deal at the Finnish Airport during our layover, we finally arrived in Iceland. As we pulled into the city centre of Reykjavík, we were greeted by the majestic sight of Hallgrímskirkja, easily the most iconic building in Iceland.

The infrastructure of Hallgrímskirkja initially reminded me of a normal distribution curve – but on reading up, it was interesting to find out that the infrastructure was largely influenced by the landscape of Iceland, mainly the glaciers and mountains, further reinforcing its status as an important symbol of Iceland's identity.

During our trip, we rented a car, which allowed us to have the freedom to pick the places that we wanted to explore at our own pace. We planned several day hikes during the trip, one of which was a 3-hour hike up to Glymur Waterfall.

Though the trail up was largely without tree cover, it was rather tolerable given the low temperature of Iceland. The trail was unlike anything in the tropical countries, with patches of frozen streams and vast fields of dried flora and mountains in the background. We prepared some kimbap (Korean dish made from cooked rice and ingredients such as vegetables, fish, and meats that are rolled in dried sheets of seaweed) for the hike. Those made for the perfect lunch during the hike, given the natural refrigeration; we didn't have to worry about the food going bad. As we approached the waterfall, we could hear the burble from the waterfall, which built up our anticipation to what would greet us. As we turned the corner, the view up top was nothing less than a reward for our hike. I don't think any photo or image would ever do the waterfall justice. It was probably at that point in time that it dawned upon me how lucky I was to be able to be there, taking everything in.

While we did choose a few off beaten trails to hike on, we were not about to miss the various tourist attractions like driving through the Golden Circle. Here we have Þingvellir National Park featuring Oxararfoss Waterfall, the Geysir Geothermal Area, and the Gullfoss Waterfall.

The other two locations that I thought were rather intriguing included the Diamond Beach and the Sólheimasandur plane crash. Looking at the photo, do you have any idea as to why the beach may be called a Diamond beach? While sporting black sand, the beach takes its name from the glittering icebergs scattered across its shore like a field of diamonds – nothing like what we have back home! The very next day, we stopped by the Sólheimasandur plane crash site. We had to walk about an hour in the wind-gushed open sand to get there. The story behind this wreck makes for a good dinner table conversation – only because everyone in the wreck had supposedly survived, and it happened purely due to the pilot switching over to the wrong fuel tank.

You may have noticed that the photos appear to have some filter applied to it. The truth is that they aren't filtered! These this are film photos that I took during the trip. During lockdown in COVID, I was looking for something to learn to occupy my time, and chose to learn more about film photography. The beauty of film is that you can never predict how your photos will turn out – without a screen and the gridlines to guide you, you will never know if the photos are over- or under-exposed or if they are even straight!

Unfortunately, the highlight of the trip could not be captured on film. Iceland sits on two tectonic plates – the North American and Eurasian tectonic plates. The edges of the plates can be appreciated in Þingvellir National Park and it is the only place on Earth where you can dive in between two tectonic plates. Having scuba-dived in many tropical countries where temperatures are well above 20 degrees Celsius, I was shocked to learn that one could dive in between the tectonic plates where the water temperature stays at 2 degrees Celsius all year around. Nevertheless, I took up the suggestion of my friend, and both of us signed up for a dry suit certification course with the help of a Singapore-based dive company that we had previously dived with. We soon found ourselves in 2-degree waters for more than 30 minutes, without any frostbites. Naturally, there were no living organisms to appreciate but the visibility was like no other dive sites – our dive master said that visibility could be as good as 100 metres on a good day (in comparison to Singapore waters where a 3-metre visibility is considered a good day).

Photos will never do the sights in Iceland justice, but they serve as a good way to remember the good times we had there. I find myself looking back at those times, and counting my blessings, knowing how fortunate I was to able to make a trip there prior to starting work.

Dr Joy Ang (first from right).

CM

Adolescents & Confidentiality In Singapore

Does the mature minor have a right?

by Dr Lawrence Ng Chee Lian, FCFP(S), Editorial Team Member (Team A)

Case study (fictitious scenario):

The mother of a 15-year-old patient was asked to pay for her daughter's medical bill as she had consulted a general practitioner. She repeatedly phoned the clinic and demanded to know the reasons for which her daughter had been seen. She sounded upset and anxious and demanded to speak with the GP involved. Mom suspected that the GP had prescribed antidepressants for her daughter. She wanted to obtain a copy of her daughter's medical records and was threatening to get her solicitor involved. The GP spoke very briefly, gave bare information, and refused to give the diagnosis or any details. A week later, the GP received a letter from the local medical council asking for an explanation as mom had made a formal complaint. The GP was uncertain about his legal obligations and liabilities in this situation. The GP then asked his senior colleagues for advice.

"Health care professionals regularly struggle with providing care to adolescents, especially in relation to issues of confidentiality and consent in terms of physical and/or mental health issues. Although many adolescents have the maturity to decide the course of their health-related decisions, their right to confidentiality sometimes rests in the hands of those professionals who provide their care."[1]

INTRODUCTION

Is a child considered as having grown into an adult in a multi-cultural and multi-religious society such as Singapore or Malaysia? Here, children graduate from secondary schools to junior college in late adolescence (16 to 18 years old). Yet, mostly we consider them as "under-age" if they are below the age of 21 years, which is the age of majority under the law in Singapore.

Note that contracts entered into a person who has attained the age of 18 has effect as if he were of full age (Section 35 Civil Law Act 1909.) There is no legislation excluding contracts for medical care and treatment. The grey area is below 18, as in the hypothetical scenario above.

It has been a common misunderstanding that in Singapore, the boys (or should we say, men) who enter conscripted military service at age 18 years are being trained to shoot to kill in battle yet cannot make decisions about their own medical issues. As can be seen from the above paragraph, an 18-year-old can enter into contracts, which would include contracts for medical care and treatment.

There are two positions taken in this topic: the so-called Western (liberal) vs the Asian-Eastern (conservative) approach. There is a commonly taken third and middle-of-the-road compromise approach, which is quite a shifty and slippery position, of no help in making decisions.

Medical journals in the English language are dominated by the Western-liberal approach, as in the recent literature search conducted by this author while preparing for this article. The individual is seen as all-in-one and no one else has dominion over the individual. It is a purist's approach and has its philosophical and practical merits. Even younger Asians in Singapore or Malaysia are likely to come to embrace this approach. Times are changing in Asian societies, especially with the arrival of the Internet.

However, in the local culture, by and large, the societal view is quite different, especially in non-English speaking families and communities. This is made more confusing by the diversity in a multicultural nation.

DIVERSE VIEWS FROM LOCAL PRACTISING DOCTORS

Based on the discussions with local doctors regarding the above scenario, below are some of the views gathered. They reflect the views of various doctors in active practice in Singapore, from diverse racial backgrounds and medical specialties:

- A GP who focuses on mental health asked "Have you considered the case **as a family**? Have you managed this case as a family?"
- A teacher of ethics asked: "Confidentiality: To disclose or not to disclose? If yes, how much to disclose? Communications: In what ways did the communications **with the mother fail**?"
- An internist commented: "**Ask the child for permission to speak** with the mother at a **very early point in the initial consultation**. Make sure the child understands **your policy** of having to speak with the parent. Bear in mind that, at some point in the therapeutic relationship, **you will have to call for a family conference**."
- **A psychiatrist said**: "**Consider 2 persons in the psychiatric consultation**. That you will have to **do 2 interviews** – one alone with the child and one with both child and parent. **Assess the mother** as much as you assess the child. Is she anxious, aggressive, or antagonistic? How likely **is she to be a source of stress**/problem for the child? In family practice, you don't have much **time**, so **stage your disclosure** of information to the parent.

The psychiatrist added:

- Some areas of the case can be asked in subsequent/future consultations.
- At each encounter with the parent, based on your professional judgement, decide **how much information the mother needs** to hold and disclose to the parent just sufficient for her to have some basic understanding.
- Disclosing all information without **discretion** may be detrimental to the mother if she is not ready to accept the child's condition or diagnosis.
- Be **judicious about how much to disclose** to the parent.
- But, at the end of the day, in the **Asian context**, the needs of a parent who hold parental responsibility, you must address the **needs of the mother in carrying out her duty as a parent caring** for her child, her role as a **caregiver**.
- The **appropriate amount**, and what **type**, of information to be disclosed is based on your professional judgement at that point in time.

Other doctors said:

- **Don't even disclose anything** to the parent as she has no right to know at all.
- **Western cultures are individual-centric** whilst Asian cultures are **family-centric**. You practise in the **context of the culture that you are practising in**.
- Be **discretionary** when disclosing information to the parent.
- Psychiatrists always **interview** the **patient's relatives in a separate visit**.
- You must **strike a balance** between the rights of the child and the needs of the parent for appropriate information so that she can carry out her duties as a parent and guardian.
- You need to appraise if the mother is the **source of the problem** for the child.
- You must decide if there is a need to **refer the child** to a specialist or to a counsellor for support.
- You need to ensure the **safety of the child** first whilst allaying the anxiety of the parent.
- At all times, you must put the **child's "best interest** first and foremost".
- Decision to treat can be delayed until the next consultation as it is "not an emergency. This is the concept of 'Delayed Decision'".

As can be seen, the views on the ground are diverse. Left to practising physicians without guidance from the local medical authorities and the law, there is not much agreement as to how to approach a mature minor.

DEFINITION – A MATURE MINOR

Most of the definitions of a mature minor come from Western countries.

One such definition is "*(An adolescent) Who may consent [or withhold consent for] surgical or medical treatment or procedures...* Any unemancipated minor of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures, for himself." By definition, a "mature minor" has been found to have the capacity for decisional autonomy, or the right to make decisions including whether to undergo risky medical but potentially life-saving medical decisions alone, without parental approval.[2]

"A very common case quoted is the principle of Gillick competence as discussed in Gillick v West Norfolk and Wisbech AHA [1986]" We have no local cases but it is common in Singapore consider the Gillick's case as instructive.[3,4]

"The provision of confidential health care to adolescents goes hand in hand with the ability of adolescents to consent to their own medical treatment. If an adolescent is able to consent to their own treatment, then they are medicolegally entitled to the same doctor-patient confidentiality as an adult patient."[5]

(continued on Page 28)

(continued from Page 27: Adolescents & Confidentiality in Singapore)

BENEFITS (BENEFICENCE) TO THE ADOLESCENT INDIVIDUAL

Why is it important?

Confidential care for adolescents is important because it encourages access to care and increases discussions about sensitive topics and behaviours that may substantially affect their health and well-being.

Mainly it promotes an adolescent's access to timely healthcare services and treatment.

In 2007, Kirby summarised seven available published, well-designed, randomised controlled trials of parent interventions designed to influence adolescent sexual behaviour, delayed initiation of sex, reduced frequency of sex, increased condom use, decreased the number of self-reported pregnancies, and decreased the number of self-reported STIs.[6]

BARRIERS TO PROTECTION OF CONFIDENTIALITY

PHYSICIAN BARRIERS

Even in other countries, many healthcare providers have not received adequate training on issues in matters of confidentiality for adolescents. As a result, they may avoid any discussion of confidentiality. One study showed that even within a single state, only 56% of surveyed physicians brought up confidentiality with any adolescents.[7]

PARENT BARRIERS[8]

Parents themselves are often unwittingly a barrier to protecting confidentiality for their mature adolescents. This is especially so for Asian families where parents see children as an extension of themselves and need their (lifelong) protection and intervention (even to the point of arranging for marriage partners). Often, their understanding of confidentiality is that of "keep things private within the family from outsiders" rather than privacy unto the individual adolescent. The family is the unit, and the individual is not seen as a unit.

Some of the parental factors are:

Low knowledge about confidentiality — Studies indicated that parents have a limited understanding of confidentiality protections for adolescents. A qualitative study of Latino parents of 12- to 17-year-olds found that some parents believed confidentiality meant information was kept private between adolescent, provider, and parent.

Mixed support for confidentiality — Most participants in the aforementioned qualitative study of Latino parents acknowledged that confidential care helps young people feel more comfortable talking to providers, including about sexual health, and helps providers obtain accurate health information. Yet, a national online survey of parents found that 61% of respondents preferred to be in the examination room for the entire clinic visit. A different national web survey found that 46% of parents wanted full disclosure of confidential information obtained from adolescents during time alone, despite being informed of laws prohibiting this.

Parental norms conflict with confidentiality — A qualitative study of Latina and Black mothers of adolescent girls 16-19 years found that many mothers were uncomfortable with confidential care because they worried providers would ask developmentally inappropriate questions (e.g., related to sexual activity). Latino parents in another qualitative study also expressed concern about not having important information to help their adolescent stay safe and healthy. In fact, some parents believed they had a right to this information because they were responsible for their teens.

So, there is anxiety on the part of parents who are unwilling to "let go". This is understandable, especially in family-oriented communities in Asia.

ONE SUGGESTED PRACTICAL APPROACH

In the first draft, I hesitated in giving an answer as I wanted readers to figure out the answers for themselves. However, some who read an early draft asked for some form of answer as closure for readers who would rather not be left with a cliffhanger. In ethical discussions, there are so many different points of view. Also, in a given ethical dilemma case scenario, especially one with so many gaps of information, there may be no simple solutions.

Perhaps, one possible answer to the case study conundrum would be to advise that for adolescents between the ages of 15 and 18, the following approach be taken:

1. Consider what would be in the patient's best interests.
2. Is the patient competent in understanding and making decisions for his/her own care?
3. Can agreement to involve the parent be obtained?
4. If the patient's interest is to not disclose, the doctor should be guided by that.
5. However, if the patient's interests favour disclosure but he/she refuses disclosure of information to the parents (and is competent to undertake his/her own care), we go back to the principles of acting in the patient's best interests and doing no harm.

Perhaps further training of doctors to go through these steps to achieve boundaries for competent persons under 18 at first consultation would be helpful.

CONCLUSIONS AND RECOMMENDATIONS

In the Asian context, this matter is still complicated and a struggle for both physicians, parents, and the adolescent. When the matter reaches a complaint department or a medical tribunal, decision-makers are also left with a headache and an ethical challenge. Who is right, who is wrong, and what are we trying to achieve here? Is it purely a problem in communications or is it a more deep-seated issue with philosophical ethical basis.

What do our local societies and communities want?
What do our medical bodies, academies and colleges say?
Do we need more guidelines in our daily approach to mature minors?
What laws, if any, need to be made?

There needs to be more research into this area. How much or how big is the problem?

Left to ourselves, each physician interprets the encounter with the child and parent in our own blundering ways. Is there a need for a unified approach, something we (doctors and parents), as a society and as a profession, can all agree upon?

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CM

CFPS will be organising a series of Zoom sessions based on the 12 Care Protocols developed by MOH for family physicians as part of the drive towards Healthier SG. They will be held every Tuesday night from 9:30pm to 10:30pm starting 2nd May through 27th June 2023. This series will run again from August to October during lunch time. It will cover topics like health plan; cancer screening; cardiovascular risk assessment screening; BMI control; adult vaccination; smoking cessation; pre-diabetes; diabetes; hypertension; hyperlipidemia; multi-morbidity; and GP first. Do visit the college website nearer the date for the link, which will direct you to the materials required for pre-reading. The Zoom details will also be released through the website one week before the event. It is free and CME points will be awarded. Do look out for it. See you all – Live from CFPS. It's Tuesday night!

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**refers to Prevenar 13 HSA approval for adults aged 18-49 years.[6]

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Sun, 2 April 2023: 2.00pm - 5.30pm

FPSCs will be conducted on the online platform "ZOOM".
A Zoom registration link will be sent to participants who have registered.

TOPICS
Unit 1: The Patient with Anxiety: Assessment and Management
Unit 2: The Patient with Depression: Assessment and Management
Unit 3: Smoking cessation: A practical paradigm for doctors
Unit 4: Continuing care of the schizophrenia patient in the community
Unit 5: Eating disorder in adolescents – Physical and Psychiatric Perspectives
Unit 6: Caregiver Management to prevent burnout

WORKSHOPS
Day 1 & 2: Case studies

SPEAKERS
Dr Kwek Thiam Soo
Dr Tina Tan
Dr Ong Kian Chung
Dr Alvin Lum
Dr Rajeev Ramachandran
Dr Wong Tien Hua

All information is correct at time of printing and may be subject to changes.

■ SEMINARS (2 Core FM CME points)
DAY 1 • Unit 1 - 3: Sat, 1 April (2.00pm - 4.00pm)
DAY 2 • Unit 4 - 6: Sun, 2 April (2.00pm - 4.00pm)

■ WORKSHOPS (1 Core FM CME point)
DAY 1 • Sat, 1 April (4.30pm - 5.30pm)
DAY 2 • Sun, 2 April (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 29 March 2023 to avoid disappointment.

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Scan the QR code or access the link below to register online

http://www.cognitoforms.com/CFPS/FPSC109

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Registration Number : S71SS0039J
Registration Period : 7 Aug 2021 to 6 Aug 2023

ACADEMY OF MEDICINE SINGAPORE

COLLEGE OF FAMILY PHYSICIANS SINGAPORE

Family Medicine Review Course 2023

Organised by:

Academy of Medicine, Chapter of Family Medicine Physicians &

College of Family Physicians Singapore

Dear Family Physicians,

We warmly welcome you to the 2023 Family Medicine Review Course (FMRC). This is our first face-to-face course since the advent of COVID-19, and we welcome the opportunity to reconnect in person with our fellow family physicians. I am sure we have many stories of the trials and tribulations we have faced during the last three years at the frontlines of the pandemic.

The topic for FMRC this year is about weaving the tapestry of family medicine. Individual threads woven together create a strong network that allows for delivery of robust individualised medical care and prevention of adverse health outcomes. Threads come in all colours and the topics span widely across primary care practice. We have curated a panel of speakers renowned in their fields of practice and hope that you will gain some insights to further hone your practice of family medicine. We look forward to seeing you at FMRC 2023!

FMRC Organising Committee,
FCFP(S) Batch 2022-2024

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MAP

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1245 – 1345 hrs	Lunch and registration Lunch talk by Pfizer
1345 – 1400 hrs	Opening address by President, College of Family Physicians Singapore and Chairman, Chapter of Family Medicine Physicians, AMS
1400 – 1440 hrs	Healthy Bones, Active Living By A/Prof Ang Seng Bin
1440 – 1520 hrs	Optimizing Chronic Kidney Disease in the Community By Dr. Clara Ngoh
1520 – 1540 hrs	Tea Break
1540 – 1620 hrs	Troubleshooting Childhood Vaccinations By Prof Lee Bee Wah Pneumococcal Vaccination in Adults By Dr. Zheng Shuwei
1620 – 1655 hrs	Exercise Prescription at Different Stages of Life By Dr. Lim Ang Tee
1655 – 1700 hrs	Conclusion

Jointly organized by:

COLLEGE OF FAMILY PHYSICIANS SINGAPORE

ACADEMY OF MEDICINE SINGAPORE

REGISTER NOW!

SCAN QR CODE FOR REGISTRATION

Family Practice Skills Course (FPSC#110) (1 Day)

The Evolution of Pneumococcal Vaccines: Past Findings, Present Work, and Future Strategies

Sat, 24 June 2023: 2.00pm - 5.30pm

FPSCs will be conducted on the online platform "ZOOM".
A Zoom registration link will be sent to participants who have registered.

TOPICS

Unit 1: Infectious Respiratory Disease: Pneumococcal Pneumonia
Unit 2: Pneumococcal Vaccine Efficacy and Real World Evidence
Unit 3: Higer Valency Pneumococcal Vaccine

WORKSHOPS

Case Studies

SPEAKERS

Dr Tan Seow Yen (Unit 1 and 3)
Head, Training & Education, NCID Consultant, Infectious Disease, Changi General Hospital

Dr Zheng Shu Wei (Unit 2)
Consultant, Infectious Disease, SengKang General Hospital

All information is correct at time of printing and may be subject to changes.

- SEMINAR (2 Core FM CME points)
  DAY 1 • Sat, 24 June (2.00pm - 4.00pm)
- WORKSHOP (1 Core FM CME point)
  DAY 1 • Sat, 24 June (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 19 June 2023 to avoid disappointment.

- DISTANCE LEARNING MODULE
  (3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
  • Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **Pfizer Pte Ltd. Singapore,** organised by **College of Family Physicians Singapore.**

Pfizer

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REGISTRATION

The Evolution of Pneumococcal Vaccines: Past Findings, Present Work and Future Strategies

FREE REGISTRATION for College Members!

Please tick (✓) the appropriate boxes

	College Member	Non-Member
Seminar 1 (Sat)	☐ ~~$32.40~~ FREE	☐ $32.40
Workshop 1 (Sat)	☐ ~~$32.40~~ FREE	☐ $32.40
Distance Learning (MCQs Assessment)	☐ ~~$86.40~~ FREE	☐ $86.40
	TOTAL	

All prices stated are inclusive of 8% GST. GST Registration Number: M90367025C

☐ I attach a cheque for payment of the above, made payable to: **College of Family Physicians Singapore** *

Cheque number: _____

We also accept payment via PayNow
PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

*Registration is confirmed only upon receipt of payment.
The College will not entertain any request for refund due to cancellation after the registration is closed OR after official receipt is issued (whichever is earlier).

Online Registration Available

Scan the QR code or access the link below to register online

http://www.cognitoforms.com/CFPS/FPSC110

Name: Dr _____

MCR No: _____ Clinic HCI Code: _____

Mailing Address: (Please indicate: ○ Residential ○ Practice Address)

_____

E-mail: _____ Tel: _____

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:
College of Family Physicians Singapore
16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: **sfp@cfps.org.sg**
Successful applicants will be confirmed by email.

College of Family Physicians Singapore
Registration Number : S71SS0039J
Registration Period : 7 Aug 2021 to 6 Aug 2023