



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

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Dr Janil Puthucheary,
Senior Minister of State,
Ministry of Health

Family Medicine Convocation 2022



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HEALTHIER SG
SINGAPORE'S NEW PREVENTIVE CARE STRATEGY
PUTS PRIMARY CARE AT THE CENTRE OF THE
CARE ECOSYSTEM



Adjunct Associate Professor Tan Tze Lee, President, College of Family Physicians Singapore, distinguished guests, ladies and gentlemen, good evening.

It is my pleasure to be here at the 2022 Family Medicine Convocation Ceremony and Dinner.

This evening, we are witnessing the graduation of 20 Family Medicine colleagues from the Fellowship 2022, 33 from the Collegiate 2022, 12 from the Master of Medicine in Family Medicine College Programme 2021 & 2022, and 167 from the Graduate Diploma in Family Medicine 2021 & 2022. I would like to extend my congratulations to everyone. This is a significant milestone in your profession as primary care doctors¹ and is made even more commendable as you had to navigate the stressful COVID-19 situation over the past few years.

However, learning does not stop here. As you embark on the next stage of your Family Medicine career, the skills you have acquired will have to be continually updated to remain relevant. You can also play a part to encourage your fellow primary care colleagues to obtain a postgraduate qualification in Family Medicine to provide even better care for your patients.

Many of you are already familiar with the demographic trends that will continue to pose healthcare challenges. Our life expectancies are amongst the highest in the world. As of 2021, life expectancy for men is 81 years and for women at 86 years². In 2021, the number of Singaporeans aged 65 and above made up almost 18 percent of the population. By 2030, this could reach 24 percent³. Hence, some people may suffer more years in poor health.

Our life expectancies are amongst the highest in the world... It is apparent from these demographic shifts that the disease burden will be a growing one in the coming years.

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Editor's Words

by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

Please allow me to touch on two key concerns that are raised in this issue, “Healthier Sg and an improved standard of care” and “the evolving healthcare ecosystem in Singapore which affect particularly our junior doctors.”

As Dr Janil Puthuchery, Senior Minister of State, Ministry of Health shared at the 2022 Family Medicine Convocation Ceremony, “under Healthier SG, the vision is for One Family Doctor – One Patient, ... When your patients and their family members encounter any medical issues, they know they can turn to you, safe in the knowledge that they can rely on you to provide the best care possible.”

The concept of one doctor choosing and going to one clinic is not new as pointed out by Dr Lye Tong Fong. When I was a post-graduate student in Wales more than a decade ago, my family was assigned to one clinic near to our accommodation. Our experience taught us that going to one clinic does not automatically translate to better medical care. Good medical care comes about if we are attended to by a knowledgeable, efficient and caring medical team.

It is heartening to see that Healthier Sg is developing and encouraging GPs to be familiar with updated Care Protocols for common as well as complex conditions. As Prof Chong Yap Seng shared, “protocols will support clinical decision making and will be key in ensuring accountability and that critical care elements are consistently carried out by all doctors.” Other than improving the knowledge of GPs, Healthier Sg will also improve the efficiency of our healthcare system. Prof Chong revealed that “Clinical Service Roadmaps for Primary Care are being developed by the Ministry of Health”, for example, appropriate GPs’ referrals to specialists will no longer need to be channeled through Polyclinics in order to qualify for subsidized care.

How do we develop caring medical teams in our healthcare system? One good way is to expose our students and junior doctors

to good models of caring in hospitals, clinics and voluntary organizations such as Crisis Relief Alliance (CRA) and Healthserve. To cite an example, CRA ran a Health Screening and Health Education Booth for migrant workers at Ministry of Manpower’s launch of International Migrants Day on 15 Dec at Pek Kio Community Centre. Medical and nursing student volunteers were surrounded by encouraging doctors and nurses that led by example, smiling and caring for this less privileged community. Twenty-four nursing students from Ngee Ann Polytechnic volunteered for that event, serving cheerfully, kindly and attentively even though they were evidently exhausted from preparing for mid-year examination in the coming week.

Next, I will touch on the evolving healthcare system in Singapore which affect particularly our junior doctors. I started practicing medicine in the hospitals about thirty years ago. When confronted with the issue of increasing burnout of junior doctors these days some of my peers raised the point that doctor-to-patients ratio in the hospital was worse twenty to thirty years ago. This caused me to wonder why is it that there are more junior doctors burning out these days as compared to previously if the doctor-to-patient ratio is improving? I believe one of the key reasons is that the healthcare ecosystem has changed significantly over the years necessitating more time to care for each patient. As you will read in my interview with a junior doctor, some of the changes include (1) an increase in patients’ and their families’ expectations, such as request for regular updates and explanations from doctors, an increase in harassments and complaints when expectations are not met, followed by stressful post-incident interviews and reports, (2) the constant bombarding from documentations, forms filling, emails, meetings, TigerText and Whatsapp messages. Furthermore, morale is low due to the difficulty in obtaining residency compounded by the vastly different treatment and training accorded to those who obtain residency as compared to those who did not. To improve the Junior Doctors’ situation, I think we need a safe

and supportive environment for them to voice the challenges they face.

Let me conclude by suggesting that a better and stronger healthcare system such as Healthier Sg has to stem from Healthier Healthcare Workers. The healthcare ecosystem in Singapore has become a more challenging and demanding environment over the years contributed by some of the reasons I have listed above and the COVID-19 pandemic over the last few years. Let us help one another, especially our juniors, to stay healthy (body, soul and spirit) in order to help others to be healthy too. Press on!

■ CM

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FAMILY PRACTICE SKILLS COURSE

Basic Obesity Management Accreditation 2

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #103 on “Basic Obesity Management Accreditation 2”, held on 17-18 September 2022.

Expert Panel:

Dr Tham Kwang Wei
Dr Benjamin Lam
Dr Amanda Lim
Ms Izabela Kerna
Dr Ivy Lim

Dr Shanker Pasupathy
Dr Natalie Koh
Dr Elaine Chew
Dr Lee Yingshan
Dr Donna Tan
Dr Suraj Kumar
Dr Tan Kok Kuan
Dr Lee Yingshan
Dr Leong Choon Kit

Chairpersons:

Dr Tham Kwang Wei
Dr Benjamin Lam

Mental Capacity Act

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the CME Webinar on “Mental Capacity Act”, held on 8 Oct 2022.

Expert Panel:

Ms Ruby Lee
Dr Peter Chow Chiu Leung
Dr Giles Tan Ming Yee

Chairperson:

Dr Rachel Lim

(continued from Cover Page: Family Medicine Convocation 2022)

It is apparent from these demographic shifts that the disease burden will be a growing one in the coming years. The role of Family Physicians will be increasingly important across various domains, as you provide continuing care for more chronic conditions, palliative care and disease prevention, as well as patient empowerment by providing patients with knowledge to enable them to be responsible for their own health.



The Role of Family Physicians in Healthier SG

This greater role of Family Physicians ties in with the national Healthier SG strategy. One of Healthier SG's goals is for Family Physicians to provide more holistic care, focused on prevention and improved chronic care, and to build stronger long-term relationships with their patients. Many of you here have already been doing this for years, but we hope more can join us on this journey. On this note, I would like to take the opportunity to express my appreciation to the College for being a strong partner in, and a firm advocate of Healthier SG. I am confident the College will continue to play an integral role in the development and implementation planning of Healthier SG, particularly in the development of care protocols, and by working with our healthcare clusters and Primary Care Networks (PCNs).

“These care protocols will function as a quick reference for commonly encountered primary care conditions and preventive health strategies, including details on the approach, recommended management, and the required data to be submitted for Healthier SG enrollees.”

I would also like to extend my gratitude to the primary care physicians for their participation in Healthier SG focus group discussions and webinars. The feedback that they have provided has been invaluable and will be of great help in the implementation of the programme.

Some of our primary care colleagues have also contributed extensively to developing Healthier SG care protocols. These care protocols will function as a quick reference for commonly encountered primary care conditions and preventive health strategies, including details on the approach, recommended management, and the required data to be submitted for Healthier SG enrollees. Currently, there are 12 care protocols slated for day 1 of Healthier SG, with more to be added following that. Our aim is that with these care protocols in place, the primary care landscape will be elevated and evolve to be more comprehensive, for the benefit of our patients.

Under Healthier SG, primary care will be transformed to take on a pivotal and central role in preventive care and chronic disease management. GPs in the community have a key position to play in Healthier SG, and we hope that more family doctors will join us on this transformation journey.

Training and Continued Professional Development of Family Physicians

Besides providing care to their patients, Family Physicians also possess another important role, which is imparting guidance and assistance to fellow primary care doctors. The value of peer-led support is especially evident in PCNs, which in addition to more comprehensive management of chronic diseases such as diabetes, undertook numerous functions during the COVID-19 pandemic.

The College has been playing a vital role in supporting primary care doctors in their professional development via postgraduate training in Family Medicine, which aims to enhance professional competencies by equipping Family Physicians with a deeper knowledge and wider array of skillsets in their Family Medicine practice. The College of Family Physicians organises a multitude of Continuing Medical Education (CME) activities, such as its weekend seminars, for Family Physicians to keep themselves updated on new developments, equipping Family Physicians and primary care



doctors with up-to-date skills and knowledge. This provides opportunities for our Family Physicians to always be equipped with up-to-date knowledge to better serve their patients.

With this, I encourage new graduands who are not already accredited Family Physicians to take the next step and apply to be on the Register of Family Physicians now that you have attained the necessary post-graduate qualifications. It will go a long way in reassuring patients that the doctor they have chosen to entrust their health with possesses the knowledge and experience to deliver the best care possible.

Serving Patients as Family Physicians

Under Healthier SG, the vision is for One Family Doctor – One Patient, attending to their needs at all stages of their lives and through a variety of circumstances to forge strong bonds and to foster trust between doctor and patient(s). When your patients and their family members encounter any medical issues, they know they can turn to you, safe in the knowledge that they can rely on you to provide the best care possible.

Such trust can only come about through developing long-term relationships with your patients. For many Family Physicians, you will journey together with your patients, and you will be with them through many of their challenging times. I believe that the relationship between the Family Physician and patient is of immense importance.

All doctors, including Family Physicians, must take care to always remember the human element of your work, to treat every single patient with respect and dignity. With the close relationship between Family Physicians and patients, you must strive to uphold the patient's interest at heart. Treatment must be prescribed appropriately, and advice be given judiciously. The importance of trust between doctor and patient cannot be overemphasised.

Family Physicians occupy a very special place in the healthcare scene and in the lives of patients. You are not just a physician. You are a confidant and someone your patients will entrust their uncertainties with, as well as their health. I hope you will hold these objectives close throughout your practice, because as the population in Singapore ages, there will be an increasing number of people dependent on you. I urge all of you to continue striving towards high standards in your practice, and in the training of the next and subsequent generations of Family Physicians, to strengthen the primary care foundation in Singapore.

Closing

On that note, I once again express my heartiest congratulations to all the graduates. I look forward to celebrating this occasion with you. Thank you very much.

References:

1. The title 'Family Physician' is only allowed to be used if a doctor has the relevant postgraduate academic qualifications and experience for accreditation with the Family Physicians Accreditation Board (FPAB) and be admitted into the Register of Family Physicians with Singapore Medical Council (SMC).
2. Source: <https://www.singstat.gov.sg/find-data/search-by-theme/population/death-and-life-expectancy/latest-data>.
3. Source: <https://www.population.gov.sg/media-centre/articles/population-in-brief-2021-key-trends>.

■ CM



Sreenivasan Oration 2022

Healthier SG & Family Medicine

by Prof Chong Yap Seng
Lien Ying Chow Professor in Medicine Dean
Yong Loo Lin School of Medicine



Good evening, Dr Janil Puthuchery, Senior Minister of State, Ministry of Communications and Information & Ministry of Health, Adjunct Associate Professor Tan Tze Lee, President, College of Family Physicians Singapore, Council Members, distinguished guests and colleagues, ladies and gentlemen.

I am deeply honoured to be given the privilege of delivering the Sreenivasan Oration, in commemoration of the late Dr B.R. Sreenivasan's contributions to Family Medicine, Health, and Education in Singapore.

I am also delighted to be able to join you for the Family Medicine Convocation Ceremony and would like to congratulate all Family Medicine graduands on the successful completion of your courses.

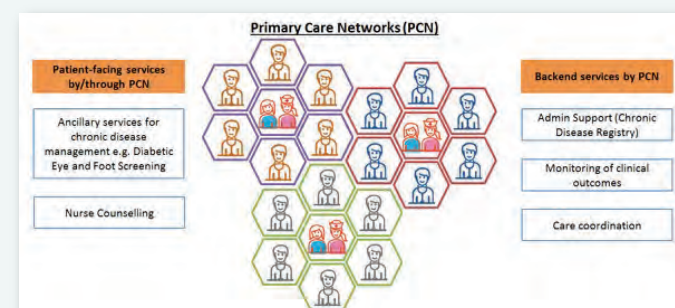
The knowledge and skills that you have gained will be of immense benefit to your patients: they are also very welcomed by all of us involved in the health and well-being of Singaporeans, of whom one in four will be 65 years and older by 2030. I highlight this gloomy statistic here, not to cast a dampener on this joyous occasion, but to emphasize that Singapore is on the cusp of a new era of a rapidly ageing population. In this new era, disease patterns will shift, marked by the generally lower biological reserve of older people as they present with both acute and chronic health

problems. As the first points of contact in the community for healthcare services, Family Physicians are ideally positioned as the country's health sentinels and are very likely to be the first to detect the onset of new diseases and disease patterns.

This is exactly the role three doctors at a Sims Drive family clinic found themselves in when they noticed a spike in the number of patients presenting with fever and rashes in August 2016. Their suspicions were further raised when the patients tested negative for dengue, chikungunya, measles and rubella. The trio sought the assistance of the Ministry of Health (MOH) on 22 August, which ultimately led to the discovery of Singapore's first locally transmitted case of Zika virus disease on 27 August.

And just three months earlier that same year, another GP suspected something was amiss when she saw 116 patients for gastric flu over a period of four days in May, in the Owen Road area. The doctor alerted the MOH. It turned out to be an outbreak of gastroenteritis caused by Rotavirus, which was subsequently linked to the Pek Kio Market and Food Centre. Coincidentally, both Dr Lim Chien Chuan and Dr Angela Cheong were my classmates in medical school.

As more Singaporeans enter their twilight years, the need for Family Medicine-trained general practitioners to take on the healthcare challenges associated with our ageing population increases. Where they once worked alone, today's GPs are seeing the benefits of working as a team, sharing information, pooling resources and collaborating with their specialist colleagues to provide patients with holistic and effective chronic disease management.

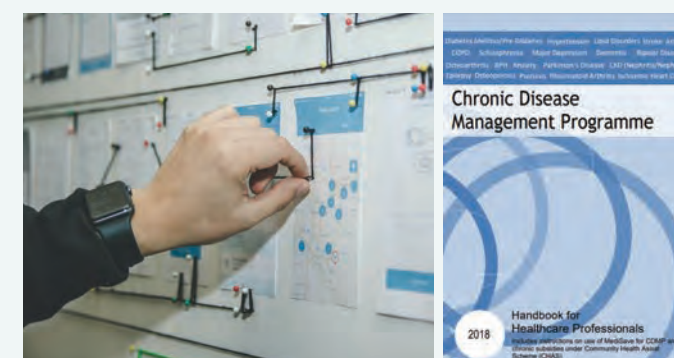


Last year, we celebrated the 50th Anniversary of the College of Family Physicians Singapore, an impressive landmark that goes hand in hand with the significant progress throughout the years for Primary Care in Singapore. Enhancements and expansion of existing programmes, such as "Screen for life", the Community Health Assist Scheme (CHAS), and the Chronic Disease Management Programme (CDMP) have promoted screening for cancer and cardiovascular conditions and chronic disease management in the community. Primary Care Networks were launched, which now include almost a third of all GP clinics.

And, of course, Family Physicians have contributed immensely to the public health response to COVID-19, both through the capacity of Public Health Preparedness Clinics and also through the provision of primary care to residents. Throughout the pandemic, our GPs were performing vital services on the front lines, attending to patients and performing critical roles in public health, in screening, testing and vaccination of patients.

Now a renewed impetus will be taken through Healthier SG. This approach to population health rests on the principle of personal responsibilities while simultaneously acknowledging the significant impact of social determinants on health and health care. The vision of Healthier SG is for a strong primary care system that takes care of people before they fall ill. It will be the most defining feature of the Singapore healthcare system. This will undoubtedly require expanding the scope and scale of Family Medicine practice, increasing the level of support for general practitioners, revamping financial incentives with the aim of enabling meaningful patient-doctor relationships based on trust.

Clinical Service Roadmaps for Primary Care are being developed by the Ministry of Health with the clusters and leaders from the College of Family Physicians Singapore, Singapore Medical Association, Primary Care Networks, and the National General Practitioner Advisory Panel.



Care protocols for the most common chronic conditions will be developed to support the implementation, starting with diabetes, hypertension, and lipid disorders and then expanding to other conditions of increasing complexity. The protocols will cover recommended health screenings, medications, lifestyle adjustments, and escalation to specialist and acute care, including revised pathways, so that referrals to specialists do not have to be channelled through Polyclinics. Protocols will support clinical decision making and will be key in ensuring accountability and that critical care elements are consistently carried out by all doctors.

Effective chronic disease management is essential for improving population health. But it needs to be put in the context of the broader scope of Family Medicine, namely the provision of comprehensive first contact care, the co-ordination of care across the whole system, and a

The vision of Healthier SG is for a strong primary care system that takes care of people before they fall ill. It will be the most defining feature of the Singapore healthcare system.

key role in ensuring continuity in the provision of health services. Presently, the UK is examining the abolition of a quality improvement initiative, the Quality and Outcomes Framework, which had been previously heralded as a breakthrough in increasing the accountability of Family Physicians. It has now been recognized that its strong emphasis on care for specific conditions may have come at the cost of the whole-patient orientation that is both at the core of Family Medicine and is also its unique strength. Benefitting from over a decade of experience with the system and its unintended consequences, UK GPs will now be rightly encouraged to prioritise relationship-based care for all patients.

Healthier SG will also support the implementation of a team-based approach with GPs coordinating the work of local teams (nurse, care coordinator, pharmacists, and allied professionals) as well as specialist involvement. The intrinsic tensions between access and comprehensiveness demands sophistication in the design of services that deliver on their promise.

At this point, I would like to issue three challenges to the Family Medicine community as they carry out their critical role of delivering on the promise of Healthier SG to the nation. Can we do better? Can we go beyond health? And can we take a life course approach?

Let me explain. Currently, all our preventive health guidelines are based on gender and chronological age. For example, if you are a woman aged 50 years and above, Screen for Life, the National Health Screening Programme will recommend that you be screened for breast, cervical, and colorectal cancer, along with chronic diseases. However, there is some controversy in the medical literature about the age when screening should be started, the frequency with which screening should be done, as well as the cost effectiveness of the various forms of screening. Can we do better than simply using gender and chronological age? Will it be possible to use other diagnostics such as biological age estimations to risk stratify individuals to add precision to health screening so that we lower the number being screened and focus on individuals at higher risk – a form of Precision Preventive Health? To do this, we will need

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Family Physicians to work with researchers at scale to run the necessary studies and evaluations in the community. A significant expansion in the numbers of Family Medicine Clinician Scientists and researchers, combining both work in the community with applied health research, will also be needed. Healthier SG will need Family Medicine to become a more research-focused discipline.

The second challenge is whether we can go beyond Health to Potential? One of the MOH's 3 "Beyonds" is "Beyond healthcare to health," and that is the focus of Healthier SG. The question I have is whether we can go beyond promoting health and preventing disease to optimising the human potential of Singaporeans. Examples of these include helping the healthy development of young children through early screening to identify neurodevelopmental or metabolic issues. If Family Physicians can take on the role of early childhood screening in addition to what is already done by Polyclinics, we may be able to pick up problems like learning difficulties, mental health disorders, and risk for child obesity at an age when interventions are likely to be more effective, and this will enhance the human potential of Singapore.

The third challenge is whether we can reframe the purpose of Healthier SG as one of Healthy Longevity by taking a life course approach. Ageing does not start at the age of 40 years. It starts when we are born (or even before that). And we all know that age is the single biggest risk factor for decline in function and for many diseases. As an example, smoking increases one's risk for ischaemic heart disease by 2-4 times but age increases it by many more times. And from recent experience, age is also the largest risk factor for mortality due to COVID-19.

If our population can be guided to adopt healthy lifestyle choices, not only when they are adults but from the time they are born – eat right, exercise and sleep right, take the appropriate vaccinations, do the right health checks, and so forth – the result will be a longer healthy life expectancy or health span. So, essentially, Healthier SG is all about Healthy Longevity. And this will be in the hands of Family Physicians as it involves dealing with people along the entire life course, before they start to have health issues, and educating them to care about their own health and potential along the way. The Yong Loo Lin School of Medicine will be seeking to contribute to Healthier SG through research, graduate and postgraduate teaching and training and by providing key inputs into the development, implementation and evaluation of Healthier SG, including some of the points that I have just

raised. It will ensure that NUS Medicine helps prepare and train tomorrow's health professionals to best implement the key tenets of Healthier SG.

Following the successful establishment of the NUHS Department of Family Medicine by Professor Doris Young in 2018, the Department, now headed by Professor Jose Valderas, has entered a significant expansion phase focused on building the School's strong undergraduate foundations and strengthening research and postgraduate education and research in Family Medicine.

Adding to strength and depth in research supporting the primary care management of infectious diseases, chronic conditions, cancer and mental health, the Department will now support a program of research on the organization and delivery of primary care with a particular interest in the unique role of families in health and health care. The Department of Family Medicine is now also exploring best ways to contribute to the mission of the College, such as through support for the research component of the Fellowship programme or the scientific agenda of the World Organization of Family Doctors (WONCA) regional meeting, which will be hosted by the College in 2024.

Primary Care Research



The white paper on Healthier SG anticipates that Family Medicine and preventive care will feature even more strongly in the curriculum of the medical schools. This will be done across all phases of the medical curriculum, ensuring opportunities for primary care exposure in all undergraduate years and will benefit from the expansion of Family Medicine to the final year of the medical undergraduate curriculum. Medical students will be able to distinctly recognize Family Medicine as a specialty in its own right, and one that is considered as fundamental to their successful completion of their training. The NUS Medicine curriculum, which is refined continuously, is being restructured around pillars that recognise the key role of social determinants in shaping health and health care related behaviours. The training of tomorrow's clinicians will thus be rooted in a deep understanding of the social circumstances that both contribute to health and disease and shape how individuals and health systems respond to these challenges.

...essentially, Healthier SG
is all about Healthy Longevity.

The vision of Healthier SG is for a strong primary care system that takes care of people before they fall ill.

Additionally, in recognition of the need for developing a programme to support the acquisition, consolidation and update on key areas for population health, a range of educational opportunities will be developed, including, but not limited to, chronic disease management, social prescribing, and team-based approaches. A curated programme of continuing education and training will focus on the main needs of current professionals, to enhance their existing skills in population health, including care planning and supporting patients in taking control of their own health and to provide new competencies, such as in data and digital literacy for delivering Primary Care in the community at the highest level of quality and value, while leveraging on modern technology.

With a focus on health promotion and disease prevention, clinicians will be able to receive training for enabling patients to optimise their self-management and their abilities to respond to everyday health and health care challenges.

Another key element of the contribution of the Department of Family Medicine will be to continue to support capacity building through academic training of junior physicians through the Family Medicine Scholars Programme. Selected applicants will spend two years embedded in the Department with responsibilities for research and education, learning through formal opportunities and on the job, while maintaining active clinical practice. The expansion of the programme, which has so far successfully trained doctors from the polyclinics, will now include GPs.

While these initiatives that I have outlined are our contributions to help shape and evaluate the implementation of Healthier SG, the role of Family Medicine and the impact that Family doctors have on the nation's health and well-being are best seen in the influence that the individual GP or clinician is able to wield with their patients. When all is said and done, it is the Family doctors working in the neighbourhood who are best-positioned to persuade and motivate their patients towards health-seeking lifestyles, and ultimately help move the nation in the right direction health wise.

If we do this well, we can look forward to a Healthier Singapore, marked by everyone getting the best start to life, everyone optimising their own health and potential, and everyone having a longer health span. We have much to do, and much to look forward to.

Thank you.

CM

Albert & Mary Lim Award 2022

Citation for Prof Lee Eng Hin

by Dr Wong Tien Hua, Vice-President, 28th Council
College of Family Physicians Singapore



Dr Janil Puthuchery, Senior Minister of State, President and Council of the College of Family Physicians; Distinguished Guests; Colleagues; Ladies and Gentlemen.

Good evening. I am delighted to deliver the citation on the conferment of the College of Family Physicians Albert & Mary Lim Award, 2022 to Emeritus Professor Lee Eng Hin.

The Albert and Mary Lim Award, first presented in 1974 as the Albert Lim Award, was re-named The Albert and Mary Lim Award in Sept 1999, in memory of the late Dr Albert Lim and his wife Mrs Mary Lim.

The Albert & Mary Lim Award is the highest honour that the College can bestow on persons who have made contributions to the College and has shown a lifetime commitment to the development of Family Medicine in Singapore.

Professor Lee Eng Hin graduated with a MD from the University of Western Ontario, Canada in 1973, and obtained his Postgraduate degree in Orthopaedics in 1982. Prof Lee is currently Emeritus Professor in Orthopaedic Surgery at Yong Loo Lin School of Medicine and Emeritus Consultant of Paediatric Orthopaedics at National University Hospital. He was head of the Department of Orthopaedic Surgery, NUS and NUH, 1998 - 2001.

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Prof Lee's CV runs into several pages and he has served on numerous committees and boards both locally and internationally. Prof Lee has served on committees for the Ministry of Health, Singapore Medical Council, The Specialist Accreditation Board, and the Biomedical Research Council.

As an academic, Prof Lee has published widely and sat on the editorial boards of many peer-reviewed journals.

Prof Lee has also made contributions in Public and Social Service. He established the Rainbow Centre Schools for early intervention, special education and autism spectrum disorder, (with the support of National Council of Social Services and Ministry of Community Youth and Sports.) He also helped to establish the Pathlight School for Children with Autism Spectrum Disorder.

You will wonder at this point what has an orthopaedic surgeon got to do with family medicine? Well, it is in recognition of Prof Lee's contributions to Medical Education, that the Council of the College of Family Physicians has unanimously nominated Prof Lee for the Albert & Mary Lim Award.

Prof Lee was the Dean of the Faculty of Medicine at NUS from 2000-2003, where he contributed significantly to medical education, and he was the Director at the Division of Graduate Medical Studies (DGMS), from 1999-2010.

As the Dean of NUS Medicine, Prof Lee Launched the MBBS PhD program in the faculty in 2000, Implemented problem-based learning in medical undergraduate curriculum, and established the Medical Education Unit in 2002, now known as the Centre for Medical Education (CenMED) at YLL School of Medicine.

As Director of the Division of Graduate Medical Studies (1999-2010), Prof Lee worked with the leadership of CFPS to establish the Graduate Diploma in Family Medicine in 2000. During his more than a decade at DGMS, Prof Lee also established numerous other programs including, to name a few:

- The MMED programs for (Orthopaedic Surgery) and (Otorhinolaryngology)
- Conjoint MMED exams for Emergency Medicine and Obstetrics and Gynaecology with overseas institutions
- Master of Public Health, and the
- Graduate Diploma in Mental Health

Prof Lee was Co-Chair of the Joint Committee for Specialist Training (JCST) and Joint Committee for Family Medicine Training (JCFMT), where he provided guidance and oversight to improve standards in specialist training in 35 specialties and 4 subspecialties, and in family medicine training as well, he established rigorous assessments including formal exit examinations.

As a clinical professor and teacher, Prof Lee has taught generations of medical students, through classroom lectures, small group sessions and bedside teaching.

I was also one of Prof Lee's medical students and I fondly remember Prof's NUH ward rounds. He was always dressed impeccably, his physical presence would immediately command one's attention, yet he was soft spoken and had an exemplary bedside manner. Prof Lee always treated the patients with respect, and he was kind to medical students.

Ladies and Gentlemen, The College of Family Physicians is pleased to confer the 2022 Albert & Mary Lim Award to Professor Lee Eng Hin for his contributions to the College, to Family Medicine training, and to the medical profession.

■ CM

FAMILY MEDICINE CONVOCATION CEREMONY & DINNER 2022

Awards Recipients



Prof Chong Yap Seng
Sreenivasan Orator 2022



Prof Lee Eng Hin
Albert & Mary Lim Award 2022



Dr Wong Jia Hao Max
2022 GDFM Book Prize Winner



Dr Zhu Yujin
Dr Koh Eng Kheng Gold Medal
for Best Fellowship Graduand 2022

President's Forum

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

2022; what a Roller Coaster of a Year!

Having emerged from COVID restrictions, the relaxation of social distancing and testing requirements has been very much welcome. It is so refreshing to be out and about in public places without the need to wear a mask. Large social gatherings like dinner and wedding banquets, conferences and conventions, clinical training activities are back on track. Our calendars, social and otherwise, have never been so full!

Formula 1 came back to town after a hiatus of 2 years, and it was reported to be the best attended F1 in its history. It was rather surreal to see so many visitors, majority maskless, descend onto the Marina Bay area. The anticipated COVID wave was thankfully short-lived. By early November, the surge had stabilised; COVID-19 case numbers had come down to below 2000 new cases per day, likely the result of our very high vaccination rates with 80% of the population having had the booster (3 doses). To all our GP and FP colleagues, who unwaveringly held the fort and stemmed the surge, and helped to manage the many cases in the community, well done!

We are now all learning to live with COVID. We can enjoy a good night out at our favourite restaurants and dine without concern about limitation of numbers and social distancing. However, a new challenge we are now facing is of a different order altogether; getting a booking is almost like striking a lottery as many of these establishments have firm bookings weeks ahead! Planning a holiday likewise has also become harder than before, as flights are increasing fully booked especially during this festive season. Indeed, it looks like things are finally beginning to go back to the status quo!

In November, we held the College Convocation at The Ritz-Carlton, Millenia Singapore. We were very fortunate to have been able to book the venue, and what a fantastic venue it was! Our last face-to-face convocation was in

2019, so we were so glad that this year we were able to organise a physical event. It was simply wonderful to see so many of our graduands, trainees and colleagues gathered to attend the convocation. Our Guest of Honour, SMS Dr Janil Puthucheary, shared his vision of Healthier SG, with Primary Care and Family Medicine playing a "pivotal and central role in managing preventive care and chronic disease management". This initiative has been the focus of much of the energies expended by our college members and leadership. Fortnightly meetings were held, gathering feedback and working out the bones of the HSG. Indeed, during these past few months, we have had various members of our college council and membership involved in the various committees in Healthier SG, such as Dr Wong Tien Hua, Dr Surajkumar, Dr Elaine Chua, Dr Nelson, Dr Eng Soo Kiang, Dr David Tan, Dr Darren Seah... this list goes on! FP representation is at every level of the development process, and we have the privilege to help shape HSG to be primary care and community centric. This feverish activity will continue until HSG is launched in July 2023. Kudos to the many volunteers who are making such a great sacrifice for this national initiative! Even now in December, the final round of the HSG webinars in 2022 saw some 500 GPs attending. Many queries and feedback were posed to the panel and we look forward to more concrete developments in the year ahead.

In December, we attended the WONCAAPR meeting in Bali. It was a good opportunity to meet up with our colleagues from the region, and to come together to share resources and learn from each other. We have much to learn, as College will be hosting the Wonca APR conference at the Raffles City Convention Centre in 2024, and preparations are already in progress!

As we look forward to the year end, with all the attendant holidays and celebrations, many of us will be on long awaited vacations to far off lands. Wherever our travels and celebrations may take us, let us treasure this special time we can spend with family and friends, and savour the moment as we ring out 2022 and welcome 2023.

Wishing you all a Blessed Christmas and a Happy New Year!

■ CM



28th Council (2021 – 2023) College of Family Physicians Singapore



Standing (from left): Clinical Asst Prof Xu Bang Yu (Honorary Treasurer), Dr Wee Wei Chieh Nelson, Dr Lim Hui Ling (Honorary Assistant Secretary), Dr Fok Wai Yee Rose, Dr Chiang Shu Hui Grace (Honorary Editor), Dr Chua Lee Lea Im Elaine, Clinical Assoc Prof Low Lian Leng (Honorary Assistant Treasurer).

Seated (from left): Dr Paul Goh Soo Chye, Dr Seah Ee-Jin Darren (Censor-in-Chief), Prof Chong Yap Seng, Adjunct Associate Prof Tan Tze Lee (President), Dr Janil Puthuchearu (Guest-of-Honour, Senior Minister of State (Health), Ministry of Health), Dr Wong Tien Hua (Vice-President), Prof Lee Eng Hin, Dr S Suraj Kumar (Honorary Secretary), Dr Julian Lim Lee Kiang.

Not in photo: Dr David Tan Hsien Yung, Dr Hu Pei Lin, Dr Tan Wei Beng.

Graduands of Fellowship Programme FCFP(S) Recipients



Standing (from left): Dr Chua Ying Xian, Dr Chua Yu Jing Andrew, Dr Ding Si Yan, Dr Tan Khai Wei, Dr Lim Wei Khoon, Dr Heng Yan Shan, Dr Tan Dihao Keith, Dr Tan Tat Hao Alon, Dr Chan Meng Huey Jason, Dr Beh Chun Yen, Dr Ho Han Kwee, Dr Choong Shangxian Derek.

Seated (from left): Dr Khor Huiyi Joanne, Dr Tan Mui Suan, Dr Lim Weai Ling, Dr Zhu Yujin, Dr Seah Ee-Jin Darren, Adj A/Prof Tan Tze Lee, Dr Wong Tien Hua, Dr Aminath Shiwaza Moosa, Dr Farah Safdar Husain, Dr Shera Chaterji, Dr Ng Huiwen Christine.

Graduands of Collegiate Programme MCFP(S) Recipients



Standing (3rd row; from left): Dr Tan Liat Leng, Dr Liow Yiyang, Dr Siau Kai Rong, Dr Koh Wei-Mei, Jeremy, Dr Choo Wei Song Jeremy, Dr Teo Chiang Wen, Dr Ong Kah Pieng, Dr Han Wei-yao, Dr Arvin Mahavijayan, Dr Ian Koh Jan Ming, Dr Chong Ern-Ji Jonathan.

Standing (2nd row; from left): Dr Sky Koh Wei Chee, Dr Sze Kai Ping, Dr Phua Yiyong, Dr Tan Zhi En, Dr Tan Hwei Ming, Dr Chin Chi Hui, Dr Lee Ern-Jie Abigail, Dr Galih Kunarso, Dr Foo Jong Yi, Dr Quek Jing Sheng, Dr Yeap Youwen.

Seated (from left): Dr Tan Wan Hua Gwendoline, Dr Tan Yu Quan, Dr Chie Zhi Ying, Dr Lai Wei Na, Dr Seah Ee-Jin Darren, Adj A/Prof Tan Tze Lee, Dr Wong Tien Hua, Dr Tan You Mei Charmaine, Dr Gun Shih Ying, Dr Chee Jia Yi, Dr Chan Xin-Bei Valerie.

FAMILY MEDICINE CONVOCATION CEREMONY & DINNER

26 November 2022 • The Ritz-Carlton, Millenia Singapore

2021 GDFM Graduands



Standing (4th row; from left): Dr Ahamedulla Sahul Hameed, Dr Tan Yingze, Dr Wong Wei Gen Scott, Dr Foo Toon Min, Dr Wong Kean Tatt, Dr Yuki Tanaka, Dr Wu Yingjie, Dr Lee Wei Liang Luke, Dr Loh Wei Liang, Dr Peng Wuxuan, Dr Ammar Ayoub Angullia, Dr Leong Hon Loong, Dr Hee Li Heng, Dr Bek Joo Sheng, Dr Gu Jiawei, Dr Chin Ming Hao, Dr Pang Weng Young Esther, Dr Ng Ruimin.

Standing (3rd row; from left): Dr Lim Si Ying Sheryl, Dr Ong Yan Lin, Dr Billy Wijaya Yonathan, Dr Zhi Wei Ignatius, Dr Choong Yee Hui Benjamin, Dr Ong Teck Jin Christopher, Dr Patil Anand Achyut, Dr Cheng Ke Yi, Dr Ong Poh Wei, Dr Lee Wen-Yi Penny, Dr Meng Peng.

Standing (2nd row; from left): Dr Kwa Pei Wen Tammy, Dr Goh Jia Yi, Dr Rachele Carolyn Soh Yi Ting, Dr Ang Chai Pin, Dr Thei Nhyar Myet Cher Hwe, Dr Neo Hui Min Shaina, Dr Maneesha Kaur Gurcharan Singh, Dr Koh Li Wen, Dr Li Shengjin, Dr Zhou Wei, Dr Jane Lim Jia Xin, Dr Ng Liwen, Dr Vinitha Anie Kuruvilla, Dr Loke Ealing, Dr Har-Amreeth Kaur D/O Ramesh Singh, Dr Loy Shun Ting, Dr Tan Kai Wee, Dr Wong Wai Lu, Dr Chin En Yi Joanne, Dr Koh Shi Min, Dr Shambavi Manohar, Dr Toh Wen Xin Amanda, Dr Ong Lynn.

Seated (from left): Dr Cheong Si Ying Eunice, Dr Piao Enyi, Dr Gunatilake Mapa Mudiyansele Nishadhi Apsara, Dr Tan Wei Ling Hannah Corinthians, Dr Christabel Neo Shao En, Dr Seah Ee-Jin Darren (Censor-in-Chief), Adjunct Associate Prof Tan Tze Lee (President), Dr Wong Tien Hua (Vice-President), Dr Chin Yue Lin Cherlyn, Dr Eileen Low Xue Qin, Dr Wee Shi Jie, Dr Chacko Shruthy, Dr Kotecha Monika Kantilal.

2022 GDFM Graduands



Standing (3rd row; from left): Dr Seet Yu Shiang, Dr Treye Teo Wei Ian, Dr Amrish Soundararajan, Dr Nicholas Tan Yan Rui, Dr Chew Rong Quan, Dr Tan Si Yuan Bryan, Dr Poh Zhisheng, Edmund, Dr Quek Kai Wei Sean, Dr Lim Zhe yee, Samuel (Lin Zheyi), Dr Timotheus Ooi Yongping, Dr Tan Eek Chaw.

Standing (2nd row; from left): Dr Lee Hang Keong, Dr Lock Jing Zhan, Dr Tey le Lane, Dr Sharon Tian, Dr Lee Jia Jia Debby, Dr Lim Ju Yee, Dr Chan Yi Jia, Dorcas, Dr Zeenathnisa D/O Mougammadou Aribou, Dr Huang Yixi, Dr Chung Siyi, Dr Joanne Lee Hui Min, Dr Ng Jing Qi, Dr Low Li Shan, Dr Wong Jia Hao, Max*, Dr Tan Teng Jie, Shawn.

Seated (from left): Dr Anita D/O Elangovan, Dr Chow Yuit Mei, Diana Claire, Dr Biffin Laura Margaret, Dr Yang Yi Xian, Dr Pamela Chong Qin Yi, Dr Seah Ee-Jin Darren (Censor-in-Chief), Adjunct Associate Prof Tan Tze Lee (President), Dr Wong Tien Hua (Vice-President), Dr Wong Hong Hui, Dr Kwa Jie Min, Dr Yap Mann Yin, Dr Lee Shimin, Jasmin.

Book Prize Winner: Dr Wong Jia Hao, Max.

2021 & 2022 MMed(FM) Graduands



Standing (from left): Dr Zeng Zhiyong, Dr Lee Yuan Hwa, Dr Tay Kiat Siong Jonathan, Dr Wong Chung Kiat Ryan, Dr Tui Ze Yuan, Dr Lee Dehao, Victor, Dr Koh Tat Yuan Bernard.

Seated (from left): Dr Fang Xiaocong, Dr Aw Suet Chee, Dr Seah Ee-Jin Darren (Censor-in-Chief), Adjunct Associate Prof Tan Tze Lee (President), Dr Wong Tien Hua (Vice-President), Dr Chew Bao Li, Dr Xie Bo.

Healthier SG

Singapore's new preventive care strategy puts primary care at the centre of the care ecosystem

By Agency for Integrated Care

Healthier SG is a major transformation effort, shifting the emphasis of care upstream, to focus on preventive care and enabling residents to live longer in good health. Under Healthier SG, residents will enrol with a family doctor of their choice who will serve as the first point-of-contact to holistically manage residents' health. Together, doctors and their enrolled residents will co-develop a customised health plan covering suitable health and lifestyle goals and recommended vaccinations and screenings. In this way, residents will be empowered to take charge of their health, guided by their health plan and supported by a trusted, long-term relationship with their family doctor.

Support for GP clinics participating in Healthier SG

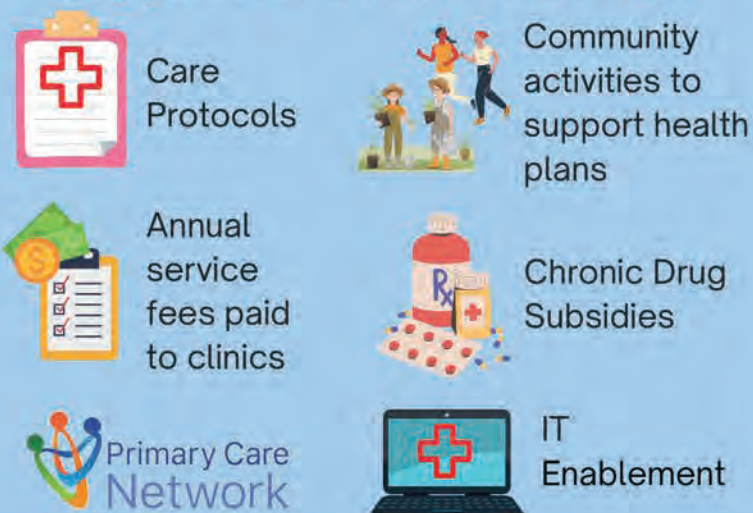
Care protocols: MOH, together with primary care leaders, have developed an initial set of 12 care protocols to guide family doctors on providing screening and vaccination and managing key chronic conditions. The care protocols will also cover key lifestyle-related areas such as cigarette smoking cessation and weight management. They will help ensure a consistent and evidence-based level of care delivery across the diverse primary care landscape.

Annual service fees: Healthier SG clinics will receive a new annual service fee. There will be a fixed payment for managing their enrolled patients and completing the annual check-in or consults. In addition, there will be variable payments provided based on the completion of clinical tasks required for the enrolled patient. This is on top of existing fee-for-service payments that clinics will continue to receive under the current healthcare subsidy schemes (e.g. CHAS, Screen-for-Life and Vaccination and Childhood Development Screening Schemes).



Primary Care Networks (PCN): For better peer-led support and access to other GP resources available, Healthier SG clinics should be in a PCN. PCNs today offer nursing and care coordination support (e.g. diabetic foot and eye screening, nurse counselling) facilitating a team-based care model for comprehensive and holistic care at GP practices. Healthier SG clinics will additionally receive support from the healthcare clusters and community providers from the healthcare clusters and community providers through their PCN. GPs will also receive training support on top of the networking, sharing and review discussions.

Support for Healthier SG clinics



(continued on Page 16)

Interview with Dr Darren Chen

Family Physician Working in Nursing Home

Interviewed by Dr Ng Liling, Family Physician, Editorial Team Member (Team B)



Hey Darren, how have you been?

I've been good! Busy certainly but I can't think of any physician who isn't during these challenging times. These past 2 years have been really hard work for all of us in the nursing homes. We have been silently battling COVID on this lesser-known front. Keeping our residents safe and well during the pandemic has been our top priority over the past 2 years. Now as we transition into an endemic state, we are actively trying to bring some elements of the broader community that we had pre-covid back into the nursing homes. However, we still have to be vigilant about the possibility of new waves of infection. It is challenging, but the smiles and laughter of our residents make it totally worthwhile.

How has your nursing home been affected by COVID?

I suppose just like any other nursing home, we have had a few waves of COVID infection. Thankfully, due to our high vaccination rate, the majority of our residents experienced only mild symptoms, and many were cared for on-site without a need for escalation of care to hospitals or Covid Treatment Facilities. Our nurses and doctors have had to step up to care for those afflicted, and these challenges were compounded by manpower shortages as some of us were also contracting COVID during these waves. Thankfully, we were supported and guided by our restructured hospital counterparts as well as AIC. They really helped us to navigate these challenging times.

What do think are the qualities that a nursing home doctor should have?

Nursing home doctors practice in challenging environments. The residents are often medically complex with multiple chronic and sometimes end stage conditions not unlike patients you might find in an acute internal medicine ward. Many are also psychosocially complex as well, with varying combinations of neuropsychiatric conditions mixed with challenging social backgrounds or family dynamics.

As such, an ideal nursing home doctor should possess sharp clinical acumen built upon a foundation of broad-based medical knowledge, with in depth understanding where it counts, and humanistic qualities which enables a deep regard for the resident holistically. The doctor should know when and how to investigate, evaluate, and treat, but also possess the somewhat more elusive wisdom to know

when not to. Effective communication with residents, next of kin and colleagues is a core skill. While multilingualism is an advantage given the diverse backgrounds of residents as well as staff, the ability to communicate nonverbally through sincere body language and actions is arguably more valuable.

Above all, the nursing home doctor needs to possess an unyielding desire to better the lives of the residents, sometimes even when all of medicine has failed, and all that remains is simply to care and love.

How do think the nursing home arena will evolve in the coming future?

I think nursing homes in Singapore have come a long way from the times when they were named Homes for the Aged Sick, mostly run then by under-resourced charities. 3 themes come to mind when envisioning the nursing homes of the immediate future – Psychosocial wellness, end of life care and shared care models.

Today, several nursing homes have embarked on programs and initiatives centred around the overall wellbeing of our seniors, going beyond providing just good clinical care, to cater more to the resident as a whole. Some of these homes are operated out of modern, airy, purpose-built facilities which incorporate green spaces and deliberately encourage a sense of integration with the surrounding community. It is a good direction and I think this approach will only gain more traction in response to the evolving demands of our seniors and this is likely to be the trajectory moving forward.

Unfortunately, many residents continue to have severe chronic end stage conditions with high care needs, and development of these conditions are often triggers for nursing home placements. Residents with such conditions will be increasingly common and this is not unexpected, given our aging population and high life expectancy, in part due to an advanced healthcare system. Some nursing homes have responded by developing capabilities to provide much

(continued on Page 17)

Chronic drug subsidies: Healthier SG clinics will be eligible to provide enhanced chronic drug subsidies for their enrolled patients. This enhances drug affordability and will encourage their chronic enrolled patients to anchor their care with them. MOH will support Healthier SG clinics in procuring a whitelisted set of chronic drugs for their enrolled patients at affordable prices so that cost savings can be passed on to these enrolled patients.

Criteria for family doctors in private practice to participate in Healthier SG

Participate in core GP schemes (CDMP, CHAS, Screen-for-Life, National Vaccination Programmes)



Adopt a Healthier SG-compatible CMS and contribute to NEHR.
(GPs will have a one-year runway from Healthier SG launch to transit.)

Partner your Regional Healthcare Cluster



Join a Primary Care Network (PCN)

Achieve accreditation to be a Family Physician
(within 7 years of Healthier SG launch)



Community Partners: To help residents adhere to their health plans, family doctors will be able to tap on community providers and encourage residents to adopt healthier lifestyles by referring them to community based activities. A wide range of programmes including smoking cessation and weight management will be made available by the healthcare clusters and agencies including Health Promotion Board, People's Association and Sport Singapore.

Patient benefits at enrolled clinics



Free first consultation with enrolled clinic to develop health plan

Health points upon enrolment and completion of first health plan discussion



Fully subsidised nationally recommended screenings & vaccinations

Chronic drugs at prices more comparable to polyclinics



No need for cash co-payment when tapping on Medisave for chronic conditions (subject to existing limits)

IT enablement under Healthier SG: Care continuity for residents can be facilitated by contribution to the National Electronic Health Record (NEHR). The use of a Healthier SG-compatible Clinic Management System (CMS) will facilitate this process, and also help clinics to be more efficient in clinical documentation and submission of care reporting data.

There will be a one-time, milestone-based IT enablement grant of up to ~\$10,000 to help Healthier SG clinics adopt a Healthier SG-compatible CMS. The list of Healthier SG-compatible CMS will be published from April 2023 onwards. In the meantime, clinics may view the revised CMS criteria published at https://www.ihis.com.sg/SmartCMS_Programme and look out for the regular emails sent through AIC on CMS readiness.

If you have questions or would like to find out if you meet the Healthier SG criteria, please contact your AIC account manager for more information.



Save the Date: GP Town Hall

Speak to CMS vendors and other Healthier SG partners.
Registration in Jan 2023.

needed complex care and end of life care, both internally and through increasing collaborations with the restructured hospitals. Such shared care models will be increasingly common-place due to necessity, and it is hoped that through such collaborations and partnerships, the overall quality of care throughout the entire sector will be elevated.

Thanks Darren for such an insightful sharing. I believe that through more of such sharing we can work towards improving care at our nursing homes. It seems to me that moving forward we need to build up effective multidisciplinary teams to care for residents in our nursing homes. It is good to learn from doctors who have experience practising in nursing homes as we build our best practices guidelines together.



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Healthier SG

A GP's Perspective

by Dr Lye Tong Fong, Family Physician, Editorial Team Member (Team B)

Healthier SG is the next big project by MOH to ensure a sustainable quality primary care for Singapore, in anticipation of the Silver Tsunami. It looks like a healthcare delivery model that seeks to provide our patients with a more customised primary care, with an emphasis on preventive intervention. It attempts to integrate our current primary care, in particular private primary care with national efforts from other agencies such as SportSG and PA, undergirding the new system with strong IT and financial system support. The objective is to ensure a seamless primary care for our patients, enabling a healthy lifestyle.

Current state as a General Practitioner (GP)

General Practitioners and Family Physicians are in the forefront of primary care delivery during both disease and preventive state. Vaccination and screening subsidised care are available through certain schemes such as Screen for Life (SFL) and Pneumococcal and Flu vaccination programmes.

Primary care constantly seeks to improve its management of chronic diseases such as diabetes, hypertension and hyperlipidemia. As we know, if not well managed, diabetes can lead to complications such as chronic renal failure, ischemic heart disease and eye disease, resulting in high medical and socio-economic costs.

Another main concern for primary care is the management of mental health including dementia. To tackle mental healthcare well in primary care we need clear and concise national guidelines.

In terms of financing in primary care, most GPs are familiar with CHAS and Medisave. In addition, we have the Primary Care Networks (PCN) running integrated services such as diabetic eye checks and even physiotherapy.

GPs are a strange breed of doctors. Most of us try to keep our consultation fees and even total cost low, operating on volume-based model for revenue generation. Some of our colleagues with a more specialised practice such as aesthetic care, joint pain management and sexually transmitted infections management may have a pool of patients who only want to see them, and they are able to charge a premium. However, most GPs in Singapore undercharge in comparison to GPs in other first world cities.

To have a better understanding of the state of private primary care in Singapore, we have to analyze our operating



Chronic Disease Management 2023

Sat, 14 Jan 2023: 2.00pm - 5.30pm
Sun, 15 Jan 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: Hypertension, and proteinuria: with and without Diabetes Mellitus
- Unit 2: Insulin Therapy in Type 2 Diabetes Mellitus
- Unit 3: Obesity Updates: Understanding Obesity as a Disease and Intermittent Fasting
- Unit 4: Initiation of Urate Lowering Therapy (ULT)
- Unit 5: Assessment and Management of Non-alcoholic Fatty Liver Disease
- Unit 6: Heart failure with normal and reduced ejection fraction – assessment and shared care management

WORKSHOPS

Day 1 & 2: Case studies

SPEAKERS

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

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, 14 Jan (2.00pm - 4.00pm)
DAY 2 • Unit 4 - 6: Sun, 15 Jan (2.00pm - 4.00pm)

■ **WORKSHOPS** (1 Core FM CME point)
DAY 1 • Sat, 14 Jan (4.30pm - 5.30pm)
DAY 2 • Sun, 15 Jan (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 11 Jan 2023 to avoid disappointment.

■ **DISTANCE LEARNING MODULE**
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This GDFM Enhanced Programme is organised by **College of Family Physicians Singapore**.



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SINGAPORE

REGISTRATION

Chronic Disease Management
2023

Please tick (✓) the appropriate boxes

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Workshop 1 (Sat)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Seminar 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Workshop 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Distance Learning (MCQs Assessment)	<input type="checkbox"/> \$86.40 FREE	<input type="checkbox"/> \$86.40
	TOTAL	

All prices stated are inclusive of 8% GST with effect from 1 January 2023.
GST Registration Number: M90367025C

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

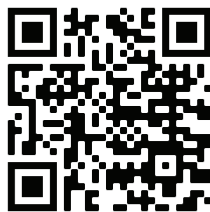
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We also accept payment via PayNow

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 **QR** after official receipt is issued (whichever is earlier).

Online Registration Available



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

<https://www.cognitofrms.com/CFPS/FPSC105>

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MCR No: _____ Clinic HCI Code: _____

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

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

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Successful applicants will be confirmed by email.

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

REPORT

(continued from Page 17: Healthier SG: A GP's Perspective)

Healthier SG is the next big project by MOH to ensure a sustainable quality primary care for Singapore, in anticipation of the Silver Tsunami.

environment. The cost of running a private practice has gone up significantly, especially this year. Rental renewal recently jumped as much as 30 to 40 percent. Rentals have stepped into the \$20,000 to \$30,000 range in recent years, and it is the biggest headache for most GPs. It has also recently become more difficult to hire clinic service staff contributed by MOM hiring policies. Although we try to prioritise the hiring of Singaporeans, most are not keen to work in GP clinics these days. The workload has increased, contributed by administrative requirements, a never-ending data entry to meet the requirements of Third Party Administrators (TPA) and government agencies.

IT problems have escalated from a single computer to network issues and system shutdowns. As of now, there are few IT vendors providing private GP clinic platforms. These platforms have their pros and cons. But one thing is for sure, the subscription charges for use of these platforms have increased considerably. Perhaps, it is time for responsible agencies to set requirements and standardisation and help prevent excessive cost escalation for IT support. Furthermore, I feel that clinics should charge for administrative support and practice cost which has been escalating steeply.

At times I have wondered whether it is feasible for the government to build a dedicated facility like a health hub with X-ray and laboratory services support, renting units to private GPs at fair rates. Sounds like a private polyclinic.

Capitation Model and Drug Cost

In Singapore we are exploring whether a capitation model with a fixed charge per enrolled patient per year can enable a panel of primary care doctors to deliver primary care more holistically. The aim is for each patient to receive care from a regular doctor. It is hoped that the care provided can be better aligned with clinical guidelines, avoiding overservicing or under servicing.

In addition, we are exploring the possibility of bringing drugs in for private clinics at close to polyclinic price (especially the chronic drugs). This can help make private primary healthcare more affordable to more patients, reducing crowding of polyclinics and even hospitals for the purpose of obtaining subsidised drugs.

Drug margins have always been the brick and mortar of primary care providers. If this is removed, we have to raise our consultation fees in order to make ends meet. There should also be government subsidies and incentives to make the new system work. By lowering the total payout for patients and not topping up the difference in the GP's revenue, there is nothing there to incentivize GPs to enroll a patient in this new system.

Recently, a colleague asked me to submit my clinic's drug cost for a survey studying drug cost in the private GP clinic. I reminded him that it is not fair to compute net bonused price as the cost of drugs. Big medical groups will have better bonuses on drug purchases as compared to solo GPs. I am of the opinion that drug cost should be computed from drug pricing given to GPs prior to bonus consideration.

Conclusion

As a friend of mine commented, "It is wonderful that the Ministry of Health recognises the importance of primary care in population health and is injecting more resources to develop this. This will improve disease management at primary care and reduce expensive hospitalisation." GPs are looking forward with both concerns and hope in anticipation of the changes to come with the implementation of Healthier SG. We trust that the Ministry of Health can understand the pain points of this transition and support us as we try our best to adapt to the new challenges and support this cause worthy initiative.

At times I have wondered whether it is feasible for the government to build a dedicated facility like a health hub with X-ray and laboratory services support, renting units to private GPs at fair rates. Sounds like a private polyclinic.



Family Practice Skills Course (FPSC#106) (1 Day)

Family Medicine in 2023 and Beyond

Sat, 28 Jan 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: Emerging Infectious Diseases and the Role of Frontline Physicians
Unit 2: Vaccinations and Healthier SG
Unit 3: Practical Considerations of "One Singaporean, One Family Doctor" - Challenges Ahead and Recommendations

WORKSHOP

Panel Discussion

SPEAKERS

Dr Lionel Lum Hon Wei
Consultant, Division of Infectious Diseases, Department of Medicine, National University Hospital

Dr Wong Sin Yew
Infectious Disease Physician
Infectious Disease Specialists

Dr James Cheong Siew Meng
Family Physician
C3 Family Clinic @Aljunied Crescent

■ **SEMINAR** (2 Core FM CME points)
DAY 1 • Sat, 28 Jan (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)
DAY 1 • Sat, 28 Jan (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 25 Jan 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.

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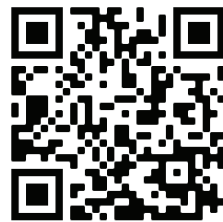
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You may send your completed form to: **sfp@cfps.org.sg**
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College of Family Physicians Singapore
Registration Number : S71SS0039J
Registration Period : 7 Aug 2021 to 6 Aug 2023

INTERVIEW

Perspective from a Junior Doctor

Interview with a Junior Doctor Working in London and Singapore

Interviewed by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B))

Hi, can you tell us which country did you graduate from and where did you do your Post-Graduate Year (PGY) I?

I am currently post-graduate year (PGY) 4. I graduated from a university in London and did my PGYI in psychiatry, geriatrics and general medicine in 2 major universities in London. Subsequently I came back to Singapore to work as a Medical Officer.

How would you describe your PGY I and why?

My PGY I was enjoyable. I liked the experience because of the positive and accepting culture in the London hospitals towards every team member. The doctors are not so hierarchical and we address each other by first name regardless of seniority. Senior doctors will help out with junior doctors' tasks when junior doctors' manpower is short. The opinions of doctors, nurses, allied health and other team members are valued. I will describe the culture in London hospitals as open, friendly and inclusive. I did not feel like an outsider as a Singaporean studying and working in London.

Please describe a usual day's work as a PGY I in a London hospital.

A usual day's work is from 9am to 5pm. Junior doctors do not need to pre-round the patients. The doctors start the day with the ward sister or nurse in charge presenting the new admissions that came during the night shift. That usually takes about half an hour. After that, we have the doctors' round. Each medical team consist of one consultant, one registrar, one senior house officer (the equivalent of a medical officer in Singapore) and one house officer (PGYI). Each ward of 25 patients is taken care of by 2 medical teams. The doctors' round usually takes about 2 to 3 hours. We spend about 10 to 30 minutes with each patient. Sometimes the nurses and allied health staff join the doctors' round. After the round will be lunch time. In the afternoon we do our changes- trace investigation results and manage the patients accordingly.

Are you able to finish on time at 5pm?

Yes, we almost always finish promptly at 5pm. If we work beyond 5pm, even if it is for 15 minutes, we have to submit a report to the hospital administration. The hospital administration will then give feedback to the respective departments and also ensure that the extra work time is recorded for reimbursement accordingly.

Would the senior doctors be upset to receive feedback from the hospital administration that their junior doctors are working overtime?

The senior doctors are not upset with the junior doctors submitting the report. The culture in the London hospital is built upon an understanding that a tired doctor is more prone to making mistakes. Hence, hospital administration and doctors whether senior or junior all try their best to improve the system so that doctors do not work overtime and potentially compromise patient care.

Do you have night shifts as a PGY I in a London hospital?

Yes, there are two teams of doctors who do the after 5pm work. One team works from 5pm to 8pm. Junior doctors scheduled for the 5pm to 8pm shift will start at 9am and end at 8pm. The second team works from 8pm to 8am.

How often do you have to work these out-of-hours shifts?

On average, we work one to two 5pm to 8pm shifts a month. As for the 8pm to 8am shifts, we do this about 1 week out of a month. During this one week, we will not have to do day shift work. We will work 4 nights (8pm to 8am) in a row and this is followed by 3 rest days before resuming our day shift routine.

Can you name one thing that helped you feel empowered while you were working in London as a PGYI?

The very strong British Medical Association (BMA) in UK helped junior doctors feel empowered. In 2019, the BMA organized a junior doctors' walkout. Some of the outcomes included new limits on how many weekends junior doctors do, the number of long shifts, of up to 13 hours, they can do in a row, and a pay rise.

Why did you decide to come back to Singapore to work after having such a good PGYI experience in London?

I took up the MOHH grant during my studies in London and therefore am obliged to return to work in Singapore after my PGYI in London.

(continued on Page 23)



GDFM Enhancement Programme (FPSC#108) (2-Day)

Geriatric Care 2023

Sat, 25 March 2023: 2.00pm - 5.30pm
Sun, 26 March 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: BPSD of dementia - Assessment and Management
Unit 2: Mental capacity assessment update - LPA certification; and court appointed deputy application for patient
Unit 3: Insomnia in the Elderly - Evaluation and Management
Unit 4: Modern Geriatric Giants: Sarcopenia and Frailty
Unit 5: Parkinson's disease in Elderly
Unit 6: Stroke Rehabilitation Principles

WORKSHOPS

Day 1 & 2: Case studies

SPEAKERS

TBC

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, 25 March (2.00pm - 4.00pm)
DAY 2 • Unit 4 - 6: Sun, 26 March (2.00pm - 4.00pm)

■ **WORKSHOPS** (1 Core FM CME point)
DAY 1 • Sat, 25 March (4.30pm - 5.30pm)
DAY 2 • Sun, 26 March (4.30pm - 5.30pm)

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Please [register by 22 March 2023](#) to avoid disappointment.

■ **DISTANCE LEARNING MODULE**
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Seminar 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Workshop 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
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College of Family Physicians Singapore
Registration Number : S71SS0039J
Registration Period : 7 Aug 2021 to 6 Aug 2023

INTERVIEW

(continued from Page 21: Interview with a Junior Doctor Working in London)

How was your experience moving from London to work in Singapore?

Let me start with the positives in Singapore. When I came back to Singapore to work, I was impressed with the better healthcare infrastructure and system here. The IT system is better, and the equipment are also better. The Singapore healthcare system is very efficient, and things get done, for example, inpatient scans and procedures. Patients have a shorter wait time in Singapore to receive medical care from a specialist. There are less free loaders and social admissions in Singapore because of copayment.

The work culture is quite different. The senior doctors have higher expectations in Singapore. They can also be quite harsh when junior doctors are ignorant of some things or make mistakes. I have heard degrading remarks being uttered by senior doctors sometimes in front of patients, such as, "how did you manage to graduate?" and "didn't your medical school teach you this?"

Secondly, the working hours for junior doctors are longer in Singapore hospitals as compared to London hospitals. However, some hospitals in Singapore had tried a float night shift before COVID that showed potential to improve PGY1's working hours. Another practice in Singapore that stresses the junior doctors is that most senior doctors here expect the junior doctors to come about one hour before the doctors' round to familiarize with new admissions and events that occurred during the night.

Thirdly, the amount of administrative work is more in Singapore as compared to London. In London, the primary administrative work is the discharge summary. In Singapore, there are other documents such as Agency for Integrated Care (AIC) nursing home referrals, Covid Treatment Facility (CTF) excel form, etc. In London, some hospitals even have scribes and physician associates to support the medical team. Physician associates are post-graduates (3-4 years course). Junior doctors in these hospitals feel more supported in their daily administrative tasks.

Fourthly, there is a stronger respect for continuing learning in London. For example, the hospital team tries their best not to page the junior doctors from 12pm to 1pm as this is the time for junior doctors' teaching session which occurs once to twice a week. During these teaching sessions, the junior doctors will hand their pagers to their ward nurses.

What are some of the differences in your experience in patient care as a junior doctor in London as compared to Singapore that we can learn from?

The patients in London generally have a greater health awareness. Patients have greater autonomy in making decisions on their medical care apart from their family

members. Patients I encountered in London are informed of their diagnosis and relatives do not ask doctors to withhold such information from the patients. The public have a lot of trust in the hospital medical team, and they understand that the medical team is busy taking care of their loved ones. During my time in the London hospitals, there were no instances of relatives requesting regular updates from the medical team. At most, if the patients request, updates to family members were done at admission and prior to discharge. During the hospital stay, the patients will disclose whatever information to their own relatives that they are comfortable with.

Secondly, I also observed more collaboration between the different disciplines in the London hospitals. For example, the Geriatrics Department has a pre-operative service to optimize the elderly patients prior to their surgery.

Thirdly, hospitals in London take a strong stand to protect hospital staff against harassment by patients and their family members be it verbal, physical or sexual. Senior hospital staff will investigate each harassment report and recommend definite actions to prevent repeat offences. A London hospital can maintain a blacklist of patients who repeatedly harass staff of that hospital and subsequently when they turn up at the hospital again, they will not be registered to be managed at that hospital unless it is a life-threatening condition.

Finally, may I suggest that we re-think how we can retain experienced non-specialists in the public healthcare system as senior doctors. I have friends who are experienced doctors leaving the public healthcare system because they were unable to get into a residency program and they were not able to receive good work offers as non-specialists. They shared with me that when they stayed on as senior physicians, it was still MO work they were asked to do plus more responsibilities.

Thanks for giving me a chance to share and giving a voice to junior doctors.



*Our Junior Doctors are usually holding the fort at the frontline.
We should cherish and protect them.*

CM

Mental Health 2023

Sat, 1 April 2023: 2.00pm - 5.30pm
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

TBC

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)

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Please register by 29 March 2023 to avoid disappointment.

DISTANCE LEARNING MODULE

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Workshop 2 (Sun)	<input type="checkbox"/> \$32.40 FREE	<input type="checkbox"/> \$32.40
Distance Learning (MCQs Assessment)	<input type="checkbox"/> \$86.40 FREE	<input type="checkbox"/> \$86.40
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